

Home country: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Country of study: \_\_\_\_\_

Arrival date in host country: \_\_\_\_\_

Institution/center of study name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State or country: \_\_\_\_\_

#### Membership Fee:

- Semi-annual: \$45       Annual: \$80

Requested program start date: \_\_\_\_\_

#### Method of payment:

Make checks and money orders payable to

#### **Student Assurance Services**

- Check or Money Order  
 Credit Card – Visa or Mastercard

Credit card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Signature of card holder



#### Mail enrollment form to:

Student Assurance Services, Inc.  
P.O. Box 196  
Stillwater, MN 55082  
800-328-2739  
[www.sas-mn.com](http://www.sas-mn.com)

*While assistance services are available worldwide, transportation response time is directly related to the location jurisdiction where event occurs. Assist America cannot be held responsible for failure to provide services or for delays caused by strikes or conditions beyond its control, including, but not limited to flight conditions or where rendering of service is prohibited by local law or edict. Assist America is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of Assist America.*

#### Voluntary Emergency Assistance Program

As a student or faculty member, you are eligible to enroll in the Assist America program on a voluntary basis when actively engaged in an educational/instructional program and/or employed by an institution that offers insurance through Student Assurance Services. The criteria to become a member of the Assist America program are as follows:

1. You and any declared dependents must have an in-force medical insurance policy that provides worldwide coverage.  
**Failure to maintain an in-force medical insurance policy will void any obligation for service from Assist America.**
2. If traveling with dependents, each dependent must complete an application and pay the required membership fee to obtain coverage.
3. You must declare a campus or study location at which you are working/studying.
4. Assist America services are available anytime a covered member is at his/her campus location or traveling. U.S. students studying in the U.S. are eligible for all services when more than 100 miles from their permanent residence and for selected services on campus.
5. Assistance Services do not apply when a non-U.S. member is in his/her country of origin.

**Enrollment** will commence on the requested program start date or the date the enrollment form and fees have been received and processed. Worldwide coverage is in effect 24 hours a day, 365 days a year whenever members or their dependents are at their declared campus location or while traveling. Coverage will end upon termination of membership or at any time when the member and/or his/her dependents cease to meet eligibility requirements.

#### Program Guidelines

Assist America hereby acknowledges its responsibility to provide or contract for the above services subject to the following conditions:

#### Assist America will exclude services for:

- ◆ Travel undertaken for the specific purpose of securing medical treatment
- ◆ Injuries resulting from participation in acts of war or insurrections
- ◆ Commission of an unlawful act
- ◆ Attempt at suicide
- ◆ Incidents involving the use of drugs unless prescribed by a physician
- ◆ Transfer of patient from one hospital to another of similar capabilities providing a similar level of care
- ◆ Travel by spouse of a member on behalf of spouses' employer (spouse business travel)

#### Assist America will not evacuate or repatriate members:

- ◆ Without medical authorization
- ◆ With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- ◆ With advanced pregnancies of over six months
- ◆ With mental or nervous disorders unless hospitalized

assist america® is a registered service mark of Assist America, Inc.

06.06.1500

# GLOBAL EMERGENCY SERVICES

## Voluntary Program for Students and Scholars



P.O. Box 196  
Stillwater, MN 55082-0196  
Telephone: 800-328-2739

Services provided by:  
**assist america®**

# Global Emergency Services

Few people know where or how to find appropriate care during a medical emergency away from home. With the Assist America program offered through Student Assurance Services, you have protection while you travel.

As a member, you can call upon doctors, hospitals, pharmacies, and other services whenever traveling 100 miles or more from your permanent address, campus location or abroad, 24 hours a day, 365 days a year! One phone call connects you to a state-of-the-art Operations Center staffed around-the-clock with trained multilingual professionals to

handle medical emergencies quickly and efficiently. Assist America has immediate response capabilities worldwide with a global network of pre-qualified medical providers, including air and ground ambulance services.

Assist America does not replace your medical insurance. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by Assist America. Claims for reimbursement will not be accepted.

## Key Services

### Medical Consultation, Evaluation & Referral

Calls to Assist America's Operations Center are evaluated by medical personnel and referred to English-speaking, Western-trained doctors and/or hospitals.

### Hospital Admission Guarantee

Assist America will guarantee hospital admission outside the United States by validating a participant's health coverage or by advancing funds to the hospital. (Any emergency hospital admittance deposit must be repaid within 45 days).

### Emergency Medical Evacuation

If adequate medical facilities not be available locally, Assist America will use whatever mode of transport, equipment, and personnel necessary to evacuate a participant to the nearest facility capable of providing a high standard of care.

### Critical Care Monitoring

Assist America's medical personnel will maintain regular communication with the participant's attending physician and/or hospital and relay information to the family.

### Medically Supervised Repatriation

If a participant still requires medical assistance upon being discharged from a hospital, Assist America will repatriate him/her home or to a rehabilitation facility with a medical or non-medical escort, as necessary.

### Prescription Assistance

If a participant needs a replacement prescription while traveling, Assist America will help in filling that prescription.

### Emergency Message Transmission

Assist America will receive and transmit emergency messages for participants.

### Transportation to Join Patient

If a participant is traveling alone and will be hospitalized for more than seven days, Assist America will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend. At the member's request, assistance with the arrangement of accommodations will be provided.

### Care for Minor Children

Assist America will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.

### Return of Mortal Remains

Assist America will render every possible assistance in the event of a participant's death. This includes preparing the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.

### Emergency Trauma Counseling

Assist America will provide initial telephone-based counseling and referrals to qualified counselors as needed or requested.

### Lost Luggage or Document Assistance

Assist America will help participants locate lost luggage, documents, or personal belongings.

### Interpreter & Legal Referrals

Assist America will refer participants to interpreters and/or legal personnel, as necessary.

### Pre-trip Information

Assist America will provide participants with access to web-based country profiles that include visa requirements, immunization and inoculation recommendations, as well as security advisories for any travel destination.

## Enrollment Form

PLEASE PRINT – ALL QUESTIONS MUST BE ANSWERED

Name of participant:

First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

Date of birth: \_\_\_\_\_  
Month Day Year

Sex:  Male  Female

Social Security or Student ID#: \_\_\_\_\_

Mailing address:

Street \_\_\_\_\_

Suite/Apt. \_\_\_\_\_

City \_\_\_\_\_

State or Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Check one:  Graduate  Faculty  
 Undergraduate  Other (describe in detail) \_\_\_\_\_  
 Scholar \_\_\_\_\_

Non US citizen  
 Type of visa held: (J-1, F-1, etc.) \_\_\_\_\_

Visa number: \_\_\_\_\_

US citizen - passport number: \_\_\_\_\_

Medical Insurance:  
Primary policy holder name: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Claims phone number: (\_\_\_\_\_) \_\_\_\_\_

All services must be arranged and provided by Assist America.  
No claims for reimbursement of assistance services will be accepted.

continued on back