

SCHEDULE OF BENEFITS AND LIMITS (STUDENT)

S. No	Benefitd	Limit Up to (USD)			
		Plan A	Plan B	Plan C	Plan D
1	<u>EMERGENCY MEDICAL EXPENSES</u>				
	Emergency Medical Expenses for sickness & hospitalization abroad	10,000 Excess USD 50	25,000 Excess USD 100	50,000 Excess USD 125	100,000 Excess USD 150
2	Emergency Dental Care	1,000	1,000	1,000	1,000
3	<u>TRAVEL ASSISTANCE</u>				
	Travel and stay of one immediate family member	5,000	5,000	5,000	5,000
4	Repatriation of mortal remains	Actual	Actual	Actual	Actual
5	Travel Assistannt	Actual	Actual	Actual	Actual
6	<u>LOSS OF BAGGAGE & PERSONAL EFFECTS</u>				
	Loss of passport	300	300	300	300
7	Loss of In-flight checked in baggage	500	500	500	500
8	Location and forwarding of lost baggage and personal effects	Actual	Actual	Actual	Actual
9	<u>24 HOURS PERSONAL ACCIDENT</u>				
	24 Hours Personal Accident	7,500	10,000	15,000	20,000
9 (a)	Accidental Death	100% of Principal Sum Insured	100% of Principal Sum Insured	100% of Principal Sum Insured	100% of Principal Sum Insured
9 (b)	Permanent disability	% of pricipal sum as per injury table	% of pricipal sum as per injury table	% of pricipal sum as per injury table	% of pricipal sum as per injury table
9 (c)	Permanent total disability	% of pricipal sum as per injury table	% of pricipal sum as per injury table	% of pricipal sum as per injury table	% of pricipal sum as per injury table
10	<u>OPTIONAL BENEFIT</u>				
	Tuition Fee	7,000	10,000	20,000	30,000