Overseas Travel Insurance Procedure

The Association for Overseas Technical Scholarship ("AOTS") maintains overseas travel insurance ("insurance") coverage for all trainees as a safeguard against illness, injury, accident, or other misfortune.

The term of the insurance is limited to a fixed period approved by AOTS. The said term shall commence upon completion of entry screening procedures following the trainee's arrival in Japan and terminate upon completion of exit procedures prior to the trainee's departure from Japan.

In the event that a trainee is involved in an accident or other incident covered by the insurance, AOTS will submit an insurance claim to the insurance company, collect the insurance settlement from the insurance company, and pay the trainee or trainee's survivor(s) as follows.

- 1. Indemnity in the event of death: AOTS will pay to the trainee's surviving family the entire sum received from the insurance company.
- 2. Medical expenses: The medical facility where the trainee was treated will bill AOTS for the cost of the treatment. The insurance company will pay the insurance benefit directly to the medical facility.
- 3. Insurance for disability: AOTS will pay the disabled trainee the entire sum received from the insurance company.
- 4. Insurance to cover liability: AOTS will pay the entire settlement to the trainee, injured party, etc., pursuant to notification by the trainee or the training company.
- 5. Insurance to cover loss of personal belongings: AOTS will pay the trainee the entire sum received from the insurance company, pursuant to notification by the trainee or the training company.
- 6. Rescue expenses insurance benefit: AOTS will pay to the party that paid/advanced the expenses the entire sum received from the insurance company, pursuant to notification by the trainee or the training company.

To collect an insurance benefit/settlement as specified above, trainees must submit to AOTS a consent form giving AOTS complete authority to file insurance claims and collect benefits/settlements pursuant to this insurance policy. All trainees, please carefully read the attached Outline of Overseas Travel Insurance and sign the consent form below.

To: The Association for Overseas Technical Scholarship (AOTS) $\,$

Consent Form

I understand the content of the Outline of Overseas Travel Insurance. I hereby consent to being covered by an insurance policy pursuant to AOTS's training regulations. I also consent to giving AOTS complete authority to file insurance claims and collect insurance benefits/settlements on my behalf.

Date: <u>Day</u>	$\underline{\hspace{1cm}}$ Month	<u>Year</u>
Country/region		
Home Address		-
Trainee's name		
Signature		
(To be completed by	the training compa	ny)
Company:	AOTS	Company Cord
Trainee's No.		
Training Perio	od	

2004.04.01