

World Class Coverage Plan

designed for

Boston College

Travel Abroad - Spain



2024-2025

Policy # GLM N18221871-SPAIN

Administered by Cultural Insurance Services International

Underwritten by ACE American Insurance Company

mycisi.com | 800.303.8120



MEDICAL



EMERGENCY



SECURITY

Welcome to CISI

Participant Plan Guide

What does the CISI plan cover?

The CISI Plan is designed specifically for cultural exchange participants. Not only does the plan provide accident and sickness insurance, it also covers medical evacuation and repatriation as well as security evacuations should they become necessary. And unlike many domestic insurance plans, the CISI plan will pay 100% of covered expenses without requiring a deductible.

In addition to the above, the Team Assist Plan was designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the insured in the event of any emergency during the term of coverage. Learn more about your CISI plan specifically designed for Boston College travel abroad participants in this guide. You can also visit CISI's Boston College webpage: <https://culturalinsurance.com/boston/>.

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Your Insurance Materials

Once you are enrolled, you will receive an email from **CISI Enrollments** (enrollments@culturalinsurance.com), with the subject line '**CISI Materials**'. Attached to this email you will find the following:

- Plan Guide
- ID Card
- Consulate Letter (to obtain your visa, if necessary)
- Claim Form

Can I access this information elsewhere?

Yes, once you are enrolled you can access your insurance information via the [myCISI Participant Portal](#) or via the [CISI Traveler App](#) once you have created a log in.

You can also contact CISI by calling (800) 303-8120 or email claimhelp@mycisi.com or enrollments@mycisi.com and we can easily email you with a new ID card within a few minutes.



Participant Tools and Resources: Participant Portal & CISI Traveler App

Your CISI coverage includes a comprehensive online Portal of tools and information as well as a Mobile App, allowing you access to:

- **Your Insurance Documents**

Email/view your travel insurance documents or download for offline viewing later

- **Provider Search**

Search medical providers worldwide

- **Medical Emergency Information**

Get Team Assist's contact information

- **Personal Security Assistance**

Access security-specific information

- **Claim help**

Get information on filing claims and opening cases

- **Check-in**

Let your program and CISI know you are safe when unforeseen events occur

- **Travel Destination Information**

Get embassy contact details and country-specific details and information, travel alerts and warnings

- **CISI & Team Assist (AXA) Contact Information**

All contact information in one place (for CISI claims as well as links to Team Assist)

- **Itinerary**

Add and edit travel plans on-the-go to ensure you can be located in the event of an emergency

Once you are enrolled you can create a **myCISI login** either via the **CISI Traveler App** or on a computer via the **myCISI Participant Portal**. Links to both are provided within the '**CISI Materials**' email, however you can also access them both by:

myCISI Participant Portal

Go to <https://culturalinsurance.com/boston/> and go to **Login to myCISI** in the top right to access the **myCISI Participant Portal**.

CISI Traveler App

Simply click on the below "Google Play" or "App Store" icons to download:

iPhones



If the icon link isn't working:

- ▶ Go to the App Store
- ▶ Search Cultural Insurance Services International or CISI Traveler

Android Phones



If the icon link isn't working:

- ▶ Go to Google Play
- ▶ Search Cultural Insurance Services International or CISI Traveler



How do I use my CISI? Minor Injury or Sickness

Locating a Provider

To locate a provider overseas, you can do either of the following:

- 1) Contact the assistance team (**AXA Assistance**) by calling the number on your insurance ID card;
OR
- 2) log into your **myCISI Participant Portal** or through the **CISI Traveler App** and click on **'Provider Search'**. Select your Country and City, and a list of providers will populate.

Schedule an Appointment

Call the provider to schedule an appointment. If you need assistance, **AXA Assistance** can help.

Are there 'In-Network' or 'Out-of-Network' restrictions?

No, you can seek treatment at any medical facility abroad. There are no In-Network nor Out-of-Network restrictions.

Who pays at the time of visit?

Be prepared to pay for doctor visits for minor illnesses such as a sore throat or a sinus infection. Present your card to your medical provider at the time of service. If the overseas doctor is willing to bill us directly, we are willing and able to pay them directly for covered medical expenses. Foreign providers can contact your assistance team (AXA Assistance) toll-free to verify eligibility and/or benefits 24/7/365. If they prefer to have you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bills and receipts, and submit them along with a claim form to CISI for reimbursement.

Does my plan have a Deductible?

No there is no Deductible on this plan.



Prescription Medication

If a doctor prescribes a medication, you will pay out-of-pocket at the pharmacy. As long as the medication is for sickness or injury that is covered under your plan, you can submit a claim for reimbursement. Make sure to hold onto any receipts and prescription medication receipts so you can include those with your submission. See the Claims section of this guide for more information.



Emergency Care

Inpatient Care/Serious Accident

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with AXA Assistance (our 24/7 assistance provider). Our goal is to have the hospital or facility bill us directly. If personal payment has already been processed, we can expedite reimbursement. CISI has the ability to pay by check or wire transfer to foreign hospitals when necessary/requested. AXA Assistance is also able to guarantee/make payments when necessary (CISI then reimburses AXA Assistance).



Security Evacuation

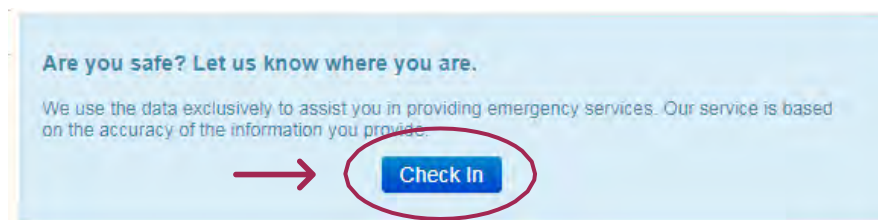
Check-in Feature – ‘Are you safe?’

If there is a natural disaster, terrorist attack, civil unrest, or another security-related incident, you can click on ‘**Check-in**’ so your program and CISI knows you are safe. This can be done either via the [myCISI Participant Portal](#) or the [CISI Traveler App](#).

Please Note: You do not have to ‘**Check-in**’ if nothing has occurred. You will only want to check-in when you want to notify your program and us that you are safe if there is a natural disaster, terrorist attack, civil unrest, or another security-related incident.

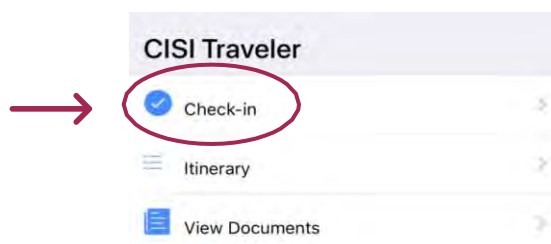
myCISI Participant Portal:

Once you are logged into the Portal, the **check-in** feature is at the bottom of the main page. Scroll down and click on ‘**Check-in**’:



CISI Traveler App:

If you are checking in via the CISI Traveler App, simply click on ‘**Check-in**’ from your home screen





Team Assist Plan (TAP)

TEAM ASSIST CONTACT INFORMATION AXA Assistance (24/7/365)

Phone: (855) 327-1411 | (312) 935-1703
Email: medassist-usa@axa-assistance.us

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation of Mortal Remains

All services must be arranged through the Assistance Provider.

The TAP Offers These Services *(These services are not insured benefits):*

MEDICAL ASSISTANCE



Medical Referral
Medical Monitoring
Prescription Drug Replacement/Shipment
Emergency Message Transmittal
Coverage Verification/Payment Assistance for Medical Expenses
Remote Behavioral Health
Dr. Please – Telehealth Service

TRAVEL ASSISTANCE



Obtaining Emergency Cash
Traveler Check Replacement Assistance
Lost/Delayed Luggage Tracing
Replacement of Lost or Stolen Airline Ticket

TECHNICAL ASSISTANCE



Credit Card/Passport/Important Document Replacement
Locating Legal Services
Assistance in Posting Bond/Bail
Worldwide Inoculation Information



Claim Information

CLAIMS DEPARTMENT CONTACT INFORMATION 9AM-5PM EST, Monday-Friday

Phone: (800) 303-8120 | (203) 399-5130

Email: claimhelp@mycisi.com

How to Submit a Claim:

If you seek medical treatment for an Injury or Sickness while abroad and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible).

Step 1: Complete a Claim Form

Per each occurrence:

- 1) Fully complete all the necessary sections pertaining to your claim
- 2) Indicate whether the Doctor/Hospital has been paid
- 3) Sign at the bottom

Step 2: Attached Receipts and Documentation

Attach itemized bills for all amounts being claimed and documentation. **We recommend you provide us with a copy and keep the originals for yourself.*

Step 3: Submit the Claim

You can submit claims by mail, email or fax:

Mail: 1 High Ridge Park, Stamford, CT 06905

Email: claimhelp@mycisi.com

Fax: (203) 399-5596

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. For claim submission questions or status, call (800) 303-8120, or email claimhelp@mycisi.com.

How long will it take to be reimbursed for medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

Where can I access additional claim forms?

Claim Forms can be found attached to your 'CISI Materials' email and on the [myCISI Participant Portal](#). You can also email us and we can send you one to complete.



Plan Benefits and Exclusions

SCHEDULE OF BENEFITS

COVERAGE AND SERVICES

MAXIMUM LIMITS

ACCIDENT AND SICKNESS INSURANCE

Medical expenses (per Covered Accident or Sickness):

Deductible	zero
Benefit Maximum	Unlimited
Prescription Drugs (Inpatient/Outpatient)	100% of Usual and Customary Charges
Physiotherapy	If recommended by a Doctor for treatment and administered by a licensed physiotherapist
Mental/Nervous Outpatient	\$2,500
Mental/Nervous Inpatient	\$5,000
Chiropractic Care and Therapeutic Services	\$50/visit, 10 visit max, overall max \$500
Accidental Dental	Covered
Palliative Dental	\$500 (\$250/tooth)
Pregnancy, childbirth or miscarriage	As any other condition
Pre-existing Conditions	\$10,000 Primary, Secondary up to \$200,000

TRAVEL ASSISTANCE INSURANCE

Emergency Medical Reunion	(incl. hotel/meals, max \$300/day) \$3,000
Quarantine	\$2,000 (14 days)
Trip Cancellation	\$2,000
Trip Delay	\$500 (\$100/day)
Trip Interruption	\$1,500

EVACUATION AND REPATRIATION INSURANCE

Emergency Medical Evacuation	\$250,000
Repatriation of Mortal Remains	\$50,000
Security Evacuation (Comprehensive)	\$100,000 (\$2.5M Aggregate)

NON-INSURANCE SERVICES

Team Assist Plan (TAP): 24/7 medical, travel, technical assistance

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Boston College under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Exclusions and Limitations

This Insurance does not cover Medical Expense Benefits for:

- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing.
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Insurance described is marketed by Cultural Insurance Services International (CISI); insurance is underwritten and provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Boston College under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

CISI CONTACT INFORMATION

9AM-5PM EST, Monday-Friday

Phone: (800) 303-8120 | (203) 399-5130

Email: claimhelp@mycisi.com

TEAM ASSIST CONTACT INFORMATION

AXA Assistance (24/7/365)

Phone: (855) 327-1411 | (312) 935-1703

Email: medassist-usa@axa-assistance.us



Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** Boston College
- ▶ **Policy Number:** 24 GLM N18221871-SPAIN
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596
For claim submission questions, call (203) 399-5130 or e-mail claimhelp@mycisi.com

INSTRUCTIONS:

1. **Fully complete** and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

See next page for state specific disclaimers, claimant cooperation provision and additional claim submission instructions.

*****IMPORTANT:** If your claim pertains to an Accident, SECTION 2 MUST be completed. If your claim pertains to a Sickness/Illness, SECTION 3 MUST be completed. Failure to complete one of these sections (whichever section pertains to your claim), will cause a delay as we will request for you to complete this form again to include this necessary information in order to process your claim. For claims related to one of the Travel Assistance Benefits, see Section 5.

SECTION 1: NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address: _____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

SECTION 2: IF IN AN ACCIDENT***

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (attach additional notes if necessary): _____

SECTION 3: IF SICKNESS/ILLNESS***

Description of Sickness/Illness (attach additional notes if necessary): _____

Onset Date of Symptoms: ____/____/____ Date of Doctor/Hospital Visit: ____/____/____

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

SECTION 4: REIMBURSEMENT***

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, you must include the payment receipt(s). Any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

SECTION 5: FOR CLAIMS UNRELATED TO A MEDICAL INCIDENT PLEASE CHECK THE APPROPRIATE BOX BELOW:

In order to claim monies back related to one of the below benefits, you **MUST** submit the requested documentation found on the following page (**Page 2**).

☐ TRIP CANCELLATION ☐ TRIP DELAY ☐ TRIP INTERRUPTION ☐ QUARANTINE ☐ EMERGENCY MEDICAL REUNION

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

STOP! Please see next page for claim submission instructions specific to each of these benefits.

SECTION 6: CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): _____

Signature: _____ Date: _____

Cultural Insurance Services International – Claim Form Page 2

Instructions for Claim Submission on Unrelated to a Medical Incident

Quarantine, you must submit:

- Proof of positive test performed by a medical professional or laboratory.
- Proof of Quarantine requirement:
 - a) If required by treating physician/medical authority, a letter must be from the treating physician.
 - b) If required by local government officials or authorities, a letter must come from the governmental official or authority. If individual letters are no longer being issued in the country of destination, provide proof of government requirement via verifiable source (i.e. local government website, etc).
 - c) If no local government guideline exists but insured is unable to travel back to the US due to the airline's adherence to CDC travel guidelines requirements, specify this clearly on claim form and include original flight itinerary.
- Proof of negative test or date of recovery paperwork, showing you can travel again.
- Receipts for any eligible expense.
- Proof of non-refundable expenses.

Trip Cancellation, you must submit:

- Proof of non-refundable expenses must be provided.
- Proof of Payment.
- Letter stating reason for not traveling (if due to a medical condition, a detailed letter must be from the treating physician).

Trip Delay, you must submit:

- Proof of delay.
- Receipts for any eligible expense.

Trip Interruption, you must submit:

- Proof of Payment
- Flight Itinerary including your name, travel dates and departure and arrival locations.
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician).
- If death of a family member, obituary or a copy of the death certificate is required as proof.

Emergency Medical Reunion, you must submit:

- Proof of hospitalization, or if Felonious Assault, a report.
- Flight itinerary.
- Hotel Invoice.
- Meal Receipts.

The Plan is underwritten by ACE American Insurance Company and administered by Cultural Insurance Services International.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

For residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

For residents of Arkansas, Louisiana, New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

For residents of Kentucky: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is crime.

For residents of Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New York: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Oregon: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

For residents of Pennsylvania: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For claimants not residing in Alabama, Arkansas California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia nor Washington:

Any person who, knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.