



Emergency Medical Assistance (EMA) Program

SCOPE OF SERVICES

- In the event of an emergency, **you and the persons on the namelist ("You/Your")**, may call our dedicated assistance hotline 24/7, 365 days a year to request the following services under the conditions listed in this document.
- You must be insured under a plan arranged and administered by APRIL Asia Pacific Ltd. ("**Main Health Insurance Policy**") or one of its subsidiaries in order to be covered under this program.
- Coverage is subject to your **Main Health Insurance Policy** terms and conditions and your **area of cover**.
- **You** must contact **APRIL Asia Pacific Ltd.** or one of its subsidiaries ("**APRIL**" or "**APRIL Assistance**") as early as practically possible.
- In the event of discrepancy between this program and your **Main Health Insurance Policy** terms and conditions, the **Main Health Insurance Policy** terms and conditions, endorsements and benefit schedules shall prevail.
- All limits and monetary amounts are stated in US\$ dollars (USD).

Any costs or services which occurred or were organised without APRIL's prior written agreement shall not be covered or be eligible for reimbursement.

1. SERVICES AVAILABLE IN THE EVENT OF ACCIDENT OR SUDDEN ILLNESS (Up to a combined limit of US\$ 1,000,000)

1.1 Emergency Medical Evacuation and Repatriation. Under the following circumstances:

- **You** are facing a **medical emergency** and;
- Adequate medical facilities are not available locally in the area where you are facing a **medical emergency** and;
- In the opinion of **APRIL Assistance's** doctor, it is necessary to evacuate You to **the nearest adequate registered hospital** for urgent and necessary medical treatment, then

APRIL Assistance will arrange for the emergency transportation and all en-route medical care and supplies necessary.

The means of evacuation/repatriation arranged by **APRIL Assistance**, or its authorized representative may include air ambulance, regular air transportation, rail, road, and any other appropriate means and the assignment of a doctor and/or nurse to accompany **You**. All decisions as to the means of transportation and the final destination will be made by **APRIL Assistance** or its authorized representative and will be based solely upon medical necessity. If You refuse to accept these conclusions, **APRIL Assistance** will not be responsible for any consequences and expenses arising from such a refusal.

Subject to the above, a member whilst he/she is in his/her **Home Country** will only be evacuated or repatriated within his/her **Home Country** except when he/she is visiting his/her Home Country on an occasional basis for a period of less than 90 days per trip.

1.2 Return to your place of residence after recovery.

Following the evacuation process under the conditions described in benefit 1.1, and upon **Your** recovery, **APRIL Assistance** will arrange a one-way transport ticket (first class train, standard economy flight or other locally available means deemed appropriate by **APRIL Assistance**) for **You** to return to **Your Place of Residence**.

If required, **APRIL Assistance** will arrange for a *medically supervised* repatriation, based on the medical necessity, using the means of transportation deemed most appropriate by our medical team's assessment for **You** to return to **Your Place of Residence**.

The provision of this service is subject to **Your return within ten days** following **Your** discharge from the hospital.

1.3 Visit to Your bedside by a friend/relative.

If **You** are unaccompanied and hospitalized away from **Your Place of Residence** and **You** are expected to be hospitalized for more than 7 days, **APRIL Assistance** will arrange a round trip transportation (first class train, standard economy class flight or any other locally available



means deemed appropriate by **APRIL Assistance**) plus up to 7 nights' accommodation in a hotel limited to US\$150 per night for one (1) persons chosen by **You** to join **You**. All other costs remain **Your** responsibility.

1.4 Return of immediate family members.

If **You** are hospitalized outside of **Your place of residence** while travelling with **Your immediate family members** and if **You** require assistance to send **Your immediate family members** (up to 3 persons) back to **Your Place of Residence**, **APRIL Assistance** will arrange a one-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) for them to return to **Your place of residence**.

1.5 Return of dependent children.

If your immediate family member is at age 18 or below and is left unattended, because of **Your Medical Emergency**, and when there is no immediate next of kin with the children, **APRIL Assistance** will arrange a one-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) for them to return to **Your Place of Residence**, or the place of residence of the nearest relative or designated guardian where appropriate. When required, a personsnel arranged by **APRIL Assistance** will also be provided without charge.

2. SERVICES AVAILABLE IN THE EVENT OF THE DEATH OF THE MEMBER (Up to a combined limit of US\$ 30,000)

2.1 Repatriation of mortal remains.

In the event of **Your** death occurs outside your **Home Country**, **APRIL Assistance** will assist with the necessary formalities and will organize the return of **Your body** or **remains** to the location indicated by **Your** next of kin.

2.2 Cost of a transport coffin for repatriation of body by air.

APRIL Assistance will cover for the cost of one (1) coffin suitable for transportation by air which cost is **limited to US\$5,000**.

2.3 Presence of a family member to accompany the deceased.

In the event of **Your death** outside your **Home Country** and if **You** were unaccompanied, **APRIL Assistance** will arrange a round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) plus up to 7-night accommodation in a hotel limited to US\$150 per night (if the visitor does not have any accommodation) for one (1) persons designated by **your immediate family**.

2.4 Return of Immediate Family Members.

In the event of **Your** death due to an **Accident** or **Illness** while travelling outside of your **Home Country** and if **Your immediate family Member(s)** require(s) assistance to return to **their Place of Residence**, **APRIL Assistance** will arrange a single one way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**) for them to return to **their Place of Residence**. This benefit is limited for 3 persons.

3. SERVICES AVAILABLE IF PERSONAL EFFECTS ARE LOST OR STOLEN ABROAD

3.1 Emergency Cash Advance.

In case of an emergency, **APRIL Assistance** can advance funds to **You** if **APRIL Assistance** first receives an equivalent amount for an equivalent amount from **You** or a persons designated by **You**.

The loss of travel funds must be reported to the police or the local authority within 24 hours of the loss occurring, and a written police report is required to consider the claim of this benefit.

This benefit is not available if you are facing a money shortage due to your own negligence, for example, but not limited to, funds shortage, currency fluctuations, personal errors, and unattended personal belongings.

3.2 Relay of urgent message during an emergency abroad.

In case of an emergency, **APRIL Assistance** will attempt to establish a national or international message relay to a designated addressee on **Your** behalf.



4. SERVICES AVAILABLE IN THE EVENT OF AN UNINTENTIONAL INFRACTION OF THE LAW ABROAD

4.1 Legal Referral.

When requested, **APRIL Assistance** will provide You with the contact information of the legal service company: address, telephone number of the legal service company. **APRIL Assistance** shall not be liable for any costs nor any consequences of You contacting the local provider.

4.2 Advance of legal expenses.

In case of an emergency, **APRIL Assistance** can advance funds for legal expenses to **You** if **APRIL Assistance** first receives an equivalent amount from **You** or a persons designated by **You**.

The advance of funds will be limited to all reasonable attorneys' fees, court costs and transcript costs incurred with regards to the defense of your case because of inadvertent law breaking or false arrest. **You** will be responsible for providing the justification confirming that legal proceedings are being taken against you due to inadvertent law breaking or false arrest to the satisfaction of **APRIL Assistance**.

This benefit does not include judicial procedures related to a professional activity or other causes than the aforementioned.

4.3 Advance of cost of bail bond.

Subject to **APRIL Assistance's** satisfaction of the justification provided by You under 4.2, and in the event where **You** require the arrangement of a Bail Bond because of inadvertent law breaking or false arrest, **APRIL Assistance** will provide the needful assistance.

This service will be provided subject to **APRIL Assistance** receiving an equivalent from You or a persons designated by You.

4.4 Assistance with translation of legal or administrative documents.

In case of traffic Accident or offence committed on non-criminal grounds in which **You** are involved and when it is necessary to translate the legal and administrative documents, **APRIL Assistance** will support **You** and pay up to **US\$ 500.00** for translation or administrative documents. All other costs shall remain **Your responsibility**.

5. SERVICES AVAILABLE IN THE EVENT OF THE DEATH OR TERMINAL ILLNESS OF A FAMILY MEMBER

5.1 Compassionate Home Travel.

If an **Immediate Family Member** passes away or receives an **Urgent Terminal Diagnosis** from a **Registered Physician**, **APRIL Assistance** will reimburse a round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by **APRIL Assistance**), to Your **immediate family member** final resting place if he/she passes away, or to your **immediate family member's** location if he/she receives an **Urgent Terminal Diagnosis** of up to **US\$1,000**. The outward journey must commence within 14 days before or following the **Urgent Terminal Diagnosis** or the death.

This is a reimbursement benefit and subject to receipt of original supporting travel documentation, receipts, and death or medical certificate.

This benefit is limited to one (1) claim per **Member** per policy year.

6. OTHER MEDICAL AND TRAVEL ASSISTANCE SERVICES

6.1.1 Around the clock telephone access.

You may call our 24/7 dedicated hotline for assistance. Trained personsnel including a medical team will be on-hand to assist.

6.1.2 Medical Referral.

If **You** need any medical referrals such as a doctor, a hospital, and/or a clinic, **APRIL Assistance** shall provide direction to obtain medical care by giving to **You** the address and the telephone number of the nearest medical facility. **APRIL Assistance** shall not be held responsible for any appointment arrangement as well as consequences between **You** and the facilities.

6.1.3 Organization of Hospital Admission including Admission Deposits.



If **You** require hospitalization, **APRIL Assistance** will organize **Your** hospital admission in accordance with the entitlement of **Your** health insurance. If **Your** health insurance excludes coverage of the event or does not cover the event in full, **You** shall be responsible for all the financial obligations imposed by the facility.

6.1.4 Medical Monitoring.

APRIL Assistance will monitor **Your** condition if **You** are hospitalized abroad and will keep **Your** employer/family informed, with **Your** agreement.

6.1.5 Pre-Trip Travel Information.

APRIL Assistance will provide with pre-trip referrals/travel information on countries and regions to be visited upon **Your** request. In addition, **APRIL Assistance** will also provide information concerning visa, inoculation, passport, or immunization requirements of the foreign countries in which **You** will be traveling. **APRIL Assistance** will not be liable for any consequences of providing such information and the **Member** must use his own discretion in relying on such information.

6.1.6 Travel Assistance while on a trip.

Upon **Your** request, **APRIL Assistance** will provide information on exchange rates of major currencies, address and telephone numbers and opening hours of the nearest appropriate consulates or embassy. **APRIL Assistance** will not be liable for any consequences of providing such information and the **Member** must use his own discretion in relying on such information.

6.1.7 Lost luggage and lost passport assistance.

APRIL Assistance will assist **You** in the recovery of lost luggage, documents, and personal items. Airlines, government authorities and credit card issuers are among those who will be contacted, if necessary.

EXCLUSIONS

1. Emergency medical evacuation or repatriation or any cost not approved in advance and in writing by **APRIL Assistance** and/or not arranged by **APRIL Assistance**.
2. Services rendered by any other party without the authorization and/or intervention of **APRIL Assistance**.
3. Medical treatment administered by **Your** relatives, whether being a qualified medical practitioner or not.
4. Any expenses specifically covered under **Your** Main Health Insurance Policy or other(s) insurance(s) policies.
5. Services under this Emergency Medical Assistance program that are directly related to medical conditions, illnesses, or treatments that are specifically excluded or not covered under **Your** **Main Health Insurance Policy**. This includes all exclusions listed in your **Main Health Insurance Policy**.

In this regard, if **APRIL Assistance** find out later that the services rendered under this program are related to the conditions or treatment rejected by the insurer of your Main Health Insurance Policy due to them being exclusions; **APRIL Assistance** reserves the right to claim for any cost paid for such services or withhold other services whether in use or are requested by **You** until the payment has been done.

6. Cases of minor illness or injury, which, in the opinion of the **APRIL Assistance's** Doctor, can be treated with sufficient medical equipment and treatment within **Your** location and which does not prevent **You** from continuing **Your** traveling or work.
7. Any expenses incurred where, in the opinion of the **APRIL Assistance's** Doctor, **You** are physically fit and able to travel as a normal passenger and without a medical escort.
8. Situations in which **You** have already been under medical treatment at the time or before **You** commenced your journey.
9. Situations in which **You** were traveling with the intention of obtaining medical treatment.
10. Cases related to psychiatric disorders or diseases for which **You** had previously received treatment.
11. Any expenses arising from willfully self-inflicted injury or illness, insanity, alcohol/drug/addictive substance abuse, or self exposure to needless peril. This shall include but is not limited to injuries to or loss of life of riders not wearing a helmet or fastening the seatbelt, or while under influence of any intoxicating substance or any other substance that could impede the ability to operate a vehicle safely, or while driving a vehicle without the appropriate license.
12. Cases of pregnancy and childbirth unless unexpected complications arise.
13. Cases where **You** engage in any form of aerial flight except as a fare-paying passenger on a regular scheduled airline or licensed charter aircraft over an established route.
14. Cases related to participation in professional sports or dangerous / high risk sports or races.



15. Cases related to deliberate exposure to exceptional danger, except in an effort to save human life.
16. Any expenses arising from an event where You are engaged in extreme sports such as but not limited to mountaineering or trekking above 3,000 meters; caving or potholing; downhill off-piste skiing; motorsports on land; boating in vessels designed to travel at 30 knots or more; scuba diving below 12 meters; bungee jumping, skydiving, paragliding, jet skiing, white-water rafting, aviation activities other than as a fee-paying passenger.
17. The commission of, or the attempt to commit an unlawful act.
18. Failure from You to take reasonable precautions following warnings of any intended strike, riot or civil commotion via the mass media.
19. Detention, destruction, confiscation by customs or government authorities, breach of government regulations.
20. Any expenses arising while serving as a member of a police force or military unit of any country or international authority, or due to participation in war (whether declared or undeclared), civil war, invasion, insurrection, revolution, use of military power, usurpation of government or military power, or any known or suspected terrorist act, utilization of nuclear weapons, chemical or biological weapons of mass destruction or participation any illegal act.
21. Any expenses arising from an event where You are engaged in occupations with exposure to highly hazardous conditions.
22. Any expenses as a result of exposure to ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof; any weapon of war employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
23. Any expenses incurred on funeral services or any religious ceremonies, cremation, or temporary storage of the mortal remains pending the repatriation described in benefit 2.1.
24. We reserve the right not to provide services when You are, or if our assistance will require us to liaise or transact with a persons, in countries sanctioned by United Nations resolutions, European Union, United Kingdom, or United States of America and/or the governing law country of your **Main Health Insurance Policy**. You may like to check with us the excluded countries before travel or expatriation.

LIMITATIONS AND LIABILITY

APRIL Assistance cannot be held responsible for the failure to provide services or for delays caused by a persons who is not under our control, strikes or conditions beyond its control including, but not limited to, flight conditions or where local laws of regulatory agencies prohibit **APRIL Assistance** from rendering such services.

APRIL Assistance reserves the right to impose a limit of one (1) emergency evacuation and/or repatriation attributable to any single medical condition by a **Member** per policy year.

The services provided by **APRIL Assistance** under this program is available within the area of coverage defined by your **main health insurance policy**. **APRIL Assistance** may decline service to individuals who, in the sole opinion of **APRIL Assistance**, are in locations where providing assistance is deemed impossible, impractical, or unsafe for **APRIL Assistance** personsnel or its representative. This includes, but is not limited to, regions affected by geographical remoteness, war (declared or undeclared), civil unrest, or other dangerous conditions.

Any legal professionals and/or medical professionals suggested by **APRIL Assistance** for providing direct services to You are not employees or agents of **APRIL Assistance** and/or its subsidiaries or affiliated companies. **APRIL Assistance** and/or its subsidiaries or affiliated companies cannot be held responsible for the quality or results of any services provided by independent practitioners to whom **APRIL Assistance** refers You.

APRIL Assistance will try its best to provide **you** with the most up-to-date and accurate information. However, we do not make any representation or warranty to the completeness, up to date, and accuracy of such information provided as a part of the services. **You** must use **your** own discretion about the information received.

COSTS AND EXPENSES TO BE BORNE BY YOU

The cost of emergency assistance services stipulated in Clauses 1.1 to 1.5, 2.1 to 2.4, 4.4 and 5.1 when rendered by **APRIL Assistance**, will be borne by **APRIL Assistance**. The services other than those mentioned above are rendered by **APRIL Assistance** purely on a fee-for-service or referral basis. **APRIL Assistance** shall not be responsible for any expenses incurred in connection with such rendering of services. You shall pay all such costs.

GENERAL PROVISIONS

1. This emergency medical assistance program is a rider to your **Main Health Insurance Policy**. **You** must be insured under your **Main Health Insurance Policy** in order to be entitled to the benefits under this program. This program shall lapse upon the termination of your **Main Health Insurance Policy** notwithstanding the cause.



2. **You** must take **reasonable care** to prevent Accidents or Injuries.
3. When a member is in his/ her **Home Country**, the medical evacuation and medical repatriation is restricted within his **Home Country**, except when he is visiting his/her **Home Country** on an occasional basis for period less than 90 days per trip.
4. If **You** hold valid open or modifiable tickets, these must be placed at the disposal of **APRIL Assistance** to make the new travel arrangements on your behalf, where applicable.
5. Fraud, misstatement or concealment in the statements made for and on your behalf prior to or when effecting this Agreement or any fraudulent claim hereunder shall render the Agreement null, and void and all indemnities and services shall be forfeited regardless of the validity of your **Main Health Insurance Policy**.
6. Any claim with respect to a covered event must be filed within sixty (60) days of the date of such event, or the right to such action or legal claim shall be forfeited.
7. Written notice of any Accident or Injury, proceedings or any other event which may give rise to a claim shall be given to **APRIL Assistance** within 30 days of the occurrence or as soon as reasonably practicable. All certificates, information and evidence required by **APRIL Assistance** shall be provided at your expense by You or Your legal representative.
8. The failure of **APRIL Assistance** to assert any of its rights under this program shall not be deemed to constitute a waiver of its right thereafter to enforce each and every condition of this program in accordance with its terms. Should a waiver have been given, it shall be done in writing and only on a case-by-case basis.

GOVERNING LAW

Any disputes arising in connection with this Agreement which cannot be settled by correspondence or mutual conference between the parties shall follow the terms in the **Main Health Insurance Policy**.

SUBROGATION AND SUBSIDIARITY

It is noted and agreed that the primary purpose of this Membership is the provision of services to **You** when involved in a **Medical Emergency**.

If the services provided by **APRIL Assistance** are covered in whole or in part by an insurance policy or any other health plan, **APRIL Assistance** shall only be responsible for those costs which cannot be recovered by **You** under the said insurance.

APRIL Assistance may at any time and at its own expense, and without prejudice to this Agreement, take proceedings in **Your** name to obtain compensation or secure an indemnity from any third party in respect of any loss or injury caused by such third-party giving rise to the provision of services under this Agreement. You agree to fully cooperate with **APRIL Assistance** for the subrogation. In this regard, this shall include signing any supporting document.



DEFINITIONS

“Accident”: Shall mean any sudden and unexpected violent event which may befall You, other than any intentionally self-inflicted injury.

“Agreement”: The Agreement with **APRIL Assistance** includes the Application for membership made by You, or made on Your behalf, for your **Main Health Insurance Policy**, together with this program and the Membership Card. The documents shall be read as a whole, and no modifications shall be admitted except those issued or acknowledged in writing by **APRIL Assistance**.

“APRIL Assistance doctors”: Shall mean the Physician/s designated by **APRIL Assistance**.

“Home Country”: Means the country from which the member holds a passport. If the member holds passports from more than one Country, the **Home Country** will be the country that **You** have declared to APRIL in writing as **Your Home Country** at the time of subscription of your **Main Health Insurance Policy**. **Immediate Family** and beneficiaries on the contract assume the same **Home Country** of the Principal Insured on the contract for the purposes of this Agreement. And such, regardless of the actual **Home Country** of the immediate Family and Beneficiaries.

“Hospital or medical facility or local medical provider”: Refers to any institution which is legally licensed as a medical or surgical hospital in the country in which it is located and whose main activities are not those of a spa, hydro clinic, sanatorium, nursing home or home for the aged. Treatment provided to You must be conducted under the constant supervision of a **Registered Physician**.

“Illness or injury”: Shall mean any sudden and unexpected deterioration of health certified by a competent medical authority, other than any intentionally self-inflicted injury.

“Immediate Family”: Shall mean **Your** legal partner, children, and parents.

“Main Health Insurance Policy”: Your April health policy under a plan arranged and administered by APRIL Asia Pacific Ltd. or one of its subsidiaries

“Medical Emergency”: Refers to a situation which in the opinion of **APRIL Assistance** constitutes a sudden change in your health as a result of an accident or acute exacerbation of a disability within forty-eight (48) hours which requires urgent medical or surgical intervention to avoid permanent damage to your life or health. The severity of the medical condition will be judged within the context of Your geographical location, the nature of the Medical Emergency and the local availability of appropriate medical care or facilities.

“Emergency Medical Evacuation and repatriation”: Refers to hospital-to-hospital transportation that is arranged by **APRIL Assistance** under constant medical supervision by appropriate mode of transportation from the hospital where the member is receiving urgent medical treatment to the nearest medical facility capable of providing the required care.

“Member(s)”: Shall mean the persons(s) to whom services shall be provided to under this Agreement.

“Occasional Basis”: refers to visitations to the member’s home country for not more than 90 days per trip.

“Place of Residence”: Shall mean the town, province, or region in which **You** are habitually or permanently resident as registered in your **Main Health Insurance Policy**.

“Reasonable care”: the degree of caution and concern for the safety of the self and others an ordinarily prudent and rational persons would use in the same circumstances.

“Registered Physician”: A medical doctor of Western medicine other than someone related to You by blood, marriage, or adoption, who is licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his or her licensing and training.

“Urgent Terminal Diagnosis”: shall mean as verified by a **Registered Physician** and in the view of **APRIL Assistance** in which death is anticipated within 14 days with reasonable clinical judgment.

TO CONTACT APRIL ASSISTANCE:

Please refer to the emergency hotline numbers on the back of your member card or on your Easy Claim app.



TABLE OF BENEFITS

REPATRIATION, EVACUATION AND ASSISTANCE SERVICES PROVIDED BY APRIL ASSISTANCE

In the event of an *emergency*, the Member may call our dedicated assistance hotline 24 hours a day, 365 days a year to request the following services. All limits and monetary amounts are stated in US Dollars (USD) and cover is subject to our policy terms and conditions. For more details, please refer to the *Emergency Assistance Program* scope of services.

ANNUAL LIMIT	INCLUDED IN EVERY PLAN
The overall limit per person per <i>period of insurance</i>	\$1,000,000
In the event of accident or sudden severe illness of the member Limited to one (1) <i>emergency</i> evacuation and/or repatriation attributable to any single medical condition by a Member	
Medical evacuation or medical transport to the nearest adequate registered hospital	100%
Compassionate Visit Limited to one (1) claim per Member	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) plus up to 7-night accommodation in a hotel limited to \$150 per night
Return to the place of residence after recovery	One-way transport ticket (first class train, standard economy flight or other locally available means deemed appropriate by APRIL Assistance) for You to return to Your Place of Residence
Return of immediate family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) for them to return to Your place of residence
Return of dependent children	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) for them to return to Your Place of Residence , or the place of residence of the nearest relative or designated guardian where appropriate.
Assistance in the event of the death of the member (To a combined limit of \$30,000)	
Repatriation of mortal remains	100%
Cost of one (1) transport coffin for repatriation of body by air	Up to \$5,000
Presence of one person to accompany the deceased	Round trip transportation (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) plus up to 7-night accommodation in a hotel limited to \$150 per night (if the visitor does not have any accommodation) for one (1) person designated by your immediate family .
Return of family members (up to 3 persons)	One-way transportation ticket (first class train, standard economy class flight or any other locally available means deemed appropriate by APRIL Assistance) for them to return to their Place of Residence
Legal assistance Abroad	
Advance of cost of bail bond	Included
Assistance with translation of legal or administrative documents	Up to \$500
Death or Critical illness of a family member	
Compassionate Home Travel	Round trip transportation ticket by air in standard economy or by train in 1 st class for 1 member on the contract