

Overseas Travel Insurance

A comprehensive insurance contract for overseas travel has been entered into between The Campus Insurance Center and Tokio Marine & Nichido Fire Insurance Co., Ltd. for the purpose of upgrading the compensation system for work-related accidents overseas. This contract covers medical and hospitalization expenses for injuries, illnesses, etc. incurred between the time of departure from Japan and return to the country.

Insured amounts

Loss of life from an injury or permanent disability	Yen 50 million
Loss of life from an illness	Yen 30 million
Personal liability (Deductible: Nil)	Yen 50 million
Damage to baggage	Yen 600,000
Medical and rescue expenses	Yen 50 million

Persons covered under this insurance (eligibles)

Persons qualified for being sent abroad for study are as follows:

Professors, adjunct professors, associate professors, full-time lecturers, teachers, visiting professors (regarded as full-time professors), teachers (fixed term), chief researchers, senior researchers, junior researchers, assistant researchers, instructors (fixed-term), assistant professors, research associates and full-time staff-members

Procedure for participation

Please fill up the "Overseas Travel Insurance Application Form (Consent Document for Death Benefit Recipient Specification" on page 3 and submit it to the office in charge by the end of two weeks prior to departure dates.

Applications will be sent by the office to the Campus Insurance Center which will forward insurance contracts directly to applicants later.

Premiums

Premiums are borne fully by the university.

Additional voluntary participation in overseas travel personal accident insurance

Additional participation by eligibles' dependents, etc. in overseas travel accident insurance other than the above insurance is available to them on a voluntary basis, with premiums to be borne personally. Amounts of premiums for the respective types of insurance are different according to periods of insurance, and applicants are requested to contact the Campus Insurance Center for details.

1. The insured amount for voluntary participation by eligibles themselves, with premiums to be borne by participants.)

Type a Yen 100 million for loss of life from an injury and permanent disability

This type does not include coverage against death from an illness, personal liability, nor medical and rescue expenses.

2. Insured amounts for additional voluntary participation by eligibles' dependents, with premiums to be borne by participants.)

Please select your type from the following table:

	Loss of life from an injury, permanent disability	Loss of life from illness	Personal liability (*)	Baggage (*)	Medical and rescue expenses
Type b	Yen 20 million	Yen 20 million	Yen 50 million	Yen 400,000	Yen 10 million
Type c	Yen 30 million	Yen 30 million	Yen 50 million	Yen 600,000	Yen 30 million
Type d	Yen 50 million	Yen 30 million	Yen 50 million	Yen 600,000	Yen 50 million

Other matters

Death benefits (including those on a voluntary basis) will be paid to the bereaved family by way of the university.

You are requested to inform the Campus Insurance Center, without fail, of any changes made in the dates of departure from Japan or of return to Japan.

Address of the Campus Insurance Center

〒169-0071

2nd Floor, Waseda Sekiguchi Bldg.,

1-102, Totsuka-cho, Shinjuku-ku, Tokyo

Extension: 71-5663 Fax: 03-5272-3478

Overseas Travel Insurance Application Form (Consent Document for Death Benefit Recipient Specification)

海外旅行保険 契約申込書 兼 死亡保険金受取人指定に関する同意書

早稲田大学人事部給与厚生課

東京海上日動火災保険(株)

} 御中

Application Date year month date
申込日 2011年 10月 10日

(同意確認日)

私は、下記の「海外旅行保険」(※)に加入し、死亡保険金受取人を大学に指定することを同意いたします。

I hereby purchase the following Overseas Travel Insurance policy, therewith it is agreed that Waseda University receives the Death Benefit. *Note: Death Benefit is then paid to the policy holder himself/herself or to the bereaved family via Waseda University. (The premium is paid by Waseda University)

(※) 同条件で延長される契約も含まれます。

Intramural Contact extension the autograph of the person himself/ herself (Seal or Signature)
4学内連絡先: 7X-XXXX 署名(加入者本人直筆): Ken Okuma Ken Okuma

ご契約内容の確認印兼用

Main application form with fields for Faculty (Faculty of XXXX), Status (Associate professor checked), Name (KEN OKUMA), Birth date (196X-05-1X), Address (513, Waseda tsurumaki-cho, Shinjuku-ku, Tokyo), Insurance amount (5000万円), Period (2011-11-XX), Destination (Canada), Purpose (Overseas business trip checked), and Death beneficiary (早稲田大学).

◆本人任意加入について: 希望する場合、下記口に✓をしてください。タイプaの保険金額については、人事部給与厚生課のWEBサイトをご覧ください。また、保険料は給与差引きとなります。保険料は株キャンパス保険センター(内線: 71-5663)へお問い合わせください。(Voluntary Insurance => CONTACT for detailed information: extension 71-5663)
□タイプa (希望する場合、左記口に✓をしてください。) *please check the box if you wish to purchase the additional voluntary insurance.(←payroll deduction)

◆家族任意加入について: 氏名・希望するタイプ等を下表にご記入ください。各タイプの保険金額、保険料等についての問合せ先や徴収方法は、本人任意加入の場合と同様です。*voluntary insurance for dependents(←payroll deduction)
・タイプb ・タイプc ・タイプd
※家族は、被保険加入者と同様、被保険加入者の保険期間内、同一派遣先の場合のみ加入できます。
渡航後も家族のみが期間を延長することはできません。

Table with 6 columns: 家族加入者氏名・カナ, ローマ字氏名, 生年月日(Date of Birth), 年齢age, 性別, タイプ. Rows include HANA OKUMA (35, Female, d) and NOBU OKUMA (5, Male, d).

本紙に記載された個人情報、早稲田大学・株キャンパス保険センター・東京海上日動火災保険(株)が、本契約の管理および履行のために相互に利用します。

【備考・注意】

- 1. 死亡保険金(任意加入分を含む)は、いったん学校法人早稲田大学が保険金受取人として受領し、早稲田大学はその保険金受領全額を加入者本人または遺族に支払います。
2. 出発日および帰国日に変更があった場合、必ず株キャンパス保険センター(内線: 71-5663)へ連絡してください。
3. 保険期間が6ヵ月以上の場合、パスポートのコピーを添付してください。また、「派遣先(国名)」に派遣先名(大学名、会社名等)を必ず併記してください。
4. 契約証は、株キャンパス保険センターより、契約証送付先(自宅または所属)に郵送されます

[株キャンパス保険センター受付印]

〔所属箇所・承認印〕

Approval stamp area with fields for (所属長) and 課長・事務長.

[加入者本人→所属事務所(すでに会議等により承認済の場合、所属長印については不要)→株キャンパス保険センター]