

Rutgers University Evidence of Benefits

Eligibility: Students; Faculty, Staff or Other Employees and their Spouses and Children; Parents and Other Volunteers or Chaperones; Trustees; or Other Persons with a current passport or student visa, who are temporarily traveling or residing outside of their Home Country of regular residence, as part of a School activity or program.

Coverage #1: Travel Medical and Medical Case Fees

Territory Restrictions:

- United States*
- Cuba, unless the specific travel requirements are met as set by the U.S. Government

* *The U.S. is defined as the 50 United States and the District of Columbia.*

Period of Coverage: No Insured person may have a policy period longer than twelve (12) months.

WHEN YOUR COVERAGE BEGINS – Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Scheduled Departure Date or upon the Insured’s departure from his/her Home Country.

WHEN YOUR COVERAGE ENDS – Your coverage will end at 11:59 PM local time on the date that is the earliest of the following:

- (a) Upon the Insured’s return to his/her Home Country; or
- (b) Twelve (12) months after the Scheduled Departure Date.

COVERAGE #1: TRAVEL MEDICAL

Please keep this document as a general summary of the Insurance. This Evidence of Benefits is a brief summary of filed form number NSHTC 2500 which contains complete details of the coverage. A copy of the Travel Protection Policy is available for inspection at the Plan Administrator's office. The Evidence of Benefits shall control in the event of any conflict between this Evidence of Benefits and the Travel Protection Policy.

CONFIRMATION OF COVERAGE:

All Coverages and Benefits are in U.S. Dollar Amounts	
Trip Interruption	Up to \$4,000 per Person per Occurrence
Lost Baggage	Up to \$250 per Period of Coverage
Sickness Medical Expense	\$500,000 per Person per Occurrence
Accident Medical Expense Dental Expenses as a result of an Accident	\$500,000 per Person per Occurrence \$2,000 per Person per Occurrence
Accidental Death & Dismemberment	\$10,000 per Insured; \$5,000 per Spouse/Dependent Child
Accidental Death & Dismemberment – Common Carrier (Air Only)	\$25,000 per Insured; \$10,000 per Spouse/Dependent Child \$500,000 aggregate per any one loss

BENEFITS

TRIP INTERRUPTION

The Company will reimburse You, up to the Maximum Benefit shown on the Confirmation of Coverage, if You join Your Trip after departure, or are unable to continue on the covered Trip due to any of the following reasons that takes place after departure:

- Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip;
- Sickness, Accidental Injury or death of a Family Member booked to travel with You that results in medically imposed restrictions as certified by a Physician preventing that person’s continued participation in the Trip;
- Sickness, Accidental Injury or death of a non-traveling Family Member.

The Company will reimburse You for the following:

- (a) the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Land/Sea Arrangements limited to the cost of one-way economy airfare or similar quality as originally issued ticket by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets;

(b) non-refundable Tuition Expenses not refunded by the Participating Organization.

LOST BAGGAGE

The Company will pay benefits if Your Checked Baggage is lost due to theft or misdirection by a Common Carrier while You are on a Covered Trip and are ticketed passenger on the Common Carrier.

The Company will reimburse You for the cost of replacement of the baggage and its contents up to the maximum shown on the Confirmation of Coverage.

This coverage is secondary to any coverage provided by a Common Carrier.

The Company will pay the lesser of the following:

- (a) actual cash value at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by the Company; or
- (b) the cost of repair or replacement.

SICKNESS MEDICAL EXPENSE

The Company will reimburse You, up to the Maximum Benefit shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of a Sickness. You must receive initial treatment within thirty (30) days of the onset of the Sickness and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks following the onset of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, prosthetics and therapeutic services and supplies; and
- (f) emergency dental treatment for the relief of pain.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

ACCIDENT MEDICAL EXPENSE

The Company will pay benefits up to the Maximum Benefit shown on the Confirmation of Coverage, if You incur necessary Covered Medical Expenses as a result of an Accidental Injury. You must receive initial treatment for Accidental Injuries within thirty (30) days of the Accident that caused them and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks of the date of the Accident.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, prosthetic and therapeutic services and supplies; and
- (f) emergency dental treatment for the relief of pain.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will reimburse benefits up to the Maximum Benefit shown on the Confirmation of Coverage for emergency dental treatment for Accidental Injury to Sound Natural Teeth that occurs during the Trip within twelve (12) months of the Accidental Injury.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Confirmation of Coverage. If more than one loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

"Principal Sum" means the full amount of the benefit paid for losses listed in the Table of Losses. The Principal Sum is shown in the Confirmation of Coverage. Where less than 100% is shown, that portion of the full amount (Principal Sum) is payable.

EXPOSURE

The Company will pay benefits for covered losses that result from Your being unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

ACCIDENTAL DEATH AND DISMEMBERMENT COMMON CARRIER (AIR ONLY)

The Company will pay benefits for Accidental Injuries resulting in a loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Confirmation of Coverage. If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

“Principal Sum” means the full amount of the benefit paid for losses listed in the Table of Losses. The Principal Sum is shown in the Confirmation of Coverage. Where less than 100% is shown, that portion of the full amount (Principal Sum) is payable.

EXPOSURE

The Company will pay benefits for covered losses that result from You being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip. The loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during the Covered Trip in which he/she was a passenger.

PLAN DEFINITIONS

Accident means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss.

Bodily Injury means identifiable physical injury which: is caused by an Accident, and is independent of disease or bodily infirmity.

Checked Baggage means a piece of baggage for which a claim check has been issued to You by a Common Carrier.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

Company means Nationwide Mutual Insurance Company.

Covered Expenses shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the Group Policy; and which do not exceed the maximum limits shown on the Confirmation of Coverage, under each stated benefit.

Covered Trip means any class of scheduled trips, tours or cruises You request coverage and remit the required premium.

Economy Fare means the lowest published rate for a round trip economy ticket.

Effective Date means 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date.

Family Member means Your legal or common law spouse, Domestic Partner, parent, legal guardian, step- parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step- brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

Home Country means the country where the Insured Person has his/her true, fixed and permanent home and principal establishment.

Hospital means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides 24-hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre- arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Individual Coverage Term means the period of time beginning when You have been enrolled for coverage under this Policy and for whom the required premium has been paid.

Insured means the person who has enrolled for and paid for coverage under the Group Policy.

Land/Sea Arrangements means land and/or sea arrangements made by the Participating Organization.

Loss means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit means the largest total amount of Covered Expenses that the Company will pay for Your covered losses.

Medically Necessary means a service or supply which: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting an Insured's condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

Physician means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

Scheduled Departure Date means the date on which You are originally scheduled to leave on the Trip.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect.

Trip means any Trip outside the Insured's Home Country.

You or Your refers to all persons listed on the Confirmation of Coverage under the program purchased by the Insured.

EXCLUSIONS AND LIMITATIONS

The following exclusions apply to Accidental Death & Dismemberment, Accidental Death & Dismemberment – Common Carrier (Air Only), Sickness Medical Expense and Accident Medical Expense:

Loss caused by or resulting from:

1. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
2. participation in any military maneuver or training exercise;
3. piloting or learning to pilot or acting as a member of the crew of any aircraft;
4. participation as a professional in athletics;
5. commission or the attempt to commit a criminal act;
6. participating in skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races); spelunking or caving; heliskiing; extreme skiing. (*Note that this exclusion does not apply if the activity is a School Sponsored program.*)
7. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
8. pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
9. curtailment or delayed return for other than covered reasons;
10. traveling for the purpose of securing medical treatment;
11. services not shown as covered;
12. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
13. care or treatment that is not medically necessary;
14. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
15. Injury or Sickness when traveling against the advice of a Physician;
16. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
17. any expenses incurred in the Home Country.

The following exclusions apply to Lost Baggage:

The Company will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);

9. household effects and furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. prosthetic limbs;
15. prescribed medications;
16. keys, money, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. personal computers telephones, computer hardware or software;
21. sporting equipment if loss or damage results from the use thereof;
22. musical instruments;
23. retainers and orthodontic devices.

Any loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

GENERAL PROVISIONS

The following provisions apply to all coverages:

LEGAL ACTIONS – No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving Proof of Loss.

CONTROLLING LAW – Any part of this Certificate that conflicts with the state law where the Certificate is issued is changed to meet the minimum requirements of that law.

GOVERNING JURISDICTION – The insurance regulatory agency and courts of the jurisdiction in which You reside or the group is located shall have jurisdiction over the individual or group insurance coverage as if such coverage or plan were issued directly to You.

MISREPRESENTATION AND FRAUD – Your coverage shall be void if, whether before or after a Loss, You concealed or misrepresented any material fact or circumstance concerning this Certificate or the subject thereof, or Your interest therein, or if You commit fraud or false swearing in connection with any of the foregoing.

You must fully cooperate in the event the Company determines that an investigation of any claim is warranted.

SUBROGATION – To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

ASSIGNMENT – This Certificate is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

The following provisions apply to all benefits except Lost Baggage:

PAYMENT OF CLAIMS – The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by Other Insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM – Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

PROOF OF LOSS – The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PHYSICAL EXAMINATION AND AUTOPSY – The Company, or its designated representative, at its own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

TIME OF PAYMENT OF CLAIMS – Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30th) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

The following provisions apply to Lost Baggage coverage:

NOTICE OF LOSS – If Your property covered under this Certificate is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS – You must furnish the Company, or its designated representative, with Proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative, within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

SETTLEMENT OF LOSS – Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable Proof of Loss and the value involved to the Company.

DISAGREEMENT OVER SIZE OF LOSS – If there is a disagreement about the amount of the Loss, either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed by two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You will be paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

UNDERWRITER: Nationwide Mutual Insurance Company.

CLAIMS:**Consolidated Health Plans**

On Behalf of Nationwide Insurance Company and Affiliated Companies

2077 Roosevelt Avenue

Springfield, MA 01104

Phone: (800) 633-7867 / (413) 733-4540

www.chpstudent.com

24-HOUR EMERGENCY ASSISTANCE:**WHAT TO DO IN THE EVENT OF AN EMERGENCY**

Upon enrollment into international travel insurance program travelers should visit their school's online portal with International SOS to familiarize themselves with the services that International SOS offers travelers while they are abroad.

Please go to www.internationalsos.com and at the prompt for the Members' website log in enter your school's International SOS membership number.

If you have a pre-trip medical or security related question or emergency while overseas, please call collect to the 24-hour International SOS alarm center in Philadelphia: 1-215-942-8478

The alarm center is staffed by doctors, logistics coordinators and security experts. International SOS alarm centers can provide medical advice, assistance in your location, or arrange for an evacuation.

International SOS services include the following:

- Medical Evacuation and Repatriation coordinated through International SOS.
- Political and Natural Disaster Evacuation coordinated through International SOS.
- Payment of overseas Medical Bills coordinated through International SOS.
- One call to International SOS coordinates all benefits with the Plan Administrator.
- Full coordination with the International SOS credentialed medical provider network worldwide.
- Transportation to join a hospitalized member, accommodation while visiting hospitalized member, return of minor children, and return of traveling companion are services coordinated through International SOS.

NATIONWIDE PRIVACY STATEMENT

FACTS	WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number, government issued identification, and contact information • Policy, account, and contract information • Credit reports and other consumer reports
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Nationwide share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For non affiliates to market to you	Yes	Yes

To limit our sharing	<ul style="list-style-type: none"> • Call us toll free at 1-866-280-1809 and our menu will prompt you through your choices. • If you have previously opted out, your preference remains on file and you do not need to opt out again. • Please have your account or policy number handy when you call. <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
Questions?	1-800-633-7867

Who we are	
Who is providing this notice?	Nationwide Mutual Insurance Company
What we do	
How does Nationwide protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job.
How does Nationwide collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • Apply for insurance • Make a payment or file a claim • Conduct business with us <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>

Why can't I limit all sharing?	Federal and state law gives you the right to limit only: <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your creditworthiness; • Affiliates from using your information to market to you; and • Sharing for non affiliates to market to you. State laws and individual companies may give you additional rights to limit sharing. See below for more information.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. These companies include Nationwide Life Insurance Company, Nationwide Bank, and Nationwide Property and Casualty Insurance Company. Visit nationwide.com for a list of affiliated companies.
Non affiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you.
Other important information	
<p>California Residents: We currently do not share information we collect about you with affiliated or nonaffiliated companies for their marketing purposes. Therefore, you do not need to opt out.</p>	
<p>Nevada Residents: You may request to be placed on our internal Do Not Call list. Send an email with your phone number to privacy@nationwide.com. You may request a copy of our telemarketing practices. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 1-702-486-3132; email: BCPINFO@ag.state.nv.us.</p>	
<p>Vermont Residents: For Vermont customers only. We will not share your personal information for marketing purposes with the Nationwide family of companies or third parties without your authorization, except as permitted by law.</p>	
<p>AZ, CA, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA Residents: When we refer to "Information" we mean information we collect during an insurance transaction (not including medical record information). We will not use your medical information for marketing purposes without your consent. We share personal information with non affiliates without your prior authorization as permitted or required by law. They may use it to investigate fraud, respond to court orders, and conduct actuarial studies. We share it with insurance regulatory authorities and law enforcement. We share it with consumer reporting agencies. They may retain it or disclose it to other companies with which you do business. These other companies use and disclose it to others as permitted by law. We obtain reports prepared by an insurance-support organization. The insurance-support organization keeps copies and discloses them to others. You have a right to access and correct your Information as described below.</p>	
<p>Accessing your information You can ask us for a copy of your personal information. Please send your request to the address below and have your signature notarized. This is for your protection so we may prove your identity. Please include your name, address, and policy number. You can change your personal information at Nationwide.com or by calling your agent. We can't change information that other companies, like credit agencies, provide to us. You'll need to ask them to change it.</p> <p style="text-align: center;">Consolidated Health Plans Attn: Privacy Officer 2077 Roosevelt Avenue Springfield, MA 01104</p>	