GENERAL CONDITIONS

EF Language Year Abroad

POLICY 300.250.RWS
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### Maximum Compensation

| Category                        | Maximum Compensation | Deductible  
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<tbody>
<tr>
<td><strong>Illness and Accident</strong></td>
<td>USD</td>
<td></td>
</tr>
<tr>
<td>Medical Expenses</td>
<td>unlimited</td>
<td>USD 30 per condition.</td>
</tr>
<tr>
<td>Emergency Home Evacuation</td>
<td>unlimited</td>
<td></td>
</tr>
<tr>
<td>Family Member Visit</td>
<td>unlimited</td>
<td></td>
</tr>
<tr>
<td>Home Repatriation</td>
<td>unlimited</td>
<td></td>
</tr>
<tr>
<td>Accidental Death</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Accidental Disability</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td><strong>Program Interruption</strong></td>
<td></td>
<td>No deductible.</td>
</tr>
<tr>
<td>Program Interruption</td>
<td>unused part of program fee</td>
<td></td>
</tr>
<tr>
<td>– flight cost</td>
<td>unlimited</td>
<td></td>
</tr>
<tr>
<td>– return to program</td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Property</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Belongings</td>
<td>5,000</td>
<td>USD 30 each incident.</td>
</tr>
<tr>
<td>Cash</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>Valuable Documents</td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td><strong>Delay</strong></td>
<td></td>
<td></td>
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<tr>
<td>Baggage Delay</td>
<td>200</td>
<td>24 hour waiting period for Baggage Delay.</td>
</tr>
<tr>
<td>Personal Delay</td>
<td>900</td>
<td>8 hour waiting period for Personal Delay.</td>
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<tr>
<td><strong>Liability and Legal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Party Liability</td>
<td>500,000</td>
<td>USD 150 for Third Party Liability.</td>
</tr>
<tr>
<td>Legal Expenses</td>
<td>15,000</td>
<td>USD 50 + 10% of the balance for Legal Expenses.</td>
</tr>
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Limitations and exclusions apply to the above maximum compensation.

### Deductibles

**Illness and Accident**

USD 30 per condition.

**For students in the USA:**

*In-network* - USD 20 per visit copayment for in-network Aetna doctor visits and hospital admissions (see page 6). Expenses are paid at 100% of negotiated rates.

*Out-of-network* - USD 70 per visit copayment for out-of-network visits and hospital admissions. Expenses are paid at 100% of reasonable and customary charges.

No copayment for physical therapy and non-accidental dental visits.

Emergency Room (ER) visits are subject to an additional USD 50 per visit deductible.

**Program Interruption**

No deductible.

**Personal Property**

USD 30 each incident.

**Delay**

24 hour waiting period for Baggage Delay.

8 hour waiting period for Personal Delay.

**Liability and Legal**

USD 150 for Third Party Liability.

USD 50 + 10% of the balance for Legal Expenses.
INTRODUCTION
This travel insurance group policy is underwritten by Erika Insurance Ltd., PO Box 55569, 102 04 Stockholm, Sweden (Reg. No. 516401-8581), hereafter referred to as the “Insurance Company”. The company you are traveling with, hereafter referred to as “EF”, is the group policy holder of this policy. All participants travelling with EF benefit from the coverage afforded by the policy in place when the Period of Coverage starts, unless they have renounced the coverage.

As a beneficiary under this policy you are to act responsibly and take all reasonable measures to prevent a loss or to limit a loss already incurred.

There are certain steps you must follow to be sure that you receive the full benefits available to you (see page 15). Contact details and information on how to claim are available on www.erikainsurance.com.

PERIOD OF COVERAGE
Coverage provided by this policy is valid worldwide excluding your country of residence. Coverage begins with your first international departure when you travel directly to the start of your EF program. Coverage terminates when you have ended the EF program, including one day in direct conjunction to cover the trip back to your country of residence. If the return from your program is delayed or cancelled for reasons covered by this policy, coverage is extended until you are considered able to return to your country of residence. The period of coverage might include extension weeks if agreed with EF. Due to the nature of the insurance and in accordance with the Swedish Insurance Contracts Act (SFS 2005:104) the Insurance Company reserves the right not to include coverage after the Period of Coverage.

WHO TO CONTACT
Our network of Claims Agents will assist you wherever you are. Depending on your nationality contact the below Claims Agent for assistance in case of an emergency.

Claims and emergency assistance
Students from Italy
Inter Partner Assistance Services S.r.l.
Ufficio Sinistri Servizio Erika
P O Box 413, Via Cordusio, 4
20123 Milano (MI)
Italy
Tel: (+39) 06 42115 551 (24 hrs)
1 800 472 6705 (24 hrs toll-free in US/CA)
E-mail: servizio.erikaef@axa-assistance.com

Students from all other countries
Falck Global Assistance
Kabyssgatan 4D, 120 30 Stockholm
Sweden
Tel: (+46) 8 501 001 60 (24 hrs)
1 800 871 9211 (24 hrs toll-free in US/CA)
E-mail: erika@falck.com

Customer service while in the USA
Aetna Student Health
P O Box 14101
Lexington, KY 40512
USA
Tel: (+1) 781 219 9100 (business hours)
1 800 783 7447 (toll-free in US/CA)
E-mail: erika@aetna.com
Definitions apply to the following words when used in this policy:

**Accident**
Bodily injury caused solely and directly by violent, unexpected external force while you are covered by this policy.

**Assault**
Unprovoked intentional physical violence.

**Beneficiary**
The person who benefits from this insurance group policy and who is travelling on an EF program.

**Claims Agent**
The agent identified for claims handling or emergency assistance as stated in the section *Who to Contact* on page 4.

**Copayment**
The amount you pay for each medical visit before the Insurance Company begins to pay any benefits.

**Deductible**
The amount you pay for each loss before the Insurance Company begins to pay any benefits. Refer to individual sections in this policy for the deductible that applies to each type of loss.

**Family Member**
A spouse, parent, child, sibling, legal guardian, or live-in companion.

**Illness**
Bodily sickness or disease that begins while you are covered by this policy and which causes a covered loss.

**Inpatient Treatment**
The care rendered in a hospital when the duration of the stay is at least 24 hours and a fee for room and board is charged.

**Participant**
The person who attends an EF program.

**Permanent Disability**
Permanent loss or reduction of bodily function as the result of an accident, not including future income loss.

**Pre-existing Condition**
Any medical condition for which a prudent person would have sought treatment prior to the start date or for which you have received treatment or have been diagnosed within one year prior to the start date of the *Period of Coverage*.

**Reasonable and Customary**
The usual fees for services charged by professionals in the geographical area in which they practise.

**Valuable Documents**
Valuable documents are defined as passports, visas and any other document needed to travel.

**Valuable Property**
Items with an individual value exceeding USD 200 and made of precious metals, genuine pearls or precious stones, wrist watches, fur products, collector’s items, bicycles, cameras, mobile phones, computers, laptops, tablets, headphones and earphones.

**You**
The person who benefits from this insurance group policy and who is travelling on an EF program.
**TERMS OF COVERAGE**

The Insurance Company will cover acute, necessary, reasonable and customary costs relating to an illness or an accident or to unprovoked bodily assault which occurred during an EF program, subject to the limitations described in the Period of Coverage and Exclusions sections and in all other terms and conditions of this policy. In case of hospitalisation, the coverage is limited to 60 days starting from the first day of inpatient treatment. The illness or accident must have occurred during the Period of Coverage. Payments will be made for expenses for treatment carried out during the Period of Coverage.

The Insurance Company reserves the right to decide whether medical treatment following an illness or accident should be provided in the host country or country of residence. In cases where diagnosis or treatment is deemed to be adequate but less costly in your country of residence and transit is approved of by the treating doctor, the Insurance Company will pay for transit to your country of residence and within 30 days also the return travel to the host country following successful treatment.

If the EF program cannot be continued and an Emergency Home Evacuation is deemed necessary, the Insurance Company reserves the right to decide the time and place of such evacuation. If you refuse to return home despite the decision made by the Insurance Company, the policy becomes invalid for coverage of further costs which may be incurred after the date of the suggested return to your country of residence.

To be reimbursed, you must take all reasonable measures not to expose yourself to unnecessary risk. Alcohol, narcotics, sleeping pills, sedatives or other intoxicants should not be used in such a way that you expose yourself to risk of illness or accident.

**MEDICAL EXPENSES**

After you pay the copayment/deductible (see page 3), the Insurance Company will reimburse you, or in the event of death, your estate, for the following acute, necessary, reasonable and customary expenses incurred during the Period of Coverage, for a covered illness or accident:

- Doctor visits and non-routine care;
- Inpatient hospital treatment up to 60 days;
- Prescriptions and supplies written by a licensed doctor;
- Physical therapy expenses if referred by a licensed doctor and pre-approved by the Claims Agent;
- Chiropractic care, acupuncture treatment or other alternative medicine practices up to a total maximum of USD 1,000 if you have been referred by a licensed doctor;
- If your teeth are injured in an accident, you will receive full reimbursement for temporary treatment by a dentist. For other acute and necessary dental treatment (not including orthodontic treatment), you are eligible for a total maximum of USD 200 (USD 500 for wisdom teeth);
- Treatment for mental or psychological health disorders up to a total maximum of USD 1,000;
- Reasonable travel expenses to and from a doctor’s office or hospital;
- Reasonable and necessary accommodation costs (room only) and flight costs if you are unable to return home as planned and cannot use your original return ticket at the end of the EF program due to an illness or accident covered in full by this policy. Costs are covered until you are medically fit to fly.

If you are in need of physical therapy you must obtain a referral by a licensed doctor and a pre-approval from the Claims Agent.

**Erika Sport**

The exclusion due to risky sporting events and other risky activities (see Exclusions on page 8) does not apply if you have Erika Sport.

**Aetna Network Information**

For students in the USA, the Insurance Company has arranged access to the Aetna Preferred Provider Network. This is a nationwide network of providers such as doctors and hospitals. If you use a provider in this Network you pay a USD 20 per visit copayment instead of USD 70 otherwise charged at each visit.

Preferred Providers are independent contractors and are neither employees nor agents of EF, the Insurance Company, Aetna Student Health or Aetna. You can obtain information regarding Preferred Providers by accessing Docfind at: www.aetna.com/docfind/erika. Enter your zip code to find a doctor or hospital in your area. You can also call Aetna Student Health at tel: 1-800-783-7447 for help in finding an in-network doctor.

**EMERGENCY HOME EVACUATION**

If you have a condition relating to a serious injury or grave illness that is covered and not excluded by this policy, and if you are unable to continue your EF program, an emergency home evacuation will be arranged by the Claims Agent. Related costs, including additional accommodation costs until the evacuation can take place, are covered.

You need to obtain a pre-approval from the Claims Agent regarding the necessity to return home and additional accommodation costs. The Claims Agent decides the mode of transportation.
ILLNESS AND ACCIDENT

FAMILY MEMBER VISIT
If you have a life-threatening condition, or if you decease, relating to an illness or accident that is covered and not excluded by this policy, you or your estate can be reimbursed for round-trip tickets for two Family Members (see definition on page 5) to visit. Costs for accommodation and daily allowance of USD 50 per Family Member will be reimbursed for up to 60 days from the first day of hospitalisation, or until your doctor certifies that your condition is stable and the danger of death or deterioration is not imminent, whichever comes first. In case of death, costs for accommodation and daily allowance of USD 50 per Family Member will be reimbursed for up to 7 days. The costs incurred for accommodation will be reimbursed at the average hotel rate for the city in which you are located.

You or your family need to obtain a pre-approval from the Claims Agent regarding the necessity to visit, the mode of transportation and the costs involved. Without a pre-approval, costs will be compensated according to the general conditions of the policy taking into consideration the necessity and reasonableness of the measures taken and the costs incurred, as deemed by the Insurance Company.

HOME REPATRIATION
If you decease and your death was caused by an accident or illness that is covered and not excluded by this policy, the Insurance Company will cover the expenses associated for your body to be sent home as well as the expenses for shipping your personal belongings home. If your family so desires, the insurance company will instead cover up to a maximum of USD 7,500 for burial in the country where the death occurred (excluding burial in your country of residence).

ACCIDENTAL DEATH
In the event of your death as a result of an accident which occurs during the Period of Coverage and which is covered and not excluded under the Medical Expenses section of this policy, the Insurance Company will pay your estate a lump sum benefit of USD 10,000.

ACCIDENTAL DISABILITY
If you sustain a Permanent Disability as a result of an accident while participating in an EF program, and which is covered under the Medical Expenses section of this policy, you may receive up to USD 50,000 from the Insurance Company, regardless of the number of injuries you incur from the same accident, depending on the extent of your Permanent Disability.

The degree of your Permanent Disability is determined by disability tables drawn up by medical experts and established by the Swedish Insurance Companies’ Injury Committee. The amount of your benefit will be determined solely by the extent of your injury and not by your ability or inability to work. To receive benefits, an accident must lead to a Permanent Disability within three years from the date of the accident. No payment for any Permanent Disability benefit shall be due or payable until at least 12 months have passed from the date of the accident. After the first 12 months and as soon as the definite degree of Permanent Disability is determined, a lump sum will be paid out representing such portion of the sum covered as corresponds to the degree of Permanent Disability. If the degree of your Permanent Disability can be determined and your medical treatment for that Permanent Disability is completely finished before 12 months have passed from the accident, the right to indemnity arises as soon as your degree of Permanent Disability has been determined. The determination of your definite degree of Permanent Disability must, if possible, be done within three years of the accident, but can be postponed as long as it is necessary according to medical experience or considering the possibilities of rehabilitation.

If you decease before the degree of your Permanent Disability has been determined, no accidental disability benefit will be paid out.

Exclusions
The following expenses are excluded by this policy:
- All expenses for treatment or prescription drugs related to a Pre-existing Condition, insofar as they can be reasonably expected. If your condition deteriorates drastically and unexpectedly while you are a participant on an EF program, you may get reimbursed up to USD 10,000 for the medical expenses related to the deterioration;
- All expenses for Emergency Home Evacuation related to a Pre-existing Condition or a mental or psychological health disorder;
- All expenses resulting from or relating to Emergency Home Evacuation not pre-approved by the Claims Agent;
- All expenses resulting from or relating to treatment due to mental or psychological health disorders, including eating disorders, suicide attempts or treatment of physical symptoms resulting from or related to mental or psychological health disorders, including eating disorders, in excess of USD 1,000;
- All expenses for Family Member Visit related to a mental or psychological health disorder;
- All expenses resulting from or relating to treatment due to abuse of alcohol, sleeping pills, narcotics or other intoxicants;
» All expenses resulting from or relating to medical treatment for injuries sustained under the influence of alcohol, sleeping pills, sedatives, narcotics or other intoxicants, if there is a reason to believe that this influence may have provoked or aggravated the injury and you are unable to prove that there was no relevance between such influence and the injury;

» All expenses resulting from or relating to treatment of acne;

» All expenses resulting from or relating to tattoos, piercing and any other unnatural bodily change (e.g. implants, botox injections);

» All expenses resulting from or relating to treatment due to a criminal act or violent behaviour on your part;

» All expenses resulting from or relating to treatment that was required before the effective inception date of this policy and would have made a prudent person seek care prior to the effective inception date of this insurance coverage;

» All expenses resulting from or relating to treatment for HIV disease or AIDS or any condition related thereto;

» All expenses due to an epidemic or pandemic illness as a result of you traveling to a country, not part of your EF program, during an epidemic or pandemic officially declared by the World Health Organization;

» All expenses resulting from or relating to an illness or accident that has occurred while traveling to a country, not part of your EF program, although a travel warning or a travel restriction has been issued by public authorities regarding that country;

» All expenses resulting from or relating to acute and necessary dental treatment, not due to an accident, including injuries caused by biting or chewing, in excess of USD 200 (USD 500 for wisdom teeth);

» All expenses resulting from or relating to orthodontic treatment;

» All expenses resulting from or relating to routine health and dental care, such as physical exams, vaccinations, inoculations, dental and orthodontic checkups or routine eye exams;

» All expenses which are reasonably expected resulting from or relating to pregnancy and maternity;

» All expenses resulting from or relating to abortion;

» All expenses for elective treatment meaning medical treatment which is not necessitated by a pathological change in the function or structure in any part of the body. Elective treatment includes but is not limited to tonsillectomy, cosmetic surgery, tubal ligation, vasectomy, sexual reassignment surgery, surgical correction for deviated nasal septum, treatment for weight reduction, learning disabilities, temporomandibular joint (TMJ) dysfunction;

» All expenses resulting from or relating to chiropractic care, acupuncture treatment or other alternative medicine practices in excess of USD 1,000;

» All expenses resulting from or relating to accidents due to risky sporting events or other risky activities, including but not limited to: Australian football, rugby, lacrosse, wrestling, boxing, martial arts (e.g. judo, karate, tae kwon do, Thai boxing), rodeo, horse racing, dirt (motor) biking, car racing, motorcycle racing, driving or riding off-road vehicles such as “four wheelers”, snowmobiles, jetskis and waterscooters, scuba diving, bungee jumping, bobsledding, off-piste skiing, ski jumping, skydiving, hang gliding, piloting any aircraft, mountaineering, mountain climbing, white water rafting or activities that can be described as expeditions, unless these activities are organized by EF or unless you have Erika Sport (see page 6);

» All expenses resulting from or relating to injuries caused by your own use of firearms;

» All expenses resulting from or relating to injuries caused by professional manual labour and/or while carrying out any activity for which you receive or intend to receive a fee, payment, wage or any other source of revenue, however not including duties you perform during an internship as part of an EF program;

» All expenses relating to eyeglasses and contact lenses;

» Physical therapy expenses if not referred by a licensed doctor and pre-approved by the Claims Agent;

» Telephone costs in relation to a covered claim, in excess of USD 50, other than for telephone calls to the Claims Agent;

» Expenses beyond those that are reasonable and customary.
**TERMS OF COVERAGE**

The Insurance Company will reimburse you for reasonable and necessary costs in the manner and with the amounts described below, should you die or interrupt your EF program after the program departure date due to a sudden or unforeseen:

a) Hospitalisation while on the EF program as a result of a serious injury or grave illness;

b) Death of a Family Member, or hospitalisation of a Family Member (see definition on page 5) as a result of a serious injury or grave illness.

The event or accident causing you to interrupt the EF program must have occurred during the **Period of Coverage**, and **Program Interruption** benefits will only be granted once and in direct connection with the illness/accident/death of any one Family Member.

You need to obtain a pre-approval from the Claims Agent regarding the necessity to return to your country of residence prior to interrupting. Without a pre-approval, costs will be compensated according to the General Conditions of the policy taking into consideration the necessity and reasonableness of the measures taken and the costs incurred, as deemed by the Insurance Company.

**PROGRAM INTERRUPTION**

If the EF program is interrupted for any of the aforementioned covered reasons, you will be reimbursed for the cost of public transport by the most direct route in order to reach your country of residence.

If you return to the program after going home, you may receive a new ticket with a maximum value of USD 2,000. The stay in your country of residence cannot exceed 30 days and there must be at least 7 days left of your program, for you to be eligible for this benefit. New tickets will only be issued to and from your original place of departure.

If, due to any of the aforementioned covered reasons, you have to interrupt and cannot return to your program, you will be reimbursed for the unused part of the program fee. Reimbursement will be made on a pro-rata basis, less any refunds paid to you by EF.

**Exclusions**

The Insurance Company will not reimburse you or pay benefits for your or any Family Member’s loss, accident, illness or injury as per the **Exclusions of the Illness and Accident** section and as per the **General Exclusions** of this policy.

The Insurance Company will not reimburse you or pay **Program Interruption** benefits for changes in travel plans due to mental or psychological health disorders, including eating disorders, or due to Pre-existing Conditions.
TERMS OF COVERAGE
The Insurance Company will reimburse you for reasonable and necessary costs in the manner and with the amounts described below, subject to your deductible (see page 3), in the event that your personal property is stolen or damaged. This coverage is subject to the limitations described herein and in the sections Period of Coverage and Exclusions.

To be reimbursed, you must be careful with your property and take all reasonable measures not to expose your property to the risk of being stolen or damaged. If not carried on you, cash, Valuable Property and Valuable Documents should be kept in a locked device when you are absent. If you incur a loss resulting from your property being stolen, you must file a police report.

PERSONAL BELONGINGS
The Insurance Company will pay up to USD 5,000 per incident, including Valuable Property up to USD 2,000, whereof mobile phones up to USD 400, if your personal belongings are stolen or damaged due to breaking and entering, assault, fire, storm, catastrophe, traffic accident or due to other sudden and unforeseen external forces.

The amount of loss the Insurance Company is liable to pay shall be determined in accordance with the value of the property at the time of such loss taking into consideration depreciation due to age and wear and tear.

If the damaged property is restorable or repairable, the amount of loss shall be the cost to repair the property to the condition at the time immediately before the damage, but in no case shall this cost exceed the value of the property. If an item that is part of a set is stolen or damaged, you will be covered for that item only and not for the entire set.

CASH
The Insurance Company will reimburse you up to a maximum of USD 500 per incident for loss of cash due to theft, damage due to breaking and entering, assault, fire, storm, catastrophe, traffic accident or due to other sudden and unforeseen external forces.

VALUABLE DOCUMENTS
The Insurance Company will reimburse you for reasonable and necessary out-of-pocket expenses up to a maximum of USD 2,000 per incident for loss of Valuable Documents due to theft, damage due to breaking and entering, assault, fire, storm, catastrophe, traffic accident or due to other sudden and unforeseen external forces.

Exclusions
This policy excludes any damage to or loss or theft of:

» Any property left unattended or left behind, lost or mislaid, even if the property has been stolen after you left it somewhere;

» Any property left in an unlocked hotel room, dormitory room, boarding house room, passenger cabin, sleeping car, bus or car;

» Any property left behind overnight in any means of transport;

» Non-valuable property left in any means of transport during daytime unless it is locked in a trunk which is inaccessible from the interior or locked in a glove compartment;

» Any cash, Valuable Property or Valuable Documents left in tents, cars, buses, boats, caravans, trailers or any other means of transport;

» Any cash, Valuable Property (excluding mobile phones, headphones, earphones and bicycles) or Valuable Documents not carried on you or not kept in a locked device when you are absent;

» Any cash, Valuable Property or Valuable Documents checked in with an airline;

» Any cash, Valuable Property or Valuable Documents left in cloak room, locker room or similar;

» Any rented or leased property;

» Damage to property that occurs from normal wear and tear, scratching, discoloration or any other damage that might affect the appearance but does not affect its function;

» Any damage due to improper packing;

» Any damage from liquid that flowed out from a packed container;

» Animals;

» Weapons;

» Motor-driven vehicles, caravans or trailers;

» Water-going vessels (except windsurfing boards);

» Hovercrafts, hydroplanes or any other aircraft;

» Drones;

» Parts or equipment to aforementioned excluded vehicles and crafts;

» In addition, all indirect costs following a loss or theft are not covered.
TERMS OF COVERAGE
The Insurance Company will reimburse you in the manner and with the amounts described below, in the event of a baggage delay or personal delay. This coverage is subject to the limitations described herein and in the section Period of Coverage.

BAG GAGE DELAY
If your checked-in baggage is delayed more than 24 hours on arrival at the host country airport at the start of your EF program you will receive reimbursement, against receipts, for necessary and reasonable out-of-pocket expenses (toiletries etc.) relating to the delay, up to USD 100. After another 24 hour delay, you will receive up to USD 100 additionally, against receipts, making a total maximum of USD 200. Claimed items must have been purchased in the host country and before the arrival of the baggage.

PERSONAL DELAY
The Insurance Company will reimburse you, against receipts, for reasonable and necessary out-of-pocket expenses if you are delayed more than 8 hours when travelling to and from your country of residence, and the delay is caused by circumstances beyond your control, such as technical difficulties, weather or natural disasters, intervention by authorities, illegal intervention or strikes and trade union actions. After a delay of 8 hours, and for each additional 8-hour period, you will be reimbursed USD 50, up to a maximum of USD 900.

LIABILITY AND LEGAL

TERMS OF COVERAGE
The Insurance Company will reimburse you for reasonable and necessary costs in the manner and with the amounts described below, in the event that you are legally liable to pay damages to a third party, or if you need legal counsel either as a plaintiff or a defendant in a court case. This coverage is subject to the limitations described herein and in the sections Period of Coverage and Exclusions.

THIRD PARTY LIABILITY
If you injure someone or damage their property, and you are legally liable for the action according to general principles governing the laws of liability and torts, you will be reimbursed subject to your deductible (see page 3), for the damages that you are obligated to pay, up to a maximum of USD 500,000 for personal injury and property damage.

Benefits will be limited to damages that you are obligated to pay to the injured person and expenses incurred by the claimant that you are obligated to pay by court order and expenses incurred by you to defend the claim.

In order to be reimbursed, you must take all reasonable measures not to expose a third party to unnecessary risk. You should not use alcohol, narcotics, sleeping pills, sedatives or other intoxicants in such way that you expose someone else to risk. You must obtain a pre-approval from the Claims Agent regarding defense and settlement costs.

Exclusions
This policy excludes:

» Personal injuries or property damage, which you have caused by accident (and not as a result of negligence) whose course of events were clearly outside what you have been able to affect (except when your liability has been established by court order or arbitration award);

» Damages to property owned by you;

» Property damage caused by careless use of property or use of property in a way that it is not intended for;

» Liability arising from ownership, use or operation of an aircraft, ship, boat or motor vehicle (e.g. cars, mopeds, motorcycles, scooters);

» Liability arising from when a ship or aeroplane is forced to change its route due to any condition on your part;

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» Liability arising from when a ship or aeroplane is forced to change its route due to any condition on your part;

» Personal injuries or property damage which you have caused with malicious intent, by a wilful act, by gross negligence, while committing a criminal act or under the influ-
ence of alcohol, narcotics, sleeping pills, sedatives or other intoxicants;

» Liability resulting from the pursuit of trade, business or profession, not including an EF organized internship;

» Liability aggravated under any contract or agreement between you and any other person pertaining to assumptions of legal liability in excess of general principles for liability and tort;

» Any damages relating to, or as a result of punitive damages related to, HIV/AIDS, sexual abuse, physical abuse, molestation or corporal punishment;

» Liability arising from transmission of any communicable disease;

» Liability arising from the own use of firearms or any explosive device;

» Defense costs and settlements, in or out of court, that you have reached without prior approval from the Claims Agent.

LEGAL EXPENSES
If you need legal counsel in a court case in progress or if, in the Insurance Company’s view, there are special circumstances when a legal counsel shall be appointed at an earlier stage, the Insurance Company will reimburse you for costs for a legal counsel up to a maximum of USD 15,000. You will pay the first USD 50 of the expenses and 10% of the balance.

If you are in need of legal counsel you must obtain a pre-approval from the Claims Agent.

Exclusions
This policy does not compensate legal expenses in the form of contingency fees, success fees or similar arrangements or legal expenses which have been guaranteed or paid by you without pre-approval from the Claims Agent. In addition, this policy does not cover legal expenses that are legally payable by another person or by a government, or that pertain to cases resulting from:

» Business transactions, ownership of real estate or from financial transactions that would be determined as unusual for a private person;

» Contracts or agreements between you and any other person pertaining to the assumption of any rights or obligations towards a third party;

» Ownership or operation of an aircraft, ship, boat or motor vehicle (e.g. cars, mopeds, motorcycles, scooters);

» Criminal prosecution which cannot lead to imprisonment;

» Divorce, dissolution of marriage or separation or other matters which arise in connection with your family situation (e.g. custody, alimony, partition of joint property and ownership splits);

» Demands or claims which have been transferred to you, unless it is obvious that the transfer was made before the dispute arose;

» Claims or complaints against program organiser, tour operator or the Insurance Company;

» All legal expenses not pre-approved by the Claims Agent.
GENERAL PROVISIONS

GENERAL EXCLUSIONS RELATING TO ALL TYPES OF COVERAGE

No insurance coverage is provided and the Insurance Company will not pay for any losses resulting directly or indirectly from:

- A wilful act or gross negligence on your part or on the part of anyone entitled to receive a benefit;
- Costs that can be recovered from any other source. The Insurance Company’s liability is secondary where costs are covered by another source (for example local traffic insurance, local home insurance, airline or other carrier) or covered in accordance with an international convention, locally applicable law, regulation or a special agreement;
- Failure in providing reasonable proof of a loss. If the person claiming has fraudulently provided the Insurance Company with incorrect or incomplete information that is important for establishing the responsibility of the Insurance Company, the compensation may be reduced or denied according to what is reasonable with regard to the circumstances. Reporting the insured event is equal to submitting a claim for compensation;
- War, hostile acts of a foreign power, revolution, usurped power, civil war, act of war (declared or undeclared), strike, riots or rebellion (“riot” meaning tumultuous disturbance of the peace by a group of persons whether national or local, gravely threatening the social peace and order of the area) or other disturbances of a similar nature, however not including direct acts of terrorism (“direct” meaning an immediate and geographically proximate threat to personal safety) excluding nuclear, chemical and biological terrorism as per below. However, the Insurance Company will pay up to USD 1,500 for the additional costs incurred if you must return home immediately after the outbreak of violence in the area where you are, due to any of the aforementioned excluded events, and in accordance with recommendations by official authorities in your country of residence (State Department or Ministry for Foreign Affairs). Also, the Claims Agent must have pre-approved the necessity to return home due to said events;
- Seizure, requisition, confiscation or destruction by any government or public authorities;
- Ionising radiation from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
- The radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
- Any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter;
- The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes;
- Whenever coverage provided by this policy would be in violation of any economic or trade sanctions, prohibitions, restrictions, laws or regulations, such coverage shall be null and void;
- Deliberate or accidental use of, or inability to use, any application, software or program in any connection with any electronic device (for example a computer, laptop, smartphone, tablet or internet-capable electronic device).

NUCLEAR, CHEMICAL, BIOLOGICAL TERRORISM EXCLUSION

No insurance coverage is provided and the Insurance Company will not pay for any losses directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement:

“Nuclear, chemical, biological terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release, or escape of any solid, liquid or gaseous chemical agent and/or biological agent during the period of this policy by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological” agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxin(s)) which cause illness and/or death in humans, animals or plants.

AETNA NETWORK NOTICE

Aetna considers nonpublic personal member information (“NPI”) confidential and has policies and procedures in place to protect the information against unlawful use and disclosure.
When necessary for your care or treatment or other related activities, we use NPI internally, share it with our affiliates, and disclose it to health care providers (such as doctors and hospitals), vendors, consultants, government authorities, and their respective agents. These parties are required to keep NPI confidential as provided by applicable law.

Participating Network/Preferred Providers are also required to give you access to your medical records within a reasonable amount of time after you make a request. By enrolling, you permit us to use and disclose this information as described above on behalf of yourself and your dependents.

PRIVACY RULES
The data privacy rules of Erika Insurance Ltd. are available at www.erikainsurance.com.

LIMITATION OF ACTIONS
No action can be brought after ten years from the date of the accident or the date when a loss occurred, whichever is first. If a claim is filed with the Claims Agent and you are not satisfied with the compensation offered, no action can be brought after six months from the date when you received the compensation or refusal to make compensation for the claim.

APPLICABLE LAW
This policy is governed by Swedish law except where and to the extent the laws of the jurisdiction where you are resident mandatorily provides that the laws of that jurisdiction be applied.

SUBROGATION
If any compensation is paid by the Insurance Company, the Insurance Company will be subrogated to all your rights of indemnity, contribution or recovery from a third party, in relation to the paid compensation.

You need to take all reasonable steps to preserve such rights and co-operate with the Insurance Company, including providing the Insurance Company with all relevant written documentation. You may not surrender any right, or settle any claim for indemnity, contribution or recovery, without the prior written consent of the Insurance Company.

The Insurance Company may require you to execute a statement acknowledging the Insurance Company’s right of recovery from other parties before the Insurance Company makes payment of any expenses under this policy.

VALIDITY
These general conditions are valid and applicable from 1 January 2024 and until further notice. The Insurance Company may amend these conditions at any time, and such amendments are valid from one month after the Insurance Company has duly notified the group policy holder.
WHAT TO DO IF A LOSS OCCURS
If a loss occurs, you should file a claim promptly and respond to all inquiries and follow any instructions by the Insurance Company or Claims Agent. In addition:

1. After a loss occurs, take all necessary steps to prevent or minimize a further loss;

2. Document the loss by outlining the time, place and circumstances, the extent of the loss and the names and addresses of available witnesses. Provide the Claims Agent with this information promptly;

3. For property loss, obtain a police report, receipts, warranty documents or any notes from authorities. If your property was lost or damaged while registered with an airline or other carrier, hotel, travel agency, spa or sports establishment you must immediately notify that entity and obtain a report;

4. Do whatever is necessary to secure or enforce any right of recovery of any expenses or the property from those involved in causing or creating a loss of or damage to the property;

5. For a medical loss, obtain medical care receipts and reports showing diagnosis and treatment periods, and other relevant information about the illness or injury;

6. If you need to interrupt your program, contact the Claims Agent immediately and provide the following information:
   a) name and EF booking number;
   b) the reason for interrupting your program.

7. Make a claim online (www.erikainsurance.com/claim/) and attach all relevant documentation (e.g. bills, receipts, medical reports, police reports).

IF YOU DO NOT AGREE WITH THE OUTCOME OF YOUR CLAIM
If you have filed a claim but do not agree with the outcome, you should, in writing, notify the Claims Agent or the complaints manager of the Insurance Company within six months. Reconsideration of your claim is free of charge.

It may also be possible for you to present a complaint to your local alternative dispute resolution body such as the Swedish Consumer Complaints Board, the Norwegian Financial Institutions Complaints Board, the Danish Insurance Complaints Board, the UK Financial Ombudsman Service, Departments of Insurance in the USA or similar institutions. Information about procedures can be obtained from these institutions.

You may bring legal action against the insurer before the court at your place of residence or habitual abode or before the court at the insurer’s place of business.

IF YOU RECEIVE PAYMENT FROM ANOTHER SOURCE
The Insurance Company’s liability is secondary where costs are covered by another source (for example local traffic insurance, local home insurance, airline or other carrier) or covered in accordance with an international convention, locally applicable law, regulation or a special agreement.

If you have received payment from the Insurance Company and then receive payment from any other source, you must provide the Claims Agent with all information and documentation regarding said payment and reimburse the Claims Agent for its payment. Failure to do so may result in legal action.