



SECTION 1: DESCRIPTION OF COVERAGE

This policy is specially designed for the visitors and visiting professors (including international visitors) of the University of Puerto Rico (UPR). The coverage provides protection in case of an emergency cause by an accident. Below is a summary of the coverage and limits provided by QBE Seguros - Puerto Rico, sponsored by UPR.

A. Accidental Death and Dismemberment: LIMIT: \$100,000.00

The Company will pay an indemnification if the “loss” has been produced within 365 days after the accident, and within the Total and Permanent Incapacity period. The Company will pay the benefit defined as the percent of indemnification of the “loss”, but if the insured suffers more than one “loss”, the Company will only pay for the greater amount.

Loss Table	
Description of Loss	Percent of Indemnification
Life	100% of the Maximum Sum Insured
Both Hands or Both Feet or Sight of Both Eyes	100% of the Maximum Sum Insured
One Hand and One Foot	100% of the Maximum Sum Insured
Any Hand or Foot and the Sight of one Eye	100% of the Maximum Sum Insured
Any Hand or Foot	50% of the Maximum Sum Insured
The Sight of one Eye	50% of the Maximum Sum Insured

B. Double Indemnification for Accidental Death in Authorized Public Transportation: LIMIT: \$100,000

The Company will pay a benefit of 100% of the Maximum Sum Insured up to a maximum of \$100,000.

C. Medical Care due to Accident and/or Illness: LIMIT: \$100,000.00

The Company will cover expenses due to medical and hospital care as a direct consequence of an accident or illness up to the maximum sum insured.

Medical and Hospital Care consists of:

1. Services provided by a doctor
2. Hospital intermission and use of operating room
3. Medical exams, radiology exams or treatments, and laboratory analysis
4. Anesthesia (including administration)
5. Physical therapy (needed due to accident or illness)
6. Emergencies and Medical emergencies

D. Emergency Medical Evacuation: LIMIT: \$50,000.00

The Company will pay for Emergency Medical Evacuation if it’s ordered by a legally licensed doctor that certifies the severity of the injury or illness of the insured person and that requires the evacuation. The Company will cover expenses up to the maximum sum insured for transportation, medical services and medical supplies related to the evacuation.

E. Urgency Medical Assistance Related to a Preexisting Condition: LIMIT: \$100,000

The Company will cover expenses related to hospital and medical assistance due to an urgency or exacerbation of a preexisting condition.



F. *Repatriation of Remains:* LIMIT: \$25,000.00

The company will pay the reasonable covered expenses related to returning the mortal remains of the Insured Person to his/her country of residence in case of death due to illness or accident. Covered expenses include, but are not limited to, expenses for embalming, cremation, urns, and transportation.

G. *Reimbursement of Seminar Expenses:* LIMIT: \$200

The company will do reimbursement of non-refundable expenses of services by a third party paid before for the concept of expenses due to seminars, courses, enrollment, didactic material and/or cancellation charges of seminars or courses during the travel in case the Insured Person can't assist due to sudden illness, accident or death. Reimbursement of expenses will cover up to a maximum of 15 days before the date of travel.

H. *Global Travel Assistance:* INCLUDED

The Company offers Global Travel Assistance, available 24/7.

1. Assistance in case of a medical emergency during travel
2. Legal assistance for emergency during travel
3. Assistance in case of loss of luggage
4. Assistance in case of loss of Passport
5. Travel Agency service for emergencies
6. Emergency fund transfer service
7. Emergency message service
8. Assistance in emergency medical transports
9. Assistance in repatriation of remains

For access to the service, call **1(844) 477-0833 (Free of charges from US)**

SECTION 2: CLAIM PROCESS

A. *Claim Notice:*

Written Claim Notice should be provided to the Company within 20 days after the accident or loss covered by the Insurance, or after this period, as soon as reasonably possible. A notice given by the Insured Person or beneficiary, or to his/her name, to the Company in Ave. Muñoz Rivera #1101, San Juan, PR 00926, or to an authorized agent of the Company, with enough information in order to identify the Insured Person, will be considered as claim notice-given to the Company.

B. *Claim Form:*

Upon receiving notice of claim, the Company will provide the claimant the forms that usually provides for the presentation of evidences of Loss. If this forms aren't provided within 15 days after receiving notice of claim, the Company will consider that the claimant has fulfilled the requirements of the Insurance in relation to the evidence of Loss, if submitted, within the period established in the Insurance for the presentation of evidences of Loss, written evidence containing what happened and the nature and extension of the Loss by which the claim it's been done. All certificates, information and evidence required by the Company will be provided at expense of the claimant and will be in the form and nature that the Company determines.

C. *Payment of Claims:*

The indemnification due to Death will be paid according to the designation of Beneficiary and the dispositions concerning such payments stipulated in the Insurance and which are in force at the date of payment. If there isn't such designation or disposition, such indemnification will be paid to the succession of the Insured Person. Any other indemnifications accrued and not satisfied to the death of the Insured

Person can be paid, at Company's option, to the Beneficiary or to the succession. All other indemnifications will be paid to the Insured Person.

D. University of Puerto Rico – Insurance Office Contact:

Lcda. Hilda Falcón

Directora

Oficina de Seguros

Tel. 787-250-0000, ext. 4008

Fax. 787-759-1902

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