Type A [Death benefits coverage of up to 20 million yen]

Insurance effective as of April 1, 2021

(Optional enrollment for additional coverage)

Handbook for Enrollment of Personal Accident Insurance for Students Pursuing Education and Research ("Gakkensai")

Please read this through in preparation for unexpected accidents such as when you yourself suffer an injury

〈For your records〉 The enrolling student should fill in these details.

Year of Enrollment	years	Period of Insurance	years	Commuting Coverage	Contact Infection Coverage
				Yes/No	Yes/No
Name					

(Note)1. Accidents that occur while commuting to school or when in transit between school facilities shall only be covered if the insured is enrolled in the **Personal Accident Insurance for Students Pursuing Education and Research with the additional coverage for commuting accidents**.

2. Measures received to prevent infectious diseases for infections through contact shall only be covered if the insured is enrolled in the **Personal Accident Insurance for Students Pursuing Education and Research with the additional coverage for the prevention of contact infection**.

This insurance does not issue insurance policies to individual students.
Keep this booklet in a safe place in lieu of an insurance card!

This is a translation of the original text in Japanese. Please note that details and interpretations may differ from the Japanese text and that the Japanese text takes precedence over this translation.

公益財団法人　日本国際教育支援協会
Japan Educational Exchanges and Services

For enrolling students

The details of this insurance and your obligations as the insured (those covered under this insurance) are determined by various regulations of the Standard Provisions for Personal Accident Insurance for Students Pursuing Education and Research, additional coverage for commuting accidents, and benefits for the additional coverage for the prevention of contact infection.
This handbook contains particularly important points in provisions and coverage. Please read them in preparation for emergencies, and store it in a readily available place.

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Personal Accident Insurance for Students Pursuing Education and Research is a contract of co-insurance entered into between Japan Educational Exchanges and Services (JEES) and the insurance companies listed below (to be confirmed), with Tokio Marine & Nichido Fire Insurance Co., Ltd. acting for and on behalf of the other insurance companies. Each insurance company bears obligations under the contract, not jointly but separately, in accordance with its underwriting share determined at the time of acceptance. For details of underwriting shares, please check with JEES.

Aioi Nissay Dowa Insurance Sompo Japan Insurance
Tokio Marine Nichido (Lead insurance company) Mitsui Sumitomo Insurance

※ For inquiries about enrollment or approval, contact the section in charge at your school (students section, student support section, health center)

Insurance premiums

For those who wish to enroll with additional coverages, add the additional premiums for the coverage desired. Additional coverages available differ at each school. For more information, please contact your school's help desk.

Period of insurance	Basic contract			Additional coverage		
	Daytime classes	Evening classes	Correspondence education	Additional coverage for commuting accidents		Additional coverage for the prevention of contact infection
				Daytime/Evening classes(*)	Correspondence education	
1 year	**650 yen**	**100 yen**	**100 yen**	**350 yen**	**40 yen**	**20 yen**
2 years	**1,200 yen**	**200 yen**		**550 yen**		**40 yen**
3 years	**1,800 yen**	**300 yen**		**800 yen**		**50 yen**
4 years	**2,300 yen**	**400 yen**		**1,000 yen**		**70 yen**
5 years	**2,800 yen**	**500 yen**		**1,250 yen**		**80 yen**
6 years	**3,300 yen**	—		**1,400 yen**		**100 yen**

*Insurance premiums are paid in full-year units even when enrolling after the academic year has started.
*The option for commuting coverage for evening classes in the 6th year is not available.

I. Overview of Personal Accident Insurance for Students Pursuing Education and Research

1. Period of this insurance

The period of insurance shall fall under one of the following.

	Commencement of Insurance	Conclusion of Insurance
Students admitted in April	From 0:00 a.m., April 1	(of the expected academic year of graduation(*1)) to 12 p.m., March 31
Students admitted in September	From 0:00 a.m., September 1	(of the expected academic year of graduation(*1)) to 12 p.m., August 31
Students admitted in October	From 0:00 a.m., October 1	(of the expected academic year of graduation(*1)) to 12 p.m., September 30

(*1) In principle, applications shall be for the entire period of study until graduation.

In the following cases, however, the commencement dates shall be as follows:

<Enrollment of all students (decided by the school)> In the case where the enrollment date decided (*2) at a school organization is after the commencement of insurance listed above:	The insurance period shall commence from 0:00 a.m. of the resolved date of enrollment.
<Optional enrollment (decided by the student)> In the case where the date the insured (students) applied for insurance at the schools they belong to with the payment of prescribed premiums comes after the above listed commencement of insurance (*3).	The insurance period shall commence from 0:00 a.m. of the following day from the application date.

(*2) The enrollment date cannot be earlier than the date of determination.
(*3) In principle, application shall be submitted at the same time as university/college admission procedures.

If you are not sure about the enrollment form (enrollment of all members or optional enrollment) or if you are not sure about when the insurance period commences, please contact the section in charge at your school (student services, student support, insurance center, etc.).

Points to note

(1) Liability for insurance for students admitted in April begins at 0:00 a.m., April 1. However, commencement for insurance after April 1 shall be as follows.
① Enrollment of all students: If the enrollment date decided at a faculty is after April 1, the insurance period shall commence from 0:00 a.m. of the resolved date of enrollment.
② Optional enrollment: If the date of the application is after April 1, the liability of insurance will begin from 0:00 a.m. of the day subsequent to the date when students (the insured) submit applications with the prescribed premiums to the member school they belong to.

(2) Liability for insurance for students admitted in September begins at 0:00 a.m., September 1. However, commencement for insurance after September 1 shall be as follows.
① Enrollment of all students: If the enrollment date decided at a faculty is after September 1, the insurance period shall commence from 0:00 a.m. of the resolved date of enrollment.
② Optional enrollment: If the date of application is after September 1, the liability of insurance will begin from 0:00 a.m. of the day subsequent to the date when students (the insured) submit applications with the prescribed premiums to the member school they belong to.

(3) Liability for insurance for students admitted in October begins at 0:00 a.m., October 1. However, commencement for insurance after October 1 shall be as follows.
① Enrollment of all students: If the enrollment date decided at a faculty is after October 1, the insurance period shall commence from 0:00 a.m. of the resolved date of enrollment.
② Optional enrollment: If the date of the application is after October 1, the liability of insurance will begin from 0:00 a.m. of the day subsequent to the date when students (the insured) submit applications with the prescribed premiums to the member school they belong to.

2. Damages covered under this insurance

(1) Standard Provisions for Personal Accident Insurance for Students Pursuing Education and Research

Cases where the insured (those who may receive compensation) suffers a physical injury in Japan or overseas as a result of a **sudden or fortuitous accident** of an external origin in the course of educational and research activities in a school shall be covered.
＊However, "illness" shall not be covered.

(Note) "Injuries" shall include the following:
① Toxic symptoms (excluding poisoning symptoms as a result of habitual inhalation, absorption or intake) arising suddenly from the accidental inhalation, absorption or intake of toxic gases or substances from external sources in one breath.
② Physical impediment arising from sunstroke or heatstroke.

"The course of educational and research activities" means:

① During regular curricular activities

During classes with lectures, experiments, seminars, and practical training courses (hereinafter collectively as "classes"), including:

a. Research for graduation thesis and dissertation under the supervision of an educator. However, this excludes research conducted in sole locations involving private circumstances.
b. Research activities conducted in the school library, reference room, language learning facility, or other locations in the preparation and clean up of lessons under the supervision of an educator.
c. While engaged in a curriculum at another university, junior college or technical college in accordance with Article 15 of the Standards for Establishment of Graduate Schools, Article 28 of the Standards for Establishment of Universities and Article 19 of the Standards for the Establishment of Technical Colleges. Moreover, "other university, junior college or technical college" mentioned in this paragraph shall

include universities and junior colleges, etc. in foreign countries.

d. Schooling for correspondence students.

② **During the participation of school events**

During the participation of all educational activities which include the entrance ceremony, orientation, and graduation ceremony, and other events hosted by the school.

③ **When on school premises during times other than ①, ②, or ④.**

During periods when the insured is in school facilities owned, used or managed by the school for educational activities. However, this excludes periods in the dormitory, any activity held in times and locations prohibited by the school, and during conduct prohibited by the school.

④ **During extracurricular (club) activities**

During cultural or athletic activities in accordance with the school rules and regulations and under the supervision of a student group approved by the school. However, this excludes when the insured is engaged in mountain-climbing, hang-gliding, other dangerous sports, and activity held in times and locations prohibited by the school, and during conduct prohibited by the school.

(2) Additional coverage for commuting accidents

Limited to those enrolled into "Gakkensai" with this coverage

Cases where the insured (those covered under insurance) sustains a physical injury from an accident during the commute to school from his/her residence or when in transit between school facilities shall be covered.

① **During the commute to school**

While commuting to and from the residence (including the place of employment for those who enter the school after passing the entrance exam for adults) (Note 2) and the school facilities (*2) (until entrance of grounds) for the purpose of participating in school classes (*1), school events, and extracurricular (club) activities of the school by reasonable route(s) and methods (excluding the methods prohibited by the school) (Note 1).

② **In transit between school facilities (*2)**

During transit by reasonable route(s) and methods (excluding the methods prohibited by the school) (Note 1) between school facilities owned, used, or managed by the school for educational and research purposes, as well as between locations where classes, school events, or extracurricular (club) activities are conducted, for the purpose of participating in school classes and other lessons (*1), school events and extracurricular (club) activities of the school.

(*1) For details regarding “school classes,” refer to “During regular curricular activities” on page 2.

(*2) “School facilities” refer to facilities owned, used, or managed by the school for educational and research purposes, including locations used for conducting classes, school events, or extracurricular (club) activities.

(Note 1) **“Reasonable route(s) and methods (excluding the methods prohibited by the school)”** means: Routes and methods thought to be generally used by students for traveling to and from their residence and school or between school facilities.

“Routes” of course include routes noted on the school commuter ticket, but also refers to other routes which are considered to be generally used: these, too, shall be deemed as reasonable routes. Also, if detours are inevitable due to public transportation strike, roadblock, etc., and if the routes used for the detours are considered to be generally used, they shall also be considered reasonable routes.

Deviation/Interruption In principle, damages incurred while or after deviating from the path (straying from reasonable route for reasons unrelated to the participation of class or activity) or interrupting the commute/transit (stopping for unrelated reasons from the commute) will not be covered by this insurance. However, damages incurred after deviating or stopping in the commute on reasonable routes will be covered by this insurance if for purchasing materials necessary for class, school events or extracurricular (club) activities, or during the minimum time necessary for acts considered unavoidable in everyday life. The following are examples of such acts: (1) Purchasing a textbook necessary for class. (2) Purchasing prepared food items. (3) For students who live alone, going to a restaurant. (4) Voting in an election. (5) Medical checkup at a hospital or clinic. “Methods” refer to means of travel that are generally used, including public transportation such as railways and buses, cycling, driving, walking, or other normal methods (excluding methods that are prohibited by the school), and shall be considered reasonable methods, regardless if they are regularly used or not.

(Note 2) **“Residence”** means: Building in which the student resides for daily life and the location used when attending school. This also includes the place of employment for those who enter the school after passing the entrance exam for adults.* However, any place students need to stay other than their normal residence due to any event of force majeure such as extended commuting hours, natural disasters, or traffic conditions shall be considered the residence.

* “Entrance exam for adults” refers to the entrance exam for working members of society who are admitted under different methods besides those for general applicants for admission, such as by special selection exam for adults.

(3) Additional coverage for the prevention of contact infection

Limited to those enrolled into "Gakkensai" with this coverage

15,000 yen (fixed amount) will be paid in the event that measures to prevent infectious diseases were received for unexpected contact with infectious pathogens within 180 days from the day on which the accident that was the cause of that occurred including that day within facilities used for the purpose of clinical training.

*Hospital-acquired infections other than infections through contact (e.g., air-borne infections) are not subject to this agreement.

The terms used in the chart below shall be defined by their respective meanings.

	Term	Definition
①	Contact infection	The insured's unexpected direct or indirect contact (*2) with infectious (*1) pathogens within the facility used for the purpose of clinical training.
②	Clinical training	Training conducted at hospitals and other facilities (*3).
③	Measures to prevent infectious disease	Examination or administered medicine for the purpose of preventing the spread or outbreak of an infectious disease. However, these actions are limited to instruction and guidance from a medical professional.

(*1) Infectious disease as stated in Item 1 of Article 6 of the law regarding Disease Prevention and Medical Care for the Patients. Same for below in this coverage.
(*2) Includes fear of contact.
(*3) Hospitals or clinics, etc. Same for below in this coverage.

<Article 6 of the Act Concerning Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases (as of November 21, 2014)>

Article 6: In this act, "infectious disease" refers to Class 1 infection, Class 2 infection, Class 3 infection, Class 4 infection, Class 5 infection, new strains of influenza infection, designated infection, and new infection.

2 "Class 1 infection" in this act refers to the following infectious diseases.

1	Ebola hemorrhagic fever
2	Crimean-Congo hemorrhagic fever
3	Smallpox
4	South American hemorrhagic fever
5	Plague
6	Marburg disease
7	Lassa fever

3 "Class 2 infection" in this act refers to the following infectious diseases.

1	Poliomyelitis
2	Tuberculosis
3	Diphtheria
4	Severe acute respiratory syndrome (only that caused by virus belonging to SARS Coronavirus family)
5	Avian influenza (only that caused by influenza virus belonging to influenza virus A family whose serosubtype is H5N1. Referred to as Avian Influenza H5N1 in Section 5 Number 7.)

4 "Class 3 infection" in this act refers to the following infectious diseases.

1	Cholera
2	Shigellosis
3	Entero hemorrhagic Escherichia coli infection
4	Typhoid fever
5	Paratyphoid fever

5 "Class 4 infection" in this act refers to the following infectious diseases.

1	Hepatitis E
2	Hepatitis A
3	Yellow fever
4	Q fever
5	Rabies
6	Anthrax
7	Avian influenza (except avian influenza H5N1)
8	Botulism
9	Malaria
10	Tularemia
11	Aside from the preceding diseases, all other known infectious diseases that can be acquired through contact with animals, carcass thereof, food and drink, clothing, bedding, and other objects, and are determined by government ordinance to have the same level of adverse effects as the preceding diseases on public health.

6 "Class 5 infection" in this act refers to the following infectious diseases.

1	Influenza (except avian influenza and new strains of influenza infection)
2	Viral hepatitis (except hepatitis E and hepatitis A)
3	Cryptosporidiosis
4	Acquired immunodeficiency syndrome
5	Genital chlamydial infection
6	Syphilis
7	Measles
8	Methicillin-resistant Staphylococcus aureus infection
9	Aside from the preceding diseases, all other known infectious diseases (except Class 4 infection) determined by an ordinance of the Ministry of Health, Labour and Welfare to have the same level of adverse effects as the preceding diseases on public health.

7 "New strains of influenza infection" in this act refers to the following infectious diseases.

1	New influenza (refers to an influenza whose pathogenic agent is a virus that has a new ability for transmission from person to person, and, since a major part of the general public lacks immunity to this infection, is recognized to pose a great danger to the life and health of the public through its nationwide, rapid spread.)
2	Re-emerging influenza (refers to an influenza that in the past attained prevalence on a global scale but, after the passage of a long period of inactivity, has been determined by the Ministry of Health, Labour and Welfare to have re-emerged, and, since a major part of the general public lacks immunity to this infection, is recognized to pose a great danger to the life and health of the public through its nationwide, rapid spread.)

8. "Designated Infection" in this act refers to a known infectious disease (excluding Class 1 Infection, Class 2 Infection, Class 3 Infection and new strains of influenza infection), and is determined by government ordinance to pose a grave threat to the life and health of the public by transmission, if the provisions as a whole or in part from Chapters 3 through 7 are not applied.

9. "New infection" in this act refers to a disease that is recognized to be transmissible from person to person, and whose condition and result of treatment is markedly different from those of known infectious diseases, causes a serious condition, and is deemed to pose a grave threat to the life and health of the public by transmission.

Abbreviated (From Sections 10 to 23)

3. Types of claims and amounts

(1) Death benefits

(Cases of loss of life within 180 days after an accident, including the day of the accident)

Scope of Compensation	Benefits
During regular curriculum / school events	20 million yen
"While in school facilities outside of regular curricular activities or school events" "While participating in extracurricular (club) activities" "While commuting or in transit between facilities for those enrolled in additional coverage"	10 million yen

(2) Physical disability benefits (Note 1)

(Cases of the development of physical disability within 180 days after an accident, including the day of the accident)

Scope of Compensation	Benefits
During regular curriculum / school events	According to extent 1,200,000 yen – 30 million yen
"While in school facilities outside of regular curricular activities or school events" "While participating in extracurricular (club) activities outside of school facilities" "While commuting or in transit between facilities for those enrolled in additional coverage"	According to extent 600,000 yen – 15 million yen

(Note 1)
Death benefits are paid when both death benefits and physical disability benefits should be paid.

(3) Medical benefits (Cases of receiving treatment from a doctor) and additional hospitalization benefits

Type of Activity in Which Accident Occurred			Number of treatment days (Note 2)	Medical benefits
	(Not covered)	(Not covered)	1 ～ 3 days	3,000 yen
			4 ～ 6 days	6,000 yen
			7 ～ 13 days	15,000 yen
			14 ～ 29 days	30,000 yen
			30 ～ 59 days	50,000 yen
			60 ～ 89 days	80,000 yen
			90 ～ 119 days	110,000 yen
			120 ～ 149 days	140,000 yen
			150 ～ 179 days	170,000 yen
			180 ～ 269 days	200,000 yen
			270 days or more	300,000 yen
(Covered from the first day of treatment.) During regular curriculum / school events	(Covered in the case of treatment for 4 days or more.) When inside the school facilities excluding the time participating in extracurricular (club) activities, during the commute to school or transit between school facilities of the additionally covered insured.	(Covered in the case of treatment for 14 days or more.) When participating in extracurricular (club) activities in or outside the school facilities		

＋ Hospitalization

Additional hospitalization benefits (up to 180 days)
Per day hospitalized 4,000 yen (Additional hospitalization benefits are covered from the first day of hospitalization regardless of the category of activity.)

(Note 2)
Refers to the actual number of days of hospitalization or outpatient treatment. It is **the actual number of days of treatment** from when the injury was sustained until the last day of treatment recognized by a physician as being necessary. Please note that not all days during the period of treatment shall be covered.

Notes
(1) The benefits shown on the left shall be paid regardless of benefits from any other life insurance, health insurance, liability insurance, or compensation from the faulted party of an accident.
(2) Benefits payable under this insurance are limited to the amounts shown on the left and cannot be enrolled in twofold.
(3) The day of treatment is counted as one day even if the insured goes to multiple hospitals in the same day. Please note that days of treatment is not counted as two days even if the insured visits two hospitals in a single day.

(4) Contact infection prevention benefits (Note 3)

Scope of Compensation	Benefits
During clinical training	15,000 yen per one accident (fixed payment)

(Note 3) Paid in the event that measures to prevent infectious diseases were received for unexpected contact with infectious pathogens within facilities used for the purpose of clinical training provided that measures to prevent infectious diseases are received within 180 days after the event (including the day of the event).

4. Scope of activities covered under this insurance

Insurance amounts are shown in parenthesis ( ).

(1) During educational and research activities

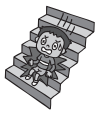
① During regular curricular activities

- Both eyes suffered burn injury due to sudden explosion when mixing substances in a flask during experiment. (31,000 yen)
- Accidentally cut the left index finger when slicing vegetables with a knife during cooking class. (6,000 yen)
- Requiring hospitalization and treatment for heatstroke resulting from working under the hot sun during internship at a preschool. (18,000 yen)

② During school events

- Fractured the leg by falling down the stairs inside the school. (50,000 yen)
- Fractured the big toe on the left foot after attempting to jump over desks inside a classroom at the school and failing to land properly. (6,000 yen)

③ When on school premises during times other than ①, ②, or ④.



- Fractured the leg by falling down the stairs inside the school. (50,000 yen)
- Fractured the big toe on the left foot after attempting to jump over desks inside a classroom at the school and failing to land properly. (6,000 yen)

④ During extracurricular (club) activities

- Fell down and broke a bone on a slope, while participating in skiing club activities. (114,000 yen)
- Suffered from subluxation on the left acromioclavicular joint after being tackled by an opponent during an official rugby match away from the school. (50,000 yen)

(2) Physical injuries during the commute to school and in transit between school facilities, etc.

① During the commute to school

- Bruised both knees and the chest after collision with a car coming out of a car park while commuting to school by bicycle. (6,000 yen)
- Contusion caused by blow to the head after slipping and falling while commuting to school on foot over frozen ground. (59,000 yen)
- Contusion of the right shoulder and right foot due to collision with another motorcycle coming from the right while commuting to school on a motorcycle. (200,000 yen)

② In transit between school facilities, etc.

- Contusion to and cuts on the right arm and both legs after falling from the motorbike as a result of avoiding collision with a car while going from the school to a club activity venue. (15,000 yen)

(3) Measures to prevent infectious disease from contact infection during clinical training

- Contact with a used needle in the middle finger of the left hand during surgical operation in a regular curricular activity, leading to examination by a doctor for infection prevention. (15,000 yen)

5. Main cases not covered under benefits

Injuries resulting from the following circumstances:
Intentional acts or gross negligence on the part of the policyholder, insured (those who may receive compensation) or beneficiary; suicidal, criminal or fighting behavior by the insured, accidents occurring while driving an automobile without a license, intoxicated or under other circumstances hindering normal driving such as being under the influence of drugs; medical treatment for brain disease, illness, insanity, pregnancy, childbirth, premature delivery, miscarriage, surgery, etc. (excluding treatment for injuries that are covered); earthquakes, volcanic eruptions or resultant tsunamis (excluding the time period that the insured is engaged in observing these natural phenomena); war, insurrection or riots; accidents resulting from the harmful properties of nuclear fuel material (excluding the time period that the insured is engaged in research or experimental activities conducted with nuclear fuel material, objects contaminated by nuclear fuel material or equipment that uses it); radiation exposure or radioactive contamination (excluding the time period that the insured is engaged in research or experimental activities using equipment that generates radiation or radioactivity); whiplash, backaches, etc. with no other medical remarks; accidents occurring while mountain climbing (using mountain climbing tools like ice axes), luging, bobsledding, skydiving, hang gliding or engaging in other dangerous extracurricular activities off school grounds; competitions, test drives and free runs at stadiums using automobiles or other vehicles performed as extracurricular activities off school grounds; execution of the insured*; etc.
Accidents not meeting the condition of “sudden and unexpected” such as acute alcoholism from drinking or injuries made worse made worse by the passing of time.
*See Chart 2 on p. 11 for details. If any of the above occur during regular curriculum or school events or on school grounds, they will be covered.

6. Procedures for changes of contract (Changes from day or evening classes, etc., withdrawal, absense from school)

(1) For students who have paid insurance premiums in a lump sum for insurance periods of two or more years and fall under the following conditions, please get the necessary form from the section in charge of your school (students section, student support section, health center, etc.) and follow the prescribed procedures.

① Changing from day, evening or correspondence classes.
a. Changing from evening to daytime classes
Payment will be requested for premiums corresponding to unearned years. Please fill in the necessary details on the Notice of Change form and submit it to your school, accompanied by the requested premium payment. (*)
b. Changing from daytime to evening classes
Premium payments corresponding to unearned years will be partially refunded.
Please apply for a refund by filling in the necessary details on the Notice of Change, get proof of transfer from your school, and send notice to the Student Insurance Division, Student Support Department of JEES.

② Withdrawing from school
Please apply for a refund according to the regulation in ①b. and send notice to the Student Insurance Division, Student Support Department of JEES.
However, the amount difference in premiums for the academic year for withdrawal from school midyear shall not be refunded.

③ Absence from school **for 1 year or more** in total during the period of insurance
Premiums for years of absence shall be refunded. **After the period of absence from school,** please apply for a refund according to the regulation in ①b. and send notice to the Student Insurance Division, Student Support Department of JEES.
(*) Notices of Change are readily available at your school.

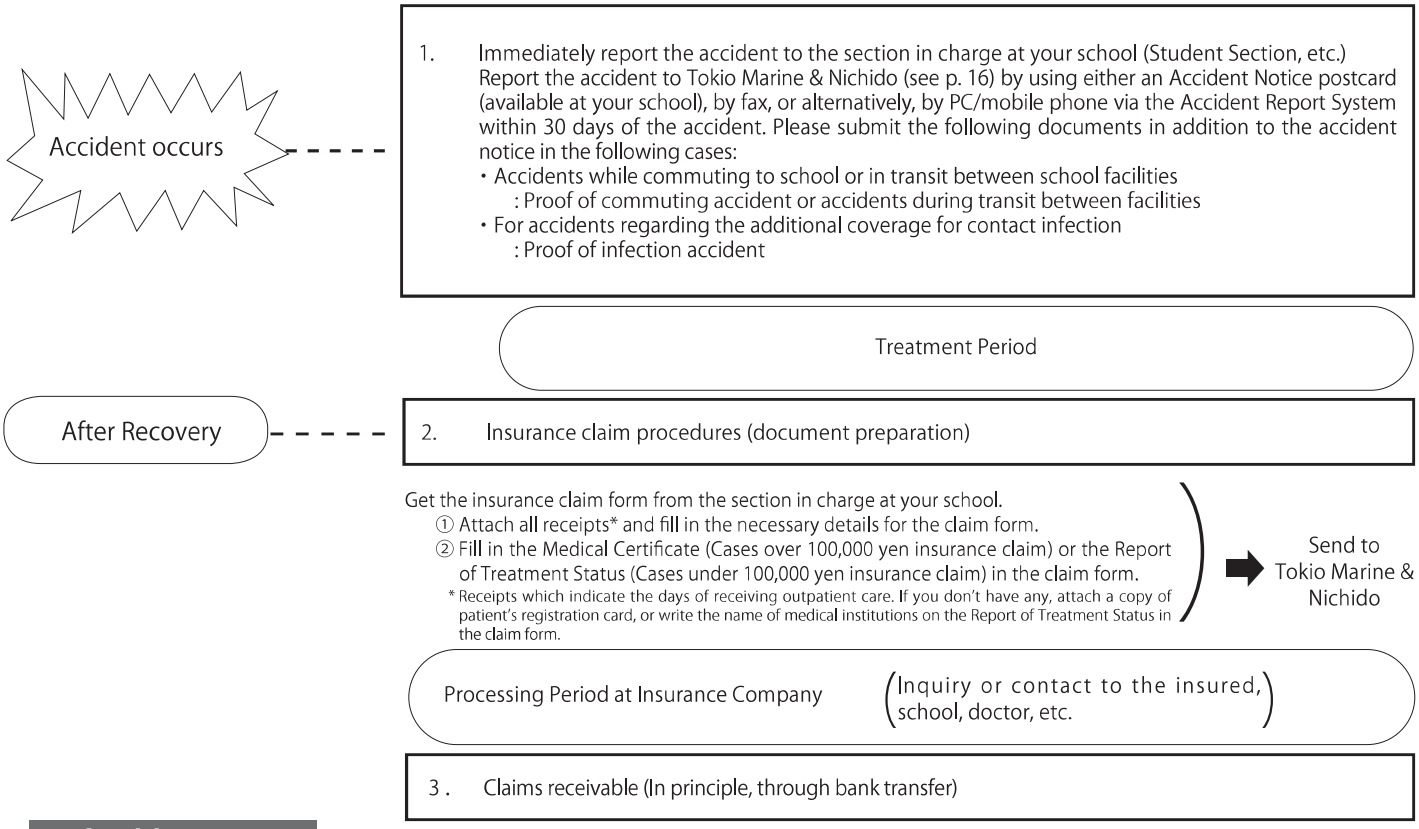
(2) If the length of the course of study is extended for reasons such as absence or repeated years, it will be necessary to follow procedures to extend coverage when the period of insurance ends. Please apply with the prescribed share of premium (*) to your school.

(*) Payment method of premium varies depending on school. For more details, please contact the section in charge (students section, student support section, health center) at your school.

II. Procedures in the event of an accident

〈Flow from an accident to the payment of claims〉

(Flow from an accident to the payment of claims)



1. Accident report

In the case of an accident covered under this insurance, please report the time, place, circumstances, and extent of damages of the accident within 30 days (including date of occurrence) to the relevant section (students section, student support section, health center, etc.) of your school. Subsequently, please notify the Damages and Services Division of Tokio Marine & Nichido either using an Accident Notice postcard (available at your school), by fax, or alternatively, by PC/mobile phone via the Accident Report System.
Please note that insurance claims may not be paid if notice is not received within 30 days of the date of the accident.
The right to request claims is bound by the statute of limitations of three years.
In the following cases, in addition to reporting the accident via any of the aforementioned methods, please also complete the necessary sections and submit the following documents to the Damages and Services Division of Tokio Marine & Nichido.

- **For accidents while commuting to school: Certificate of commuting accident**
- **For accidents while in transit between school facilities: Certificate of accidents during transit between facilities**
- **For accidents caused by contact infection: Proof of examination proving contact infection**

* Accident notices, Proof of commuting accident or accidents during transit between facilities, and Proof of infection accident are available at your school.
* Please address any accident notices and/or insurance claims to the Damages and Services Division of Tokio Marine & Nichido. (See p. 16 for the address for insurance claims)

2. Insurance claim procedures

The insured or representative(*) shall submit the following documents for insurance claims to the Damages and Services Division of Tokio Marine & Nichido.
① Insurance claim document (School verified documents and other proof)
② Medical certificate from doctor
However, a medical certificate from a doctor is not necessary if the benefit claimant himself/herself fills out and submits the treatment status report form with the receipt (which indicates the number of days for outpatient care; submit a copy of the patient registration card, etc. if there is no receipt) attached, in cases where claims are under 100,000 yen (in cases where the total with other liabilities is under 100,000 yen) and no physical impediment was suffered.
③ Other documents (see Article 25 of the Standard Provisions, Article 4 of Additional coverage for commuting accidents, and Article 3 of Additional coverage for the prevention of contact infection)
(*) In principle, if the insured is a minor, the guardian shall file for insurance claims. Moreover, in principle, death benefit claims shall be filed by the legal heir of the deceased.

* It is necessary to submit proof (details on receipt are okay) from the hospital for any days hospitalized.
* Use the designated forms available at your school for the aforementioned documents in ① and ②.
* In principle, claims shall be paid via bank transfers.

Important: After paying the insurance, the underwriting insurance company shall inform the General Insurance Association of Japan about the payment and based on this, the Association shall send a report of payment of insurance benefit to the school. Information on the payment of the insurance benefit related to the accident shall be shared by the underwriting insurance company, the school and the Association.

III. Standard Provisions for Personal Accident Insurance for Students Pursuing Education and Research

Chapter 1. Provisions for Defining Terms

Article 1 (Definition of terms)

The terms used in these provisions shall be defined by their respective meanings in the chart below.

Term	Definition
Medically objective symptoms	Abnormal findings recognized by physical, neurological, clinical, or image examination.
Extracurricular activity	Cultural or athletic activities in accordance with the university, etc. rules and regulations and under the supervision of a student group approved by the university, etc.. However, this excludes any activity held in times and locations prohibited by the university, etc., and during prohibited conduct.
School events	All educational activities which include the entrance ceremony, orientation, and graduation ceremony, and other events hosted by the university, etc..
School facilities	During periods when the insured is in school facilities owned, used or managed by the university, etc. for educational activities. However, this excludes periods in the dormitory.
Risk	Susceptibility to injury.
Competition	Competitions, contests, performances (*1) or trial runs (*2). (*1) Includes practice for the aboveforementioned. (*2) The driving or operation for the purpose of efficiency tests.
Physical impediment	A serious functional disability the insured is left with that cannot be treated from a medical perspective and cannot recover from in the future or the loss of a part of the body.
Disclosure items	Important items regarding risks the Company requests to be disclosed as items to be filled in applications for insurance. (*1) (*1) Includes items regarding other insurance contracts, etc.
Automobiles	Automobiles and motorized bicycles.
Death benefits	The insured amount as stated in the insurance policy.
Surgery	Procedures performed for the excision of affected or necessary parts with a scalpel or other instruments for the direct purpose of medical treatment.
Passenger rides	Automobiles, motorboats (*1), go karts, snowmobiles and the like. (*1) Includes personal watercraft.
During regular curricular activities	During the participation of classes (*1), including: a. Research for graduation thesis and dissertation under the supervision of an educator. However, this excludes research conducted in sole locations involving private circumstances. b. Research activities conducted in the university, etc. library, reference room, language learning facility, or other locations in the preparation and clean up of lessons under the supervision of an educator. (*1) refers to lectures, experiments, seminars, and practical training courses; the same meaning applies below.
University, etc.	University or technical college the insured is enrolled in.
Other concurrent insurance contracts	Other insurance contracts or mutual aid contracts that share any coverage with this insurance contract.
Medical treatment	Medical treatment performed by a doctor (*1), after it is determined that there is a need for one. (*1) In case the insured is a medical doctor, this refers to a medical doctor other than himself/herself.
Number of days for treatment	Number of days the insured is hospitalized or receives outpatient care. However, even in the case that the insured is not treated as an outpatient for injuries, when a plaster cast, etc. (*1) is affixed on a constant basis due to a fracture, dislocation or ligament injury, etc. to a part of the body listed in Chart 1, the number of days required for that shall be considered outpatient care. Nevertheless, this shall be limited to cases when verified by a doctor with it stated on the medical certificate that a plaster cast, etc.(*1) has been affixed due to a fracture, dislocation or ligament injury to a part of the body listed in Chart 1 and when there is a description relating to the affixation of the plaster cast in the medical treatment statement. (*1) Plaster casts, plaster slabs, bivalve casts, splint/brace fixation, external fixator, PTB casts, PTB braces (*2) and sannai arch bar splints (*2) Limited to cases in which the period given by the doctor for the affixation up to the bone adhesion for the item affixed after a lower leg bone fracture is clearly stated on the medical certificate.
Outpatient care	Treatment by a medical doctor at a hospital, clinic, or through a house call. However, this does not include receiving medicine, medical certificate, or medical apparatus without treatment.
Hospitalization	Admission to a hospital or clinic to receive concentrated medical attention under the regular supervision of a medical doctor when it is difficult to receive such treatment at home.
The insured	The insured stated under this insurance policy.
Period of Insurance	The period of insurance stated under this insurance policy.
Benefits	Death, disability, or medical benefits.

Chapter 2. Compensatory Provisions

Article 2 (Insurance claims covered)

(1) The Company shall cover physical injuries the insured suffers in Japan or overseas as a result of a sudden or fortuitous accident of an external origin (*1) in accordance to these provisions.

①	During the participation of the regular curriculum or school events of the university, etc.
②	① and when on school premises during times other than extracurricular activities notified to the university, etc. However, this excludes any activity held in times and locations prohibited by the university, etc., and during prohibited conduct.
③	While on school premises during extracurricular activities notified to the university, etc..
④	④ During extracurricular activities off school premises with notice to the university, etc.

(2) "Injuries" in (1) shall include the chart below:

①	Toxic symptoms (*2) arising suddenly from the accidental inhalation, absorption or intake of toxic gases or substances from external sources in one breath.
②	Physical impediment arising from sunstroke or heatstroke.

(*1) Hereinafter as "accident."
(*2) Excludes poisoning symptoms as a result of habitual inhalation, absorption or intake.

Article 3 (Insurance claims not covered - 1)

(1) The Company shall not cover damages caused by any of the reasons in the chart below:

①	Willful acts or gross negligence of the policyholder or the insured;
②	Bad faith or gross negligence of the one to receive benefits. However, unpaid benefits shall be limited only to the amount owed to the beneficiary in the case he or she is meant to receive only a portion of the total;
③	Acts of conflict, suicide, or crime by the insured;
④	Accidents caused by the insured during any of the following: a. While driving automobiles without a legal license (*1); b. When driving under the influence of alcohol as stipulated in Section 1, Article 65 of the Road Traffic Law; c. While driving automobiles under the influence of narcotics, hemp, opium, stimulants, dangerous drugs (*2) or thinner (*3)
⑤	Encephalopathy, diseases, or insanity of the insured;
⑥	Pregnancy, childbirth, premature birth, or miscarriage of the insured;
⑦	Medical treatment of the insured such as surgery. However, the Company shall cover for damages suffered as a result of surgery when the Company should cover them;
⑧	Execution of a sentence of the insured;
⑨	Wars, foreign military force, revolutions, coup d'états, insurrections, armed rebellions, and other violent activities of similar nature (*2);
⑩	Earthquakes, eruptions, or resulting tsunamis. However, periods the insured is engaged in observational activities of these natural phenomenons shall be covered;
⑪	Accidents due to harmful substances such as radioactivity and explosiveness of nuclear fuel materials (*3) or its contaminants (*4). However, periods when the insured is engaged in research or experiments that use nuclear fuel materials, nuclear fuel contaminates, or devices that utilize these substances shall be covered;
⑫	Accidents arising from causes in ⑨ through ⑪ or accidents that arise due the disorder accompanying the above;
⑬	Radiation or radioactive contamination other than from ⑪. However, periods the insured is engaged in research or experiments that use devices that emit radiation or radioactivity shall be covered;

(2) The Company shall not cover any cases of objective symptoms with insufficient medical support such as cervical syndrome (*5) or lumbago, regardless of the cause.

(*1) Legal license issued in the country being driven in.
(*2) This refers to drugs stipulated in Article 2, Paragraph 15 of the Order for Enforcement of the Act on Securing Quality, Efficacy and Safety of Products Including Pharmaceuticals and Medical Devices.
(*3) This refers to those stipulated under government ordinances based on the provisions in Article 3 (3) of the Poisonous and Deleterious Substances Control Act
(*4) This refers to a state in which it is deemed that the peace has been significantly damaged nationwide or part of a region and in which there is a serious situation in maintaining security due to acts by crowds of large groups of people.
(*5) Includes spent fuel. Same for below.
(*6) Includes nuclear fission products. Same for below.
(*7) Also known as "whiplash."

Article 4 (Insurance claims not covered - 2)

(1) The Company shall not cover damages caused by any of the reasons in the chart below:

①	During any activities of the insured as mentioned in attached Chart 1;
②	While the insured is engaged in any of the following: a. During competitions that use passenger rides. However, this excludes cases that fall under c. below, and competitions that use automobiles on roads shall be covered. b. While using passenger rides according to the competition rules and specifications in places for the purpose of competition with passenger rides. However, this excludes cases that fall under c. below, and competitions that use automobiles on roads or methods and situations based on the competition shall be covered. c. While using automobiles in competitions or methods and situations based on the competition on specific roads where general traffic is restricted and legal permission has been granted.

(2) This does not apply to damages mentioned in ①, ②, or ③ of the chart in Article 2 (Insurance claims covered) (1).

Article 5 (Payment of death benefits)

(1) The Company shall pay the beneficiary the amount which is calculated by multiplying the death benefit by the applicable percentage in the following table (*1) in the event that the insured passes away within 180 days as a direct result of injuries sustained in accidents covered under Article 2 (Insurance claims covered), inclusive of the day of the accident.

①	For cases that fall under ① of the chart in Article 2 (1): 100%
②	For cases that fall under ②, ③, or ④ of the chart in Article 2 (1):

(2) The Company shall pay death benefits according to the legal inheritance when there are 2 or more legal heirs in the case that they become beneficiaries by the provisions in (1) or (2) of Article 30 (Changes to the beneficiary for death benefits).

(3) The Company shall pay death benefits divided equally by the number of beneficiaries in the case there are 2 or more in Article 30 (8).

(*1) In the event that physical disability benefit has already been paid in accordance with Article 6 (Payment of physical disability benefits), the amount shall be the balance after deducting what has already been paid from the death benefit multiplied by the applicable

percentage in the chart under (1).

Article 6 (Payment of physical disability benefits)

(1) The Company shall pay physical disability benefits to the insured according to the amounts based on the following formula in the event that the insured suffers a disability within 180 days as a direct result of injuries sustained in accidents covered under Article 2 (Insurance claims covered). However, if the insured passes away within 180 days from the accident, inclusive of the date of the accident, from injuries sustained, physical disability benefits shall not be paid for any resulting physical disabilities.

Death benefits	×	Percentage shown in chart of Article 5 (Payment of death benefits) (1)	×	Percentage of insurance benefit payment for each class of physical disability listed in the attached Chart 3	=	Physcial disability benefits

(2) The Company shall pay physical disability benefits as calculated in (1) for cases that require over 180 days, inclusive of the date of the accident, for treatment of the insured after verification of the severity of physical disability through a medical examination by a doctor other than the insured on day 181, regardless of provision in (1).

(3) Even if a physical disability does not fall under any of the classes of physical disability listed in Chart 3, that which is determined to be equivalent to a class of physical disability shall, depending on the severity of physical disability, be considered as falling under that class of physical disability.

(4) In the event two or more kinds of physical disabilities arise from the same accident, the Company shall pay a physical disability benefit equal to the amount of death benefit multiplied by the percentage listed in Article 5 (1) multiplied by the insurance benefit payment percentage listed in the chart below.

①	In case there are two or more physical disabilities that fall under those listed from classes 1 to 5 of Chart 3, insurance benefit payment percentage for a class which is 3 classes above the class corresponding to the most serious disability among those multiple disabilities shall be applied.
②	In cases other than ①, if there are two or more physical disabilities that fall under those listed from classes 1 to 8 of Chart 3, insurance benefit payment percentage for a class which is 2 classes above the class corresponding to the most serious disability among those multiple disabilities shall be applied.
③	In cases other than ① and ②, if there are two or more physical disabilities that fall under those listed from classes 1 to 13 of Chart 3, insurance benefit payment percentage for a class which is 1 class above the class corresponding to the most serious disability among those multiple disabilities shall be applied. However, if the total percentage of individual insurance benefit payment percentages for each physical disability does not add up to the above insurance benefit payment percentage, that total percentage shall be the insurance benefit payment percentage.
④	In cases other than ① to ③, insurance benefit payment percentage for a class corresponding to the most serious disability among those multiple disabilities shall be applied.

(5) If an insured who has a preexisting disability sustains an injury that falls under Article 2 and as a result aggravates the severity of his/her physical disability in the same part of the body, a physical disability benefit shall be paid in the amount computed as the death benefit multiplied by the percentage listed in the chart under Article 5 (1) multiplied by the following percentage:

Insurance benefit payment percentage for the class corresponding to the physical disability after aggravation as listed in Chart 3	−	Insurance benefit payment percentage for the class corresponding to the preexisting physical disability	=	Applicable Percentage

Article 7 (Payment of medical benefits)

(1) In the event the insured sustains an injury falling under Article 2 (Insurance claims covered) and receives medical treatment from a medical doctor other than himself/herself as a direct result of the injury, the Company shall pay the insured medical treatment benefit as listed in the chart below depending on the number of treatment days. However, cases that fall under ② of the chart in Article 2 (1) shall be limited to amounts stipulated in ② through ⑪ of the chart below. In addition, cases that fall under ③ or ④ of the chart in Article 2 (1) shall be limited to amounts stipulated in ④ through ⑪ of the chart below.

①	1 – 3 days of medical treatment: 3,000 yen
②	4 – 6 days of medical treatment: 6,000 yen
③	7 – 13 days of medical treatment: 15,000 yen
④	14 – 29 days of medical treatment: 30,000 yen
⑤	30 – 59 days of medical treatment: 50,000 yen
⑥	60 – 89 days of medical treatment: 80,000 yen
⑦	90 – 119 days of medical treatment: 110,000 yen
⑧	120 – 149 days of medical treatment: 140,000 yen
⑨	150 – 179 days of medical treatment: 170,000 yen
⑩	180 – 269 days of medical treatment: 200,000 yen
⑪	270 or more days of medical treatment: 300,000 yen

(2) 4,000 yen per day will be paid to the insured, in addition to the amounts stipulated from ① through ⑪ in the above chart, as medical benefits for a period of up to 180 days in total in the event that the days for treatment as mentioned in Medical claims in this paragraph include days of stay at a hospital or clinic with instructions from a medical doctor other than the insured.

(3) The period in (2) shall include the days for measures taken when the measures are deemed as medical provisions based on the regulations established by Article 11 of the laws regarding the transplant of organs in cases where physical measures are taken after the doctor determines the patient to have suffered "brain death" according to Item 4 of Article 6 (Harvesting organs) of the same law.

(4) In cases where the insured sustains another injury eligible for the payment of a medical claim in the period during which a medical claim is payable, the provisions in (1) shall apply to claims by adding the days for treatment of the respective injuries and any day with overlapping treatments shall be considered as one day.

(5) The Company shall not pay any overlapping amounts stipulated in (2) for new injuries stipulated under Article 2 while the insured is hospitalized and receiving treatment.

(*1) Includes measures deemed as medical provisions should there be applicable laws regarding medical provisions in the case there are no such laws regarding medical provisions.

Article 8 (Presumption of death)

The insured shall be presumed dead from injuries under Article 2 (Insurance claims covered) on the day the aircraft or watercraft boarded by the insured went missing or became distressed after thirty (30) days passed from the date the aircraft or watercraft was boarded and the insured has not been found, including the day the aircraft or watercraft went missing or became distressed.

Article 9 (Influence of physical disabilities or illnesses)

(1) The Company shall pay benefits as if there was no influence for aggravated injuries due to the influence of existing physical disabilities or illnesses when injuries were sustained under Article 2 (Insurance claims covered) or injuries sustained, physical disabilities or illnesses independent of accidents caused by injuries under the same article.

(2) Payment method in (1) shall be used in cases where injuries under Article 2 are aggravated because the insured was negligent of medical treatment or the policyholder or beneficiary did not allow treatment without legitimate reason.

Chapter 3. Basic Provisions

Article 10 (Commencement and termination of liability)

(1) The Company's liability for insurance shall commence from 0:00 a.m. of the first date of the period of insurance and shall terminate at 12:00 p.m. on the last date.

(2) Times shall be based on Japan Standard Time.

(3) The Company shall not pay insurance claims for injuries sustained in an accident after the commencement of the period of insurance but prior to the receipt of the corresponding premium, excluding cases deemed otherwise.

Article 11 (Duty of disclosure)

The policyholder or the insured must accurately inform the Company of disclosure items requested by the Company upon entering the insurance contract.

Article 12 (Duty of notice regarding changes from daytime/evening classes and absence or withdrawal from school)

The policyholder or the insured must without delay inform the Company of any changes from daytime, evening, or correspondence classes or in the case of absence or withdrawal from school.

Article 13 (Voiding of insurance contract)

(1) Any facts proving insurance contracts were effected for the purpose of illegally claiming insurance or providing insurance to third parties will be considered completely null and void.

(2) The insurance contract and relative clauses for the insured shall be null and void for facts that fall under any of the following cases:

①	Insurance contracts enrolled in by the insured or beneficiaries for the purpose of illegally claiming insurance or providing insurance money to third parties;
②	Designation beneficiaries for death benefits (*1) without consent of the insured.

(*1) Excludes cases where the legal heir is the beneficiary.

Article 14 (Expiration of insurance contract)

The insurance contract and relative clauses for the insured shall expire in the event the insured passes away after entering the insurance contract.

Article 15 (Cancellation of insurance contracts)

(1) The Company may completely void this insurance contract by sending notice in writing to the policyholder in cases where insurance contracts were entered due to fraud or threat from the policyholder.

(2) The Company may void relative clauses of the insured in this insurance contract by sending notice in writing to the policyholder in cases where insurance contracts were entered due to fraud or threat from the insured or beneficiaries.

Article 16 (Cancellation of insurance contract by the policyholder)

The policyholder may cancel all or a portion of this insurance contract by sending notice in writing to the Company.

Article 17 (Significant reasons for cancellation)

(1) The Company reserves the right to cancel this insurance contract through a written notice addressed to the policyholder in the event the policyholder falls under any of the following:

①	If determined to fall under the category of "antisocial forces" (*1).
②	If determined to be offering financial contribution or providing conveniences to antisocial forces (*1).
③	If determined to be making inappropriate use of antisocial forces (*1).
④	In the case of a corporate entity, if it is determined that antisocial forces (*1) have a dominant role in the management or have substantial participation in the management of that corporate entity.
⑤	If a reproachable relationship with antisocial forces (*1) is determined.

(2) The Company reserves the right to cancel this insurance contract (*2) through a written notice addressed to the policyholder for any of the following reasons:

①	If the insured falls under any of ① to ③ or ⑤ in the chart under (1).
②	If the beneficiary for the insurance benefit arising from an injury sustained by the insured falls under any of ① to ⑤ in the chart under (1).

(3) Even if the cancellation based on provisions (1) and (2) is done after an injury (*3) has occurred, regardless of the provision in Article 19 (Insurance contract cancellation effects), the Company shall not pay insurance benefit (*4) for injuries that occurred from the time reasons ① to ⑤ in the chart under (1) or reasons ① or ② in the chart under (2) arose to the time of cancellation.
In this case, if the insurance benefit (*4) has already been paid, the Company reserves the right to demand return of that payment.

(*1) Refers to crime syndicate, member of crime syndicate (*5), associate member of crime syndicate, company related to a crime syndicate, and other antisocial forces.

(*2) Limited only to that part in which the insured is involved.

(*3) This refers to the injury sustained by the insured in the event of cancellation based on (2).

(*4) Limited only to the amount of benefit which the beneficiary, who falls under any of ① to ⑤ of the chart under (1), is entitled to receiving in the event of cancellation based on ② of chart under (2).

(*5) Including someone who is within five years from the day of quitting his/her membership in a crime syndicate.

Article 18 (Cancellation request of insurance contract by the insured)

(1) The insured may request to cancel the insurance contract (*1) in cases when the insured is not the policyholder for any cases that fall under the table below.

①	The insured did not consent to being insured under this contract (*1);
②	The policyholder or the beneficiary incurs or attempts to incur damage for the purpose of claiming insurance money from the Company under this insurance contract;
③	The beneficiary commits or attempts fraud of insurance money under this insurance contract;
④	If the policyholder or the beneficiary falls under any of ① to ⑤ in the chart under (1) in Article 17 (Significant reasons for cancellation)
⑤	Concern that the total amount of compensation with regards to the insured is considerably excessive due to overlap with other concurrent insurance contracts, which goes against the purpose of the insurance system.
⑥	The Company has lost confidence in the policyholder or the beneficiary due to stern reasons making it difficult to continue this insurance contract (*1) for cases ② through ⑤ or any other cases of the same extent with the insured.
⑦	Considerable changes agreed upon when ending the kinship between the policyholder and the insured, regarding the insured under this insurance contract (*1).

(2) The policyholder must cancel this insurance contract (*1) by sending notice to the company when the insured requests cancellation as stipulated (1) for reasons ① through ⑦ in the table in (1).

(3) The Company may terminate this insurance contract (*1) by sending notice in writing to the insured for reasons in ① of the table in (1).

(4) The Company shall inform the policyholder in writing without delay in the case the insurance contract (*1) is cancelled to provisions in (3).

(*1) Restricted to relative clauses concerning the insured.

Article 19 (Insurance contract cancellation effects)

The cancellation of insurance contracts can only be effected towards the future.

Article 20 (Refund or request of premiums: Duty of notice regarding changes in daytime/evening classes and absence or withdrawal from school)

(1) The Company shall refund or request premiums based on the following formula in cases where notice has been received for Article 12 (Duty of notice regarding changes from daytime/evening classes and absence or withdrawal from school).

① Applicable premiums shall be refunded or requested based on the amount calculated from the following formula when there are changes in daytime, evening, or correspondence classes. However, the amount difference in premiums for the academic year of changes in daytime, evening, or correspondence classes midyear shall not be refunded nor requested.

[Premiums received − former applicable premiums for earned period in academic years] − [new applicable premiums for current period of insurance − new applicable premiums for period in academic year passed] = Premiums to be refunded or requested (when negative)

② The amount calculated from the following formula when withdrawing from school shall be refunded. However, the amount difference in premiums for the academic year for withdrawal from school midyear shall not be refunded.

Premiums received − former applicable premiums for earned period in academic years = Premiums to be refunded or requested

③ The amount calculated from the following formula for absence from school for a year or more during the period of insurance shall be refunded. If the last day of that period falls within the period of absence, the period is forfeited on a year unit basis.

Premiums received − applicable premiums for the period of insurance minus period of absence = Premiums to be refunded

(2) The Company shall refund or request the difference in calculated premiums for unearned periods before and after any necessary adjustments in the event the policyholder makes a written request and receives approval for changes to the terms and conditions of the insurance contract in addition to (1) above after entering the contract.

(3) The Company shall cover for injuries sustained in accidents that occur before receiving additional premiums in cases where additional premiums are requested for as mentioned in (2) but have not been paid by the policyholder, in accordance with the Standard Provisions of Insurance and Coverage as if the request for the approval for changes in the terms and conditions had not been made.

Article 21 (Refund of premiums: Voiding of contracts)

(1) The Company shall not refund premiums in the event insurance contracts are completely voided due to the provision in Article 13 (Voiding of insurance contract) for the current academic year the day the voiding occurs, but shall refund premiums for any years beyond the current one.

(2) The Company shall not refund premiums in the event insurance contracts are voided for the insured due to the provision in the table of ① in Article 13 (Voiding of insurance contract) (2) for the current academic year the day the voiding occurs, but shall refund respective premiums of the insured for any years beyond the current one.

(3) The Company shall refund the total amount of respective premiums of the insured in the event the insurance contract is voided for the insured due to the provision in the table of ② in Article 13 (Voiding of insurance contract) (2).

Article 22 (Refund of premiums: Invalid or terminated contracts)

(1) The Company shall not refund premiums in the event insurance contracts become invalid for the academic year the day the invalidation occurs, but the premiums for any years beyond the current one shall be refunded in full.

(2) The Company shall not refund premiums in the event insurance contracts are terminated for the academic year the day the termination occurs, but the premiums for any years beyond the current one shall be refunded in full.

(3) The provisions in (1) and (2) shall apply for premiums concerning the insured in the case that a portion of the insurance contract was invalidated or cancelled.

Article 23 (Refund of premiums: Cancellation of contracts)

(1) The Company shall not refund premiums that have already been paid to the Company in the event of cancellation of insurance contracts due to provisions in Article 15 (Cancellation of insurance contracts) for the current academic year the day the cancellation occurs, but shall refund respective premiums in full for any years beyond the current one.

(2) The Company shall not refund premiums in the event insurance contracts are cancelled for the insured due to the provision in Article 15 (2) for the current academic year the day the cancellation occurs, but shall refund respective premiums of the insured in full for any years beyond the current one.

Article 24 (Accident report)

(1) The policyholder, the insured, or the beneficiary must report the situation of the occurred accident and extent of injuries to the Company within 30 days of the accident, including the day of the accident, in the event of injuries sustained by the insured under Article 2 (Insurance claims covered). They must also comply when the Company requests for a notice or explanation in writing, or for the submission of medical certificates or post-mortem certificates in this case.

(2) The policyholder or beneficiary must notify the Company in writing of details within 30 days of the day the insured boarded an aircraft or watercraft and it went missing or became distressed, including the day the aircraft or watercraft went missing or became distressed, in the event the insured boarded a craft that went missing or became distressed.

(3) The Company shall deduct any amount of damages sustained in cases where the policyholder or beneficiary violates the duties stipulated in (1) and (2) without legitimate reason, or held back or reported false details regarding notices and explanations.

Article 25 (Insurance claim documents)

(1) Insurance claim rights to the Company may be exercised separately according to the times in the table below.

①	For death benefits, at the time of death of the insured.
②	For physical disability benefits, when the disability is suffered or within 180 days after the accident, including the day of the accident, whichever comes first.
③	For medical benefits, when the hospitalization or outpatient care for injury sustained by the insured under Article 2 (Insurance claims covered) is terminated or when the number of days of treatment reaches 270 days or more, whichever is earlier.

(2) The insured or beneficiary must submit the insurance claim documents in the table below in the event of an insurance claim.

① For the claim of death benefits

a.	Injury status report designated by the Company;
b.	Accident certificate from a public organization (third parties in inevitable circumstances);
c.	A seal registration certificate of the beneficiary (the legal heir of the insured in the case a beneficiary has not been designated);
d.	Death certificate or post-mortem certificate;
e.	Copy of the insured's family register;
f.	Copy of the legal heir's family register in cases where the beneficiary has not been designated;
g.	Indispensible documents required to confirm details as stipulated in Article 26 (Payment period for benefits) (1) and other documents prescribed from anything sent by the Company at the time of entering the contract as proof.

② For the claim of physical disability benefits

a.	Injury status report designated by the Company;
b.	Accident certificate from a public organization (third parties in inevitable circumstances);
c.	A seal registration certificate of the insured;
d.	Medical certificate by a doctor other than the insured verifying the extent of physical disabilities.
e.	Indispensible documents required to confirm details as stipulated in Article 26 (1) and other documents prescribed from anything sent by the Company at the time of entering the contract as proof.

③ For the claim of medical benefits

a.	Injury status report designated by the Company;
b.	Accident certificate from a public organization (third parties in inevitable circumstances);
c.	A seal registration certificate of the insured;
d.	Medical certificate by a doctor other than the insured verifying the extent of injuries;
e.	Certificates documenting number of days hospitalized or days as an outpatient from a hospital or clinic;
f.	Indispensible documents required to confirm details as stipulated in Article 26 (1) and other documents prescribed from anything sent by the Company at the time of entering the contract as proof.

(3) In the event that the insured cannot file a claim and when there is no beneficiary to accept insurance payments, persons who can apply to the Company the documents stating any of the circumstances in the table below may file an insurance claim as a representative of the insured after receiving

approval from the Company.

①	Spouse (*1) who coinhabitated or shared a living with the insured.
②	Relatives to the 3rd degree who coinhabitated or shared a living with the insured in the case that a designated spouse in ① does not exist or the designated spouse cannot file a claim.
③	Spouse (*1) other than in ① or relatives to the 3rd degree other than in ② in the case that the persons stipulated in ① and ② do not exist or cannot file a claim.

(4) The Company shall not cover any redundant claims after paying for claims from the representative of the insured stipulated in (3).

(5) The entrusted party must submit proof of trust and a seal registration certificate of the entrusted in addition to documents mentioned in (2) in the case a third party has been entrusted by the insured or beneficiary.

(6) The Company may request the submission of other documents or proof not stated in (2) or (5), and may ask the policyholder, insured, or beneficiary for the cooperation in an inspection conducted by the Company regarding the details of the accident or extent of injuries. In this event, the requested documents or proof shall be submitted promptly, and they must cooperate with the Company as needed.

(7) The Company shall deduct any amount of damages sustained in cases where the policyholder, insured, or beneficiary violates the duties stipulated in (6) without legitimate reason, reported false details on documents stated in (2), (3), (5) and (6), fabricates or alters those documents or proof.

(*1 Restricted to the legal spouse.)

Article 26 (Payment period of benefits)

(1) The Company shall pay insurance claims after verifying the details in the table below required for paying insurance claims within 30 days of the file completion date (*1).

①	Cause and situation of accident, extent of any injuries, and details and facts regarding the insured as items that need to be verified for insurance claims to be covered;
②	Reasons under this insurance contract that are not covered as items that need to be verified for insurance claims that are not covered;
③	Extent of injuries or the relationship between the accident, any treatment and details, and injuries as items that need to be verified for the calculation of insurance claims;
④	Circumstances falling under the cases of termination, invalidation, voiding, or cancellation of this insurance contract that need to be verified for the effectiveness of the contract;

(2) In the event the special inquiries or inspections stated in the table below are indispensible in order to verify details in (1) above, the Company shall pay insurance claims within the number of days (*2) stated in the table below from the file completion date (*1), regardless of the provision in (1). In this event, the Company shall notify the insured or beneficiary of the items that need verification and the estimated number of days required.

①	180 (one hundred and eighty) days for inquiries of investigations and inspection results conducted by public organizations such as the police, prosecutors, or firefighters (*3) in ① through ④ of the table in (1);
②	90 (ninety) days for inquiries of the judgment results from examinations by medical institutions, investigative bodies, and expert organizations in order to verify the details in ① through ④ of the table in (1);
③	120 (one hundred and twenty) days for inquiries of the judgment of medical diagnoses, examinations, and recognition of physical disabilities by professional organizations in order to verify the details in ③ of the table in (1);
④	60 (sixty) days for inspections to verify the details in ① through ④ of the table in (1) in regions struck by disaster as applied by the Disaster Relief Act;
⑤	180 (one hundred and eighty) days for inspections away from Japan in the event that no alternative method to verify of the details in ① through ④ of the table in (1) in Japan.

(3) Delays for verification shall not be included in the number of days stated in (1) nor (2) in the case that the policyholder, insured, or beneficiary hindered the verification stated in (1) or (2) without legitimate reason, or did not comply with these procedures (*4).

(4) The payment of insurance claims under the provision of (1) or (2) shall be made in Japan and in the Japanese currency except in cases where a special agreement has been made in advance otherwise between the policyholder, the insured or the beneficiary of insurance claims and the Company.

(*1) The date the insured completed procedures as stipulated in the Article 25 (Filing insurance claims) (2), (3), and (5) by the insured or beneficiary.

(*2) If cases fall under multiple periods, the longest number of days.

(*3) Includes inquiries by Lawyers Law and other ordinances.

(*4) Includes incooperation as needed.

Article 27 (Request for medical certificates created by doctor appointed by the Company)

(1) The Company may request the policyholder, the insured or the beneficiary of insurance claims to submit a medical certificate or postmortem certificate of the insured prepared by a doctor of medicine appointed by the Company to the extent necessary for verifying the extent of an injury or paying an insurance claim in cases where notice is received under the provision of Article 24 (Accident notice) or where a request is received under the provision of Article 25 (Filing insurance claims).

(2) Necessary expenses incurred (*2) in obtaining medical certificates or postmortem certificates (*1) shall be borne by the Company.

(*1) Refers to the medical verification of death of the corpse.

(*2) Does not include revenue loss.

Article 28 (Statute of limitations)

Insurance claim rights are terminated by the statute of limitations if 3 years have passed starting from the day following the time stipulated in Article 25 (Filing insurance claims) (1).

Article 29 (Subrogation)

The rights of the insured or beneficiary of the insurance claim to damages against a third party for injuries sustained shall not be transferred to the Company even after the Company pays for an insurance claim.

Article 30 (Changes to the beneficiary for death benefits)

(1) The legal heir of the insured shall be the beneficiary of death benefits in cases where the policyholder did not designate the beneficiary of death benefits when entering the insurance contract.

(2) The policyholder may change the beneficiary of death benefits after entering the insurance contract until the time the insured passes away.

(3) The policyholder shall inform the Company of the fact that a change was made for the beneficiary of death benefits under the provision of (2) above.

(4) It shall be understood that the change of the beneficiary of death benefits has taken effect at the time when the policyholder sends notice under the provision of (3) above and is received by the Company. However, the Company shall not pay any more death benefits even claims for death benefits are made in cases where the Company has already paid, prior to receiving the notice, death benefits to the beneficiary of death benefits before the change was made.

(5) The policyholder may change the beneficiary of death benefits by means of a legally valid will.

(6) In cases where a change is made of the beneficiary of death benefits, the change shall not be effective against the Company unless the policyholder's legal heir informs the Company of the fact after the will has taken effect. Moreover, the Company shall not pay any more death benefits even claims for death benefits are made in cases where the Company has already paid, prior to receiving the notice, death benefits to the beneficiary of death benefits before the change was made.

(7) Any changes made to the appointment of the beneficiary for death benefits other than the legal heir as stipulated in (2) and (5) shall not be effective without consent from the insured.

(8) In cases where the beneficiary of death benefits dies before the insured, the legal heir (*1) of the beneficiary at the time of his or her death shall be the beneficiary of death benefits for the insured.

(9) The policyholder may not designate or change persons other than the insured to be the beneficiary of insurance claims other than for death benefits.

(*1) In cases where legal heirs have passed away, the successive legal heir shall be designated.

Article 31 (Multiple beneficiaries of death benefits)

(1) The Company may ask for the appointment of one representative in cases where there are two and more beneficiaries of death benefits under this insurance contract. In these cases, the appointed representative shall act as a proxy for the other beneficiaries.

(2) Any actions taken by the Company towards one of the beneficiaries shall be regarded as equally applicable to all other beneficiaries in cases where the representative mentioned in (1) above is not designated or his or her whereabouts are unknown.

Article 32 (Impending lawsuits)

Lawsuits concerning this insurance contract shall be instituted in Japanese courts.

Article 33 (Applicable laws)

Provisions not regulated in these insurance clauses shall conform to Japanese laws and ordinances.

Chart 1: Parts That Have Suffered a Fracture, Dislocation, Ligament Damage or Other Injury

1. Long bone (*1) and spinal column
2. Three major joints (*2) in the upper or lower limb that are directly connected to the long bone (*1)
3. Ribs and sternum (*3)
4. Jaw bone or temporomandibular joint (*4)

(*1) Long bone refers to the humerus, radius, ulna, femur, tibia and fibula.

(*2) Three major joints refers to shoulder joints, elbow joints, hand joints, hip joint, knee joint, and foot joint.

(*3) Limited to when the trunk is fixed in place

(*4) Limited to when the upper/lower joint is fixed in place with a sannai arch bar splint.

Chart 2 Activities in the table in ① of (1) in Article 4 (Insurance claims not covered - 2)

Mountain climbing (*1), luging, bobsledding, aircraft (*2) operation (*3), skydiving, hangliding, ultralight-powered motor sports (*4), gyroplanes, and other risk involved activities.

(*1) Activity that uses mountain pick axes, crampons, rope, hammers, and other mountain climbing tools.

(*2) Excludes gliders and airships.

(*3) Excludes cases when piloting as a profession.

(*4) Excludes motor hang gliding, micro-/ultra-light machines, and ultralight-powered parachutes (*5).

(*5) Refers to paraplanes, etc.

Chart 3 Classes of Physical Disability

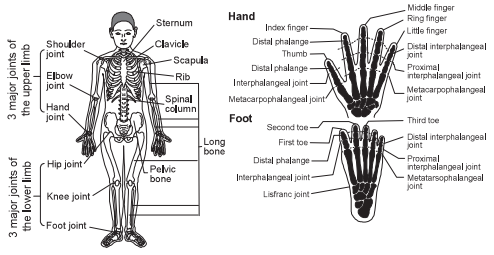
Class	Physical Disability	Benefit Payment Percentage
Class 1	(1) Loss of sight in both eyes (2) Loss of masticatory and speech functions (3) Marked impairment of functions of the nervous system and psyche, requiring regular nursing care (4) Marked impairment of functions of thoracoabdominal internal organs, requiring regular nursing care (5) Loss of both upper limbs above the elbow joints (6) Total loss of function of both upper limbs (7) Loss of both lower limbs above the knee joints (8) Total loss of function of both lower limbs	150%

Class	Physical Disability	Benefit Payment Percentage
Class 2	(1) Loss of sight in 1 eye, while the corrected vision in the other eye (Vision shall be measured in accordance with international visual acuity measurement standards; the same applies hereafter) is 0.02 or less. (2) The corrected vision in both eyes is 0.02 or less. (3) Marked impairment of functions of the nervous system and psyche, requiring nursing care any time. (4) Marked impairment of functions of thoracoabdominal internal organs, requiring nursing care any time. (5) Loss of both upper limbs above the hand joints. (6) Loss of both lower limbs above the foot joints.	133.5%
Class 3	(1) Loss of sight in 1 eye, while the corrected vision in the other eye is 0.06 or less. (2) Loss of masticatory or speech function. (3) Marked impairment of functions of the nervous system and psyche, resulting in loss of the ability to engage in labor for the rest of one's life. (4) Marked impairment of functions of thoracoabdominal internal organs, resulting in loss of the ability to engage in labor for the rest of one's life. (5) Loss of all fingers in both hands (loss of fingers refers to loss of thumb above the interphalangeal joint and loss of the rest of fingers above the proximal interphalangeal joint; the same applies hereunder).	117%
Class 4	(1) The corrected vision in both eyes is 0.06 or less. (2) Marked impairment of masticatory and speech functions. (3) Total loss of hearing in both ears. (4) Loss of 1 upper limb above the elbow joint. (5) Loss of 1 lower limb above the knee joint. (6) Impairment of function of all the fingers of both hands (impairment of function of all fingers refers to loss of more than half of the distal phalanges of the fingers, or marked motor impairment of the metacarpophalangeal joint or proximal interphalangeal joint, or interphalangeal joint for the thumb; the same applies hereafter). (7) Loss of both feet above the Lisfranc joint.	103.5%
Class 5	(1) Loss of sight in 1 eye, while the corrected vision in the other eye is 0.1 or less. (2) Marked impairment of functions of the nervous system and psyche, resulting in loss of the ability to engage in labor other than particularly simple and light work. (3) Marked impairment of functions of thoracoabdominal internal organs, resulting in loss of the ability to engage in labor other than particularly simple and light work. (4) Loss of 1 upper limb above the hand joint. (5) Loss of 1 lower limb above the foot joint. (6) Total impairment of function of 1 upper limb. (7) Total impairment of function of 1 lower limb. (8) Loss of all toes of both feet (loss of toes refers to loss of all toes; the same applies hereafter).	88.5%
Class 6	(1) The corrected vision of both eyes is 0.1 or less. (2) Marked impairment of masticatory or speech function. (3) Impairment of hearing in both ears such that if one does not speak close to the ears, the person cannot understand anything spoken in loud voice. (4) Complete loss of hearing in 1 ear, while the other ear is so impaired that the person cannot hear ordinary conversation 40 cm or more away. (5) Marked deformation or motor impairment of the spinal column. (6) Loss of function of 2 of 3 major joints of 1 upper limb. (7) Loss of function of 2 of 3 major joints of 1 lower limb. (8) Loss of 5 fingers or 4 fingers including thumb on 1 hand.	75%
Class 7	(1) Loss of sight in 1 eye, while the corrected vision in the other eye is 0.6 or less. (2) Hearing is so impaired in both ears that the person cannot hear ordinary conversation 40 cm or more away. (3) Complete loss of hearing in 1 ear, while the other ear is so impaired that the person cannot hear ordinary conversation 1 m or more away. (4) Impairment of functions of the nervous system and psyche, resulting in loss of the ability to engage in labor other than simple and light work. (5) Impairment of functions of thoracoabdominal internal organs, resulting in loss of the ability to engage in labor other than simple and light work. (6) Loss of 3 fingers including thumb, or 4 fingers excluding thumb, on 1 hand. (7) Loss of function of all fingers, or 4 fingers including thumb, of 1 hand. (8) Loss of 1 foot above the Lisfranc joint. (9) Pseudoarthrosis on 1 upper limb, leaving marked motor impairment. (10) Pseudoarthrosis on 1 lower limb, leaving marked motor impairment. (11) Loss of function of all toes of both feet (loss of function of toes refers to the loss of half or more of the distal phalange of the first toe, or loss of all the other toes above the distal interphalangeal joint, or marked impairment in the metatarsophalangeal joint or the proximal interphalangeal joint (interphalangeal joint for the first toe); the same applies hereafter.) (12) Marked deformity in external appearance. (13) Loss of both testicles.	63%
Class 8	(1) Loss of sight in 1 eye, while the corrected vision in the other eye is 0.02 or less. (2) Motor impairment in the spinal column. (3) Loss of 2 fingers including thumb, or loss of 3 fingers excluding thumb of 1 hand. (4) Loss of function of 3 fingers including thumb, or 4 fingers excluding thumb of 1 hand. (5) Shortening of 1 lower limb by 5 cm or more. (6) Loss of function of 1 of 3 major joints of 1 upper limb. (7) Loss of function of 1 of 3 major joints of 1 lower limb. (8) Pseudoarthrosis on 1 upper limb. (9) Pseudoarthrosis on 1 lower limb. (10) Loss of all toes of 1 foot.	51%

Class	Physical Disability	Benefit Payment Percentage
Class 9	(1) The corrected vision of both eyes is 0.6 or less. (2) The corrected vision of 1 eye is 0.06 or less. (3) Half-blindness, tunnel vision or distorted vision in both eyes. (4) Marked defect in both eyelids. (5) Defect in the nose that leaves a marked impairment in its function. (6) Impairment of masticatory and speech functions. (7) Impairment of hearing in both ears such that the person cannot hear ordinary conversation 1 m or more away. (8) Impairment of hearing in 1 ear such that if one does not speak close to the ears, the person cannot understand anything spoken in loud voice, while the other ear has difficulty hearing ordinary conversation 1 m or more away. (9) Complete loss of hearing in 1 ear. (10) Impairment of functions of the nervous system and psyche to the extent that the kind of work the person can engage in is considerably limited. (11) Impairment of functions of thoracoabdominal internal organs to the extent that the kind of work the person can engage in is considerably limited. (12) Loss of 1 thumb, or 2 fingers excluding the thumb, of 1 hand. (13) Loss of function of 2 fingers including the thumb, or 3 fingers excluding thumb, of 1 hand. (14) Loss of at least 2 toes, including the first toe, of 1 foot. (15) Loss of function of all the toes of 1 foot. (16) Considerable deformity in external appearance. (17) Marked impairment of the genitalia.	39%
Class 10	(1) The corrected vision of 1 eye is 0.1 or less. (2) Double vision in direct light viewing angle. (3) Impairment of masticatory or speech function. (4) Dental prosthesis in 14 or more teeth. (5) Impairment of hearing in both ears such that the person has difficulty hearing ordinary conversation 1 m or more away. (6) Impairment of hearing in 1 ear such that if one does not speak close to the ears, the person cannot understand anything spoken in loud voice. (7) Loss of function of the thumb or 2 fingers other than the thumb of 1 hand. (8) Shortening of the lower limb by 3 cm or more. (9) Loss of the first toe or the rest of the 4 toes of 1 foot. (10) Marked impairment of 1 of 3 major joints of 1 upper limb. (11) Marked impairment of 1 of 3 major joints of 1 lower limb.	30%
Class 11	(1) Marked impairment of regulatory or motor function of both eyeballs. (2) Marked impairment of motor functions of both eyelids. (3) Marked defect in 1 eyelid. (4) Dental prosthesis in 10 or more teeth. (5) Deterioration of hearing in both ears such that the person cannot understand conversation in a low voice 1 m or more away. (6) Impairment in the hearing of 1 ear such that the person cannot understand conversation in ordinary voice 40 cm or more away. (7) Deformation of spinal column. (8) Loss of index finger, middle finger or ring finger of 1 hand. (9) Loss of function of 2 toes, including the first toe, of 1 foot. (10) Impairment of the functions of thoracoabdominal internal organs such that there is considerable hindrance to performing work.	22.5%
Class 12	(1) Marked impairment of regulatory or motor function of 1 eyeball. (2) Marked impairment of motor function of 1 eyelid. (3) Dental prosthesis in 7 or more teeth. (4) Damage to most of the auricle of 1 ear. (5) Marked deformation of the clavicle, sternum, ribs, scapula and pelvic bone. (6) Impairment of function of 1 of 3 major joints of 1 upper limb. (7) Impairment of function of 1 of 3 major joints of 1 lower limb. (8) Deformation of long bone. (9) Loss of 1 little finger of 1 hand. (10) Loss of function of index finger, middle finger, or ring finger of 1 hand. (11) Loss of the second toe, 2 toes including the second toe, or the last 3 toes of 1 foot. (12) Loss of function of the first toe, or the other 4 toes, of 1 foot. (13) Inveterate neurological symptom in a local area. (14) Deformity in external appearance.	15%
Class 13	(1) The corrected vision in 1 eye is 0.6 or less. (2) Half-blindness, tunnel vision or distorted vision in 1 eye. (3) Double vision in viewing angles other than direct light. (4) Defect in part of both eyelids, or balding of eyelashes. (5) Dental prosthesis in 5 or more teeth. (6) Impairment of functions of thoracoabdominal internal organs. (7) Loss of function of little finger of 1 hand. (8) Partial loss of phalange of thumb of 1 hand. (9) Shortening of 1 lower limb by 3 cm or more. (10) Loss of 1 or 2 of the last 3 toes of 1 foot. (11) Loss of function of the second toe, 2 toes including the second toe, or the last 3 toes of 1 foot.	10.5%
Class 14	(1) Defect in part of 1 eyelid, or balding of eyelashes. (2) Dental prosthesis in 3 or more teeth. (3) Deterioration of hearing in 1 ear such that the person cannot understand conversation in a low voice 1 m or more away. (4) Unsightly palm-sized scar on the exposed surface of 1 upper limb. (5) Unsightly palm-sized scar on the exposed surface of 1 lower limb. (6) Partial loss of phalange of 1 finger other than thumb of 1 hand. (7) The distal interphalangeal joint of 1 finger other than the thumb of 1 hand cannot be stretched. (8) Loss of function of 1 or 2 toes of the last 3 toes of 1 foot. (9) Neurological symptom in a local area.	6%

Note 1: The stipulation "above" in regard to injuries of the upper limb, lower limb, fingers and toes refers to the part of the body closer to the heart from the joint thereof.

Note 2: Explanatory drawing of the joint and others



(Note) Accidents that occur while commuting to school or when in transit between school facilities shall only be covered if the insured is enrolled in PAS with the additional coverage for commuting accidents.

IV. Additional coverage for commuting accidents

Article 1 (Insurance claims covered)

(1) The Company shall cover (*4) injuries sustained by the insured from accidents that occur while commuting to and from university classes, school events, and extracurricular activities between the insured's residence (*3) and school facilities or while in transit between school facilities by reasonable route(s) and methods (*2) under this coverage (*1).

(2) The periods while or after deviating from the path or interrupting the commute/transit shall not be included as "commuting to and from" or "in transit" stated in (1) However, deviating or stopping in the commute on reasonable routes will be included as "commuting to and from" or "in transit" stated in (1) if for purchasing materials necessary for class, school events or extracurricular (club) activities, or during the minimum time necessary for acts considered unavoidable in everyday life.

(*1) Standard Provisions for Personal Accident Insurance for Students Pursuing Education and Research. Same for below in this coverage.

(*2) Excludes methods prohibited by the university.

(*3) This includes the place of employment for those who enter the university/college after passing the entrance exam for adults.

(*4) Refers to death, disability, and medical benefits. Same for below in this coverage.

Article 2 (Definition of terms)

The terms used in this coverage shall be defined by their respective meanings in the table next page.

	Term	Definition
①	Classes	Classes; including the following: a. Research for graduation thesis and dissertation under the supervision of an educator. However, this excludes research conducted in sole locations involving private circumstances. b. Research conducted in the university/college library, reference room, language learning facility, or other locations in the preparation and clean up of lessons under the supervision of an educator.
②	School facilities	Facilities owned, used or managed by schools for educational and research purposes, including locations used for conducting classes, school events or extracurricular activities.
③	Necessary everyday activities	This shall include the following: a. Purchasing everyday items or similar activity. b. Voting in an election or similar activity. c. Visiting a hospital or clinic for a medical check up or treatment or similar activity.
④	Entrance exam for adults	The entrance exam for working members of society who are admitted under different methods than general applicants for admission, such as by the special selection exam for adults.

Article 3 (Payment of claims)

The Company shall pay the calculated amount based on Article 5 (Death benefits), Article 6 (Physical disability benefits), or Article 7 (Medical benefits) in the event the insured sustains a physical injury as mentioned in Article 1 (Insurance claims covered) of the Coverage clauses and is entitled to a claim, and falls under ② in the table in Article 2 (Insurance claims covered) (1) of the Standard Provisions.

Article 4 (Filing an insurance claim)

The insured or beneficiary must submit proof of accident from the university as well as the following documents besides documents stipulated in Article 25 (Insurance claim form) (2) of the Standard Provisions in the event of filing a claim under Article 1 (Insurance claims covered).

Article 5 (Applicable provisions)

The Standard Provisions that do not go against this coverage shall be applied for items not regulated in this Coverage.

(Note) Measures received to prevent infectious diseases for infections through contact shall only be covered if the insured is enrolled in PAS with the additional coverage for the prevention of contact infection.

V. Additional coverage for the prevention of contact infection

Article 1 (Insurance claims covered)

(1) The Company shall pay the insured contact infection prevention benefits according the table below in the event that the insured is infected within 180 days, inclusive of the date of the accident, as a direct result of injuries sustained from an accident (*2) in Article 2 (Insurance claims covered) of the Standard Provisions (*1) and receives contact infection prevention measures. However, contact infection prevention benefits shall only be paid for injuries once per accident.

Contact Infection Prevention Benefits	15,000 yen

(*1) Standard Provisions for Personal Accident Insurance for Students Pursuing Education and Research. Same for below in this coverage.

(*2) Accidents caused by injuries in Article 2 of Standard Provisions. Same for below in this coverage.

Article 2 (Definition of terms)

The terms used in this coverage shall be defined by their respective meanings in the table below.

	Term	Definition
①	Contact infection	The insured's unexpected direct or indirect contact (*2) with infectious (*1) pathogens within the facility used for the purpose of clinical training.
②	Clinical training	Training conducted at hospitals and other facilities (*3).
③	Measures to prevent infectious disease	Examination or administration of drugs for the purpose of preventing the transmission of infectious pathogens or outbreak of an infectious disease. However, these actions are limited to those cases governed by instruction and guidance from a medical professional.

(*1) Infectious disease as stated in Item 1 of Article 6 of the law regarding Disease Prevention and Medical Care for the Patients. Same for below in this coverage.

(*2) Includes fear of contact.

(*3) Hospitals or clinics, etc. Same for below in this coverage.

Article 3 (Filing an insurance claim)

(1) Insurance claim rights may be exercised toward the Company after receiving measures for preventing infectious diseases.

(2) The insured must submit the documents requested in (3) in the event the insured files a claim for contact infection prevention benefits.

(3) Documents to be submitted to the Company shall follow the table below.

①	Insurance claim document designated by the Company;
②	Accident report designated by the Company;
③	Proof of accident from the hospital the accident occurred at;
④	Medical certificate from the doctor who implemented measures for preventing infectious disease within 180 of the accident, inclusive of the day of the accident, as proof;
⑤	A seal registration certificate of the insured;
⑥	Consent form from the Company requesting inquiry or explanation from the hospital or doctor concerning the measures taken on the insured for preventing infectious diseases;
⑦	Proof of trust and a seal registration certificate of the entrusted in the case a third party has been entrusted to file a claim for contact infection prevention benefits.
⑧	Indispensible documents required to confirm details as stipulated in the Article 26 (Payment period of benefits)(1) of the Standard Provisions and other documents prescribed from anything sent by the Company at the time of entering the contract as proof.

Article 4 (Amendments for Standard Provisions)

The amendments in the following table shall apply to the Standard Provisions of this coverage.

	Clause	Before Amendment	After Amendment
①	Article 24 (Accident report)(1)	situation of the occurred accident and extent of injuries	situation of the occurred accident and details of measures for preventing infectious disease and time elapsed.
②	① in the table of Article 26 (Payment period for benefits)(1)	extent of any injuries	extent of any measures taken for preventing infectious diseases
③	in the table of Article 26	extent of injuries or the relationship between the accident	relationship between the accident and measures for preventing infectious diseases
④	Article 28 (Statute of limitations)	Article 25 (Filing an insurance claim)(1)	Article 3 (Filing an insurance claim)(1) of this coverage

Article 5 (Applicable provisions)

The Standard Provisions that do not go against this coverage shall be applied for items not regulated in this Coverage.

VI. Coverage Clauses on Changes in Payment Requirements for Outpatient Treatment Insurance Claims

(1) The Company may apply different provisions on the number of days treatment in the table in Article 1 (Definition of Terms) in the standard agreement (*1) as follows according to this agreement.

Number of days of treatment	Number of days the insured is hospitalized or receives outpatient care. However, even in the case that the insured is not treated as an outpatient for injuries, when a plaster cast, etc. (*1) is affixed on a constant basis due to a fracture, dislocation or ligament injury, etc. to a part of the body listed in Chart 1, the number of days required for that shall be considered outpatient care. (*1) This shall refer to plaster casts, plaster slabs, bivalve casts, splints and other articles similar to this. It shall not include those that can be easily attached and detached (e.g., cervical spine fixation braces, cervical vertebrae collars, neck corsets, clavicle fixation bands, chest fixation bands, rib fixation bands, soft corsets, supporters and taping).

(2) The Company may apply different provisions in Chart 1 of the standard agreement as follows according to this agreement.

Chart 1. Parts Deemed to be Outpatient Care due to Affixation on a Constant Basis of a Plaster Cast Etc.

1. Long bone and spinal column
2. Three major joints in the upper or lower limbs that are directly connected to the long bone. However, this shall be limited to when wearing a plaster cast, etc. (*1) that includes the long bone
3. Ribs and sternum. However, this shall be limited to when wearing a plaster cast, etc. (*1) on the trunk

(*1) This shall refer to plaster casts, plaster slabs, bivalve casts, splints and other articles similar to this. It shall not include those that can be easily attached and detached (e.g., cervical spine fixation braces, cervical vertebrae collars, neck corsets, clavicle fixation bands, chest fixation bands, rib fixation bands, soft corsets, supporters and taping).

Note 1: The "long bone," "spinal column," "three major joints in the upper or lower limbs" and "ribs and sternum" in the stipulations in 1 to 3 shall be according to the provisions indicated in the figure of note 2 in Chart 3.

VII. Endorsement Concerning Coinsurance

Article 1 (Independent responsibility)

This insurance contract is a coinsurance arrangement by insurance companies stated in the policy and the insurance companies stated in the insurance policy bears rights and obligations under the insurance contract, not jointly but separately, in accordance with its underwriting share determined at the time of acceptance.

Article 2 (Role of the leading insurance company)

The insurance company designated as the leading insurance company of this insurance contract at the time when the policyholders enter the insurance contract, shall be in charge of the following matters:

①	Receive applications for insurance, and issue and deliver insurance policies;
②	Collect, receive, or return insurance premiums;
③	Approve changes in the details of the insurance contract or cancel the insurance contract;
④	Receive documents regarding declarations or notices under the provisions of the insurance contract and to approve such declarations or notices;

⑤	Receive documents regarding notice of the transfer of rights to a claim and approve such transfer; or to receive documents regarding notice of effecting a lien on the rights to the claim, transfer, or termination; and to approve such lien, transfer or termination;
⑥	Issue and deliver notice confirming the completion of a procedure for changes in insurance contracts or make endorsements to insurance policies;
⑦	Investigate the objects of insurance and other matters related to insurance contracts;
⑧	Receive documents notifying the occurrence of an accident or damage or documents about filing for claims;
⑨	Investigate or survey damage, pay claims and preserve the rights of the insurance companies stated in the insurance policy;
⑩	Attend to other matters incidental to the work or business mentioned in ① through ⑨ above.

Article 3 (Effect of acts done by the leading insurance company)

Any items performed by the leading insurance company in Article 2 (Items performed by the leading insurance company) of this contract shall be deemed as representative for all insurance companies mentioned in the insurance policy.

Article 4 (Effect of acts done by the policyholders)

Notices and other acts performed by the policyholders, etc. to the leading insurance company shall be deemed as representative for all insurance companies mentioned in the insurance policy.

VIII. Coverage clauses of Personal Accident Insurance for Students Pursuing Education and Research

Japan Educational Exchanges and Services (hereinafter as "JEES"), Aioi Nissay Dowa Insurance Co., Ltd., Sompo Japan Nipponkoa Insurance Inc., Tokio Marine & Nichido Fire Insurance Co., Ltd., and Mitsui Sumitomo Insurance Co., Ltd. (hereinafter as "the underwriting companies") agree to the following clauses of the insurance contract (hereinafter as "insurance contract") and, the Coverage Clauses on Changes in Payment Requirements for Outpatient Treatment Insurance Claims and Additional Coverage for Commuting Accidents (hereinafter "Commuting Agreement"), Additional coverage for the prevention of contact infection (hereinafter as "Contact infection coverage"). The underwriting companies shall conduct all matters relating to this insurance contract including the conclusion of insurance contracts, receipt of premiums and payment of claims based on this agreement, by appointing Tokio Marine & Nichido Insurance Co., Ltd. as the representative insurance company.

It is also understood and agreed that JEES and the underwriting companies shall cooperate in the sound operation of business in line with the objectives of this insurance as a system for compensating university students for accidents during their educational and research activities.

Chapter 1. Matters for the acceptance of an insurance contract

(Policyholder and the insured)

Article 1 The policyholder hereunder shall be JEES and the insured mentioned in Article 1 of the Standard Provisions shall be students (meaning students enrolled into university programs, studies at a junior college, graduate courses in graduate schools, regular courses in technical colleges, or non-degree courses for graduates and other courses, including exchange students, auditors, research students, and nondegree students) enrolled in universities or technical colleges who are supporting members of JEES and are established by the School Education Law etc. (hereinafter referred to as "member universities").

(Scope of accidents covered)

Article 2 Insurance claims shall be paid according to the Standard Provisions when the insured sustains a physical injury as a result of a sudden or fortuitous accident of an external origin during "the scope of the regular curriculum, school events, school facilities, or extracurricular activities" mentioned in Article 2 of the Standard Provisions. Insurance claims shall also be paid according to Article 1 of Commuting coverage or Article 1 of Contact infection coverage in cases where additional coverage has been added.

2. "During classes" mentioned in Article 1 (During the regular curriculum) of the Standard Provisions shall include the following periods:

(1) While engaged in a curriculum at another university or junior college in accordance to Article 28 of the Standards for Establishment of Universities and Article 15 of Standards for Establishment of Graduate Schools, or while engaged in a curriculum of another technical college in accordance to Article 19 of the Standards for Establishment of Technical Colleges. Moreover, "another university or junior college" mentioned in this paragraph shall include universities in foreign countries.

(2) During schooling for correspondence students.

(Insurance amounts and premiums)

Article 3 Death benefits for an insured individual of this insurance contract shall be 20 million yen or 12 million yen under Article 5 of the Standard Provisions.

2. Premiums per insured person hereunder shall be provided on separate sheet 1.

3. Insurance periods shall be rounded up to a year when calculating premiums for liability periods less than a year.

4. Insurance periods for additional coverages shall be rounded up to a year when calculating premiums for liability periods less than a year in cases of adding commuting or contact infection coverages in the middle of the period of insurance.

(Additional charge, refund methods)

Article 4 Additional charges and refund of premiums shall be conducted as follows:

(1) The underwriting companies shall refund premiums according to provisions in Article 21 and Article 22 of the Standard Provisions in the event that all or a part of the insurance contract was voided, invalidated, or cancelled. Also, refund of premiums shall be made according to Article 20 Item 1 No. 2 of the Standard Provisions in the event the insured withdraws from school.

(2) The underwriting companies shall charge or refund the difference in amounts after subtracting the premiums for earned periods from applicable premiums (corresponding to the period of insurance of the insured) for changes in daytime, evening, or correspondence classes.

(3) The underwriting companies shall refund the difference in amounts after subtracting the premiums for the period of absence (periods less than a year shall be rounded up to 1 year) from the period of liability in the event the insured will be absent from school for a total of 1 year ore more during the period of insurance.

Chapter 2. Matters of liability

(Period of liability)

Article 5 The period of liability shall be as follows, regardless of the provision in Article 10 Item 1 of the Standard Provisions:

(1) Students admitted in April

a. When an application for insurance together with the payment of the premium is made to the member universities, etc. by the end of March for new students admitted in April, the period of liability for the insured will begin from 0:00 a.m. of April 1 and end at 12 p.m. on March 31 of the expected graduating year.

b. The period of liability shall begin from 0:00 a.m. of the day subsequent to the application with the payment of the premium to member universities, etc. until 12 p.m., March 31 of the expected graduating year for period other than stated in the above.

(2) Students admitted in September

a. When an application for insurance together with the payment of the premium is made by the end of August for new students admitted in September, the period of liability for the insured will begin from 0:00 a.m. of September 1 and end at 12 p.m. on August 31 of the expected graduating year.

b. The period of liability shall begin from 0:00 a.m. of the day subsequent to the application with the payment of the premium to the member university until 12 p.m. on August 31 of the expected graduating year for periods other than stated above.

(3) Students admitted in October

a. When an application for insurance together with the payment of the premium is made by the end of September for new students admitted in October, the period of liability for the insured will begin from 0:00 a.m. of October 1 and end at 12 p.m. on September 30 of the expected graduating year.

b. The period of liability shall begin from 0:00 a.m. of the day subsequent to the application with the payment of the premium to member universities until 12 p.m., September 30 of the expected graduating year for period other than stated in the above.

(4) Any new enrollments shall be deemed as started at 0:00 of the original liability date decided at a faculty meeting above the student year level in departments, subjects, graduate courses, majors, or other courses for "enrollment of all students" and "enrollment date" and when the university bears the cost for corresponding premiums for the enrollment of all students.
However, the commencement of the liability period for insurance cannot be earlier than the date of determination.

(5) In the case of the above provision, continued enrollment shall commence from 0:00 a.m. on either April 1, September 1, or October 1.

(Underwriting shares of insurance)

Article 6 The shares of the underwriting companies in this insurance contract shall be determined separately. It is agreed and understood that the underwriting companies shall have rights and obligations, not jointly but separately, under this insurance contract.

Chapter 3. Matters concerning the business administration, rights and obligations of member universities, etc. and JEES and the underwriting companies

(Responsibility of safekeeping corresponding premiums)

Article 7 JEES shall request the member universities, etc. to keep the amount of corresponding premiums received for the underwriting companies, separately from any other assets of the member universities.

(Corresponding premiums and report of books and records)

Article 8 The underwriting companies may request JEES to report on the money, books and records it keeps when it is deemed necessary to do so under this insurance contract. Also, JEES shall, upon request of the underwriting companies, request the member universities, etc. to report to the underwriting companies on the money, books and records kept by them.

(Preparation and keeping of enrolled list)

Article 9 JEES shall request the member companies to prepare 3 lists of enrolled students, of which one shall be retained by the member university, etc. and two copies shall be submitted to JEES. Upon receipt of the two copies, JEES must send a copy thereof to the underwriting companies, while safekeeping the remaining copy.

2. JEES may forgo with the keeping of the enrolled students list and the sending thereof to the underwriting companies in the case of "enrollment of all students" provided for in (3) of Article 5, regardless of the preceding provision. It is understood, however, that JEES must request the member universities, etc. to prepare a list of enrolled students so that it may be made available at any time for review by the member universities, etc.

(Handling of changes)

Article 10 JEES shall request the member universities, etc. to notify by submitting certificates in writing in any of the following cases:

(1) The insured changes from day or evening classes, or within the communication department, or withdraws from school;

(2) The insured will be absent from school for 1 year or more in total during the period of liability;

2. The submission of certificates mentioned in the above provision must be made each time a change is made in the case of (1) above or without delay after the period of absence ends in the case of (2) above.

3. JEES must inform the underwriting companies without delay when a notice is received from the member universities, etc. about any of the matters provided for in the previous two items.

(Proof of accident)

Article 11 JEES shall request the member universities, etc. to do the following when the insured files for a claim:

(1) JEES shall request the member university concerned to confirm that the accident arose "during regular curriculum or while participating in a school event" and issue and send in the certificate when an accident falls under Article 2 Item 1 No. 1 of the Standard Provisions.

(2) JEES shall request the member university concerned to confirm that the accident arose "while on school premises other than for the above provision" and issue and send in the certificate when an accident falls under Article 2 Item 1 No. 2 of the Standard Provisions.

(3) JEES shall, as the need arises, request the member university, etc. concerned to issue a certificate to prove that the university has been notified in advance of the activity carried out by the students' group within the campus (meaning a group approved by the university under the prescribed procedure in accordance with its rules and regulations), of which the insured is a member when an accident falls under Article 2 Item 1 No. 3 of the Standard Provisions.

(4) When an accident falls under Article 1 Item 1 of the agreement, the following shall apply in the event the insured has enrolled into Commuting coverage.

a. JEES shall request the member university, etc. concerned to verify the time and date of the accident, the location of the accident, the location for the scheduled activity on the date of the accident, the scheduled details of the activity, the scheduled starting time of the activity and the ordinary commuting route and method when the accident occurs on the way from the insured's residence to school facilities. However, there is no need to verify the time and date of the accident, the location of accident, and ordinary commuting route and method if the member university, etc. has no means to obtain this information.

b. JEES shall request the member university, etc. concerned to verify the time and date of the accident, the location of the accident, the location of the activity on the date of the accident, the details of the activity, the closing time of the activity, the time school facilities was left, etc. where the activity was carried out, and the ordinary commuting route and method when the accident occurs on the way from school facilities to the insured's residence. However, there is no need to verify the time and date of the accident, the location of accident, the time school facilities was left, and ordinary commuting route and method if the member university, etc. has no means to obtain this information.

c. JEES shall request the member university, etc. concerned to verify the time and date of the accident, the location of the accident, the location of the activity at the destination on the date of the accident, the scheduled starting time of the activity, the time school premises was left, and the ordinary commuting route and method when the accident occurs while in transit between school facilities.

However, there is no need to verify the time and date of the accident, the location of accident, the time school premises was left, and ordinary commuting route and method if the member university, etc. has no means to obtain this information.

(5) JEES shall request the member university, etc. concerned to verify that the accident occurred during clinical training under Article 1 of the Contact infection coverage when the insured is covered by the Contact infection coverage. However, there is no need to verify this if the member university, etc. has no means to obtain this information.

(Notice of enrollment)

Article 12 JEES shall inform the underwriting companies of enrolled students' names for 2 months prior by the end of each month.

2. In cases of delay or omission in the above procedure for reasons of bad faith or gross negligence on the part of JEES, the Company shall regard an amount calculated by the following formula as an insurance claim payable for an injury sustained for each insured student.

$$\text{Each claim for insured persons} = \text{The insurance amount for one insured person under the insurance policy} \times \frac{\text{The total premiums based on the notice before delay or omission}}{\text{The total premiums based on the nonexistence of such delay or omission.}}$$

3. JEES shall pay insurance premiums for the insured concerned even after the termination of the period of insurance in cases of delay or omission in the notice mentioned in the provision in 1 above. This provision shall; however, not apply in cases insurance claims have already been paid in accordance with the preceding provision.

4. The provision in Item 2 above shall not apply in cases where one month has passed since the underwriting companies became aware of delay or omission due to bad faith or gross negligence referred to in Item 2 or five years have passed since the date when there was a delay or omission.

(Articles 13 to 19) Omitted

IX. Explanations of Important Points

Contract Overview & Points of Attention Explanation

・The Contract Overview gives particularly important information for understanding the details of this product of insurance.

・The Points of Attention contain matters which may be disadvantageous to enrolling students and also other matters which are very important to them. Please be sure to read them.

・This document does not contain all information about this insurance. Full details are given in the insurance clauses on pages 8 - 14. For questions and concerns, please contact the section in charge at your school. (students section, student support section, health center, etc.)

* Store the pamphlet, copy of application, and enrollment details in a readily available place.

1. Contract Overview

1. Framework and conditions of acceptance

(1) Product Framework

This insurance is a group contract between Japan Educational Exchanges and Services (JEES), the policyholder, and students, the insured (those who may receive compensation), who are enrolled in schools that are supporting members of JEES. In principle, JEES reserves the right to request the insurance policy and the right to cancel the insurance contract.

(2) Compensation and Period of Insurance (Insurance Contract Period)

Please confirm ① conditions and types of claims payable under this insurance, ② main cases with no compensation, and ③ the period of insurance and other details on pages 2 - 6.

(3) Conditions of acceptance (the insured amount, etc.)

These are the underwriting conditions of the insurance of the prearranged insurance types. Please confirm the details of insurance types on page 1 and on page 5.

2. Insurance Premiums

Premiums are decided based on the applicable share of premium and other factors. Please confirm the details of premiums on page 1.

3. Maturity refunds and policyholders' dividends

There are no maturity refunds nor policyholders' dividends under this insurance.

2. Points of Attention

1. Duplication of compensation

In the event that the insured person or their family is already contracted for the same type of insurance product with some other insurer, it is possible that the scope of compensation may be duplicated. Please take time to examine and review the details of your contracts, in accordance with your needs. Moreover, in the course of reviewing your contracts in order to avoid duplication of compensation, when terminating contracts with outstanding indemnification, please be aware that any indemnification may not apply in future. Please exercise caution.

2. Duty of disclosure

At time of enrollment, the insured party is required to notify the underwriting insurance company of any important matters.*

- If the insured party failed to disclose any pertinent matters, or if the items disclosed are found to differ from fact, the contract may be terminated or insurance claims may not be payable.
- When concluding an insurance contract on behalf of another person, any failure to disclose pertinent matters, or any variance from fact in regard to disclosed items caused either by conscious intent or major oversight on behalf of the insured party (those who may receive compensation) or that person's representative, and through no fault of the insuring party or their representative(s), shall be treated as indicated above.

*This includes matters pertaining to other insurance contracts.

3. Duty of notice

(1) Points of concern after enrollment (duty of notice, etc.)

Please refer to the details about the obligation of reporting withdrawal from school and the procedure in the occurrence of an accident on pages 6 to 7. Insurance claims cannot be paid may be cancelled without the notice and procedures.

(2) Acceptance of a renewal contract

Depending on claims made, etc. there may be cases where we find it difficult to renew your contract for the next term or where we find it necessary to limit the conditions of insurance.

4. Commencement date of coverage

Please confirm on page 2.

5. Main cases not covered under this insurance

Please confirm on page 6.

6. Handling of insolvent insurance companies

In the underwriting event that the insurance company should become insolvent, there may be cases where the payment of claims, refunds, etc. is frozen for a certain period of time or where the amount of claims, refunds, etc. is reduced. Please confirm details on page 16.

7. Coinsurance

For coinsurance, please confirm on the backside of the cover.

8. Handling of private information

Please confirm on page 16.

9. Request for cancellation by the Insured

There is a scheme which allows the insured to cancel the enrollment in which he/she is involved. As to details of this scheme and procedures, please inquire at the contact number on the "Handbook for Enrollment." Please explain the content of this scheme to the family members of the insured.

10. Claim of insurance benefit by proxy

If for certain reasons the insured is unable to claim the insurance benefit, and in the absence of a proxy of the insured who is authorized to receive the insurance benefit payment, a family member such as spouse who satisfies specific conditions by the underwriting insurance company may stand as proxy of the insured in claiming the insurance benefit. As to details, please inquire at the contact number on the "Handbook for Enrollment." Please explain the content of this scheme to the family members of the insured.

11. Cancellation due to revocation of enrollment, nullification or significant reasons

○ In the event that the policyholder, the insured or recipient of insurance money engages in fraud or coercion at the time of enrollment, Tokio Marine & Nichido Fire Insurance may revoke enrollment.

○ Enrollment shall be nullified in the event that any of the following apply:

・The insured person's consent was not obtained when designating a death insurance money recipient (except in cases where a legal heir of the insured is designated as the recipient)

○ In any of the following cases, Tokio Marine & Nichido Fire Insurance may cancel enrollment. Note that in such cases, the company may not be able to pay the insurance money either in whole or in part.

・The policyholder, insured or recipient of insurance money caused damages or injury with the purpose of having Tokio Marine & Nichido Fire Insurance pay insurance money based on this policy.

・The policyholder, insured or recipient of insurance money is affiliated with organized crime or is deemed to be an otherwise antisocial force, etc.

・The insured or recipient of insurance money engaged in fraudulent activity with respect to the claim for insurance money based on this policy.

Tokio Marine & Nichido Fire Insurance Co., Ltd.	General Insurance Association of Japan General Insurance Alternative Dispute Resolution (ADR) Center (designated conflict resolution institution)
For concerns or consultation about insurance: (The insurance company) Tokio Marine & Nichido Fire Insurance Co., Ltd. (Lead underwriting insurance company) Educational Organization Division Government Sector Dept. 2 〒102-8014 6-4 Sanbancho, Chiyoda-ku, Tokyo 03-3515-4133 For contact or consultation about accidents: School Insurance Desk, Tokio Marine Nichido 0120-868-066 (toll-free) This number connects you to your School Insurance Desk, so calls may be returned from another School Insurance Desk in charge of your school. [Business Hours: 9:00-17:00 on weekdays (Closed on weekends & holidays)]	Tokio Marine & Nichido Fire Insurance Co., Ltd. has concluded a Basic Contract for Implementation of Dispute Resolution Procedures with the General Insurance Association of Japan (SONPO), which is a designated dispute resolution organization designated by the Financial Services Agency Commissioner, as based on the Insurance Business Act. In the event that a dispute with Tokio Marine & Nichido Fire Insurance Co., Ltd. is unable to be resolved, an application for resolution of the dispute may be made with SONPO. For more information, please refer to the SONPO homepage. (https://www.sonpo.or.jp/) 0570-022808 (Charged Call) When calling from IP phones, please call on 03-4332-5241. Business hours: 9:15-17:00 on weekdays (Closed on Saturdays, Sundays, national holidays, and year-end and New Year period.)

X. Addresses for insurance claims (Damages and Services Division, Tokio Marine and Nichido Co., Ltd.)

Tokio Marine Nichido Office (School Insurance Desk)	Address
Tokio Marine & Nichido Fire Insurance Co., Ltd. Head Claims Dept. 2, Accident Insurance Services Office, Accident Insurance Services Team 3 (School Insurance Desk) Toll-free number: 0120-868-066	Toranomon Tokio Marine Nichido Bldg. 3-9-4 Nishishinbashi, Minato-ku, Tokyo 105-8551

XI. Other

(Handling of insolvency cases of an insurance company)

In the event that the underwriting insurance company should become insolvent, there may be cases where the payment of claims, refunds, etc. is frozen for a certain period of time or where the amount of claims, refunds, etc. is reduced. Moreover, this insurance shall fall under the Non-life Insurance Policyholders Protection Organization of the Insurance Business Act, and claims and refunds shall be partially compensated by the Organization. Partial compensation by the Organization shall be as follows:

- The period of insurance is under one year: In principle, 80% (or 100% for claims arising from an insured event within three months of the suspension of payment of an insolvent insurance company.)
- The period of insurance is over one year: In principle, 90% (or below 90% for over five years in the event that the rate of return on policies used to calculate premiums at the time of insolvency of the underwriting insurance company has always been higher than the standard interest rate set by the cabinet minister in charge for the past five years.)

(Guide regarding the handling of private information)

Japan Educational Exchanges and Services (JEES), the policyholder of this insurance, will provide private information concerning the names, student numbers, payment dates, etc. of students enrolled in this insurance to the underwriting insurance companies in relation to this insurance. The underwriting insurance companies and their group companies* will use such private information concerning this contract for the purposes of underwriting decisions, management and implementation of duties under this contract, provision of incidental services, information and provision of various other insurance and financial products and related services, conducting questionnaires, as well as in cases (1) to (6) mentioned below. The purposes of using particular confidential health and medical information (sensitive information) are restricted to the scope considered necessary for the appropriate operation of insurance business and the like, under the Insurance Business Law Enforcement Regulations.

(1) Private information in this contract shall be provided to entities to accomplish purposes of use deemed necessary. Entities include entrusted businesses (including insurance agencies), insurance brokers, medical institutions, entities related to insurance claims and payments, financial institutions, and the like.
(2) Private information shall be used in cooperation with other insurance companies and the General Insurance Association of Japan for the purpose of making decisions regarding insurance claim payments and other matters.
(3) Private information shall be used in cooperation between Tokio Marine & Nichido Fire Insurance Co., Ltd. and its Group companies, as well as between Tokio Marine & Nichido Fire Insurance Co., Ltd. and affiliated companies for the purpose of providing and introducing products and services.
(4) Private information shall be supplied to reinsurance companies for the purposes of entering, renewing and managing reinsurance contracts.
(5) Private information shall be provided to secured parties for administrative procedures regarding the establishment, etc. of security rights of pledges, liens, etc., as well as the management, and exercise of such rights.
(6) Insurance money claim information etc. (including past information) of those covered by insurance shall be provided to the policyholder and the student enrolled in this insurance to ensure stable operation of the contract (e.g., judgments of insurance underwriting relating to renewal contracts)

For details, please refer to the websites of Tokio Marine & Nichido Fire Insurance and other underwriting insurance companies.
Tokio Marine & Nichido Fire Insurance: www.tokiomarine-nichido.co.jp/
Private information will be included in a list of enrolled members prepared by their schools which JEES submits to Tokio Marine & Nichido. Should you find it difficult to agree to the above, you are requested to inform JEES immediately.
(Agreement to the above is required to enroll in this insurance.)

Issuer
Japan Educational Exchanges and Services
Student Insurance Division, Student Support Department

〒 153-8503
4-5-29 Komaba, Meguro-ku, Tokyo
TEL: 03-5454-5275
http://www.jees.or.jp/

Drafted in February 2021

What to do if you are injured

Insurance claim procedures

If you have an accident, perform the procedures below.

- ☑ Report the accident to your school and confirm the means of notifying the insurance company (Tokio Marine & Nichido) of the accident.

- ☑ Report the accident to the Tokio Marine & Nichido School Insurance Desk (Tokyo) using the accident report postcard (postage paid), your cell phone, computer or fax.

(Accident Report System Landing Page)

- ☑ Get and keep your receipts from your hospital visits.

- ☑ Get the insurance claim form from your school.

- ☑ After completing treatment, send the insurance claim form (certified by the school) to the Tokio Marine & Nichido School Insurance Desk (Tokyo).
  *The address is on P16.

- ☑ Tokio Marine & Nichido will pay the claim.