



**Comments of the Center for Economic Justice  
to the NAIC Travel Insurance Working Group**

**April 3, 2017**

At its March 2017 national meeting, NCOIL adopted massive changes to its limited lines travel insurance producer licensing model law to add an entire regulatory structure for travel insurance. These wholesale changes were drafted and supported by the travel insurance industry. The adopted model law is a set of anti-consumer provisions coupled with an inefficient and cumbersome regulatory framework.

NCOIL adopted the industry-drafted travel insurance model law despite:

1. A fact-free discussion in which industry claims and anecdotes were elevated to universal truths;
2. A determination that travel insurance markets are competitive despite no information on market shares or profitability and despite the fact that some forms of travel insurance sales are in markets that state legislators and regulators have long determined to be non-competitive;
3. Opposition to the proposed model by consumers and producers;
4. A presentation only four days earlier by the NCOIL CEO to the NAIC Travel Insurance working group despite ongoing demands by NCOIL for regulators and legislators to work together;
5. Concerns raised about the model by regulators during the Travel Insurance WG call and by Commissioner Donelon at the NCOIL meeting;
6. A Rube Goldberg regulatory structure that will make oversight of travel insurer practices difficult to accomplish, including the critical distinction between insurance and non-insurance activities; and
7. A regulatory structure adding more responsibilities for market conduct examinations at the same time industry and legislators complain about market conduct examinations

Even more troubling were the comments by industry in support of the anti-consumer model – that the model was needed because of some regulators’ interpretation of their states’ laws. Industry was candid that the purpose of the model was to enlist state legislators to push back against the current market conduct investigation of travel insurance.

As background for the Travel Insurance working Group, we attach the following:

1. Comments of CEJ, the Consumer Federation of America and U.S. PIRG on the NCOIL model;
2. Three attachments to those consumer groups; comments including, history of industry’s refusal to provide data on travel insurance experience and two examples of travel protection product documents showing the complexity and blurring of insurance and non-insurance products and services.
3. A third travel insurance product document – a second product from TripMate – which clearly identifies and separates the description of non-insurance services from the insurance policy. This document demonstrates that travel protection providers can separate the presentation to consumers of insurance and non-insurance products and services.

While NCOIL takes a number of actions for which no response from the NAIC is needed, we urge the NAIC to move quickly on the travel insurance issue to

- Indicate to NCOIL that the NAIC does not support and will oppose states’ adoption of the NCOIL travel insurance model as adopted; and
- Adopt a balanced and workable NAIC travel insurance model law as soon as possible and no later than the 2017 Fall National Meeting.

Thank you for your consideration.

**Comments of the Center for Economic Justice,  
the Consumer Federation of America and U.S. PIRG  
On the Proposed NCOIL Travel Insurance Model Act**

**February 20, 2017**

A proposal to extensively amend the current NCOIL Limited Lines Travel Insurance Model Act has been prepared by the travel insurance industry and will be discussed at the NCOIL National Meeting in New Orleans in early March 2017.

The Center for Economic Justice,<sup>1</sup> the Consumer Federation of America<sup>2</sup> and U.S. PIRG<sup>3</sup> submits the following comments in strong opposition to the proposal. The proposal is an incoherent agglomeration of regulatory requirements that fail to reflect the nature of travel insurance markets or the issues faced by consumers of travel insurance. The proposal largely codifies current industry practices that are unfair or unreasonable.

In addition, we note that the travel insurance industry has been urging insurance regulators at the NAIC to adopt the proposed model. The NAIC Travel Insurance Working Group has been meeting since last Spring with numerous presentations by the travel industry. CEJ has commented to the NAIC and has repeatedly asked the travel industry to provide relevant and necessary information on travel insurance sales and outcomes. The requested information is essential to provide a basis for discussion of many of the regulatory proposals put forth by the travel insurance industry. To date, the travel industry has not responded to our requests, despite pledges to do so. Attached please find some of CEJ's comments and correspondence on this issue with the NAIC and travel insurance industry.

**Failure to Separate Insurance and Non-Insurance Products**

The proposed NCOIL model defines and permits the sale of “Travel Protection Plans” which include insurance products – “Travel Insurance” – and non-insurance products – “Travel Assistance Services” and “Cancellation Fee Waivers/” We strongly oppose the bundling of insurance and non-insurance products because such bundled products are inherently deceptive to a consumer.

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<sup>1</sup> Since 1995, the Center for Economic Justice has worked on behalf of consumers to ensure fair access by and fair treatment for consumers of insurance and financial services.

<sup>2</sup> The Consumer Federation of America (CFA) is an association of non-profit consumer organizations that was established in 1968 to advance the consumer interest through research, advocacy, and education. Today, nearly 300 of these groups participate in the federation and govern it through their representatives on the organization's Board of Directors.

<sup>3</sup> U.S. PIRG serves as the Federation of State Public Interest Research Groups. PIRGs are non-profit, non-partisan consumer advocacy organizations that take on powerful interests on behalf of their members and all consumers.

By bundling insurance and non-insurance products, the ability of the consumer to easily identify insurance products is compromised. Such ability by the consumer to distinguish between insurance and non-insurance products is critically important because an insurance consumer has rights and protections which a travel service consumer does not have, including, but not limited to insurance consumer protections for sales and claims, oversight insurers and insurance producers by an insurance regulator, ability to file a complaint with the insurance regulators and guaranty fund protection. It is inherently confusing and deceptive to a consumer to bundle products with these consumer rights with products without such rights and protections.

The bundling of insurance and non-insurance products is found nowhere else and for good reason. Imagine the following scenarios and consider whether insurance regulators would support these bundled products:

- An auto dealer offers a “Vehicle Assistance Plan,” which includes insurance (say, required liability coverage or credit insurance) and non-insurance (say, extended warranty and vacation planning).
- A rental car counter agent sells a “Rental Car Assistance Plan,” which includes insurance (say, personal liability or personal injury protection) and non-insurance (say, damage waiver and EZPass toll reader).
- A furniture store financing a purchase sells a “Furniture Assistance Plan,” which includes insurance (say, credit life insurance) and non-insurance products (say, debt suspension for family leave and a concierge service to answer questions about cleaning and using your new couch.)

To further illustrate the deceptive nature of the bundled product, consider the following from an airline website ticket purchase: This airline website (like others) requires a decision on “Trip Insurance.” Here is the presentation on the web site page:

## Trip Insurance



Washington trip protection

All these benefits for a fraction of the ticket cost

( . dot indicates Required)

**Add Trip Insurance? , required.**



Yes, protect my \$100.10 trip for a total of **\$21.88**. ✓ **Recommended**

Includes trip cancellation, trip interruption, travel and baggage delay, emergency medical, and more.

“It's a smart idea to consider investing in travel insurance.” – U.S. News & World Report, Oct 2015

, required.



No, I understand by declining coverage I am responsible for all cancellation fees and expenses.  
, required.

Terms, conditions and exclusions apply. See coverage [details\(about trip protection\)](#). [Link opens external site in new window.](#) .

Review Period: Receive a refund on your premium within 10 days of purchase, depending on your state of residence, if you decide to cancel your coverage and you have not filed a claim or departed on your trip.

This insurance is offered by a third party, Allianz Global Assistance, not American Airlines. Plans underwritten by Jefferson Insurance Company or BCS Insurance Company. Recommended by AGA Service Company, the licensed producer and administrator of this plan.

When you then click on “details,” the product is now called “Travel Protection” and bundles insurance and non-insurance products.

<b>Trip Protection</b>	
Pricing - 6.25% of your total ticket cost and service fees*	
<b>Benefit Coverage (per person)</b>	
Trip Cancellation/Interruption <a href="#">Recoup your non-refundable trip costs if you have to cancel or interrupt your trip for a covered reason.</a>	Up to trip cost (min \$350 max \$3,000)
Emergency Medical / Dental <a href="#">Pays for the cost of treatment associated with a medical or dental emergency incurred while traveling.</a>	\$10,000
Emergency Medical Transportation <a href="#">Arranges medical transportation for a patient to an appropriate medical facility or to return home for care.</a>	\$50,000
Travel Delay <a href="#">Provides reimbursement for meals and accommodations when a trip is delayed.</a>	\$500 (max \$150/day)
Baggage Delay <a href="#">Provides reimbursement for clothing, toiletries and other essential items if luggage is delayed for at least 24 hours.</a>	\$500
24-hour Hotline <a href="#">Provides the traveler with a broad range of services in the event of a travel or medical emergency including: medical referral and monitoring, legal assistance, arrangement of medical evacuations or repatriations and pre-trip assistance.</a>	Included
Concierge <a href="#">Provides information about your destination before you travel and can help you select restaurants, reserve golf tee times or secure tickets to local events.</a>	Included
The coverages listed above are subject to <a href="#">terms, conditions, exclusions</a> , and our <a href="#">purchase agreement</a> .	
* The minimum coverage per person is \$350. A trip that costs more than \$3,000 per person will qualify for only \$3,000 of coverage.	
Refund Period: Receive a refund on your premium within 10 days of purchase if you decide to cancel your coverage and you have not filed a claim or departed on your trip.	
Existing Medical Conditions: Please note this plan excludes coverage for existing medical conditions. Refer to <a href="#">terms, conditions and exclusions</a> for more details.	

It is unclear what services are or are not insurance and this product is relatively well presented. The opportunity for deceptive presentation is great. Consumers' understanding and response to the terms "insurance," "protection," and "assistance" are different.

We suggest that industry assertions that consumer demand a bundled product are self-serving. It would not be confusing or burdensome to consumers to see two products – Travel Insurance and Travel Assistance – and to choose one or both products as fits the consumers' needs.

Separation of the insurance and non-insurance products benefits all parties. It benefits consumers by clearly delineating between insurance and non-insurance products and by providing consumer choice. It benefits industry and regulators by clearly delineating the products subject to insurance regulatory oversight.

### **Another Example of Deceptive Marketing**

In this example, we are purchasing a same-day round trip airline ticket for \$147. The airline requires an affirmative decision on travel insurance, as shown below. We highlighted the alleged quote from Frommer's. We attempted to search for this quote to verify its authenticity. We couldn't find the quote, but among the articles on travel insurance published by Frommer's, we found the following:

"The travel insurance industry is a hall of mirrors, full of unclear language and companies masquerading by various names."

In addition, the disclosure for this travel insurance product states the cost is 6% of the ticket price. In fact, there is a minimum charge of \$21.00, representing a cost of over 14% of the ticket price.

#### **Highly Recommended: Protection for your trip to Los Angeles**

A lot can happen on your trip – it's important to make sure you are protected.



**Get reimbursed up to 100%** if you cancel your trip due to covered illness, injury, layoff, and more. Includes reimbursement of paid, non-refundable trip costs up to the cost of your airline tickets (\$3,000 maximum per ticket), **damaged or lost baggage** and covered **travel delay** expenses. Includes **24/7 travel assistance** from our award-winning customer service center.

**Yes, add trip protection for a total of \$21.00. ✓ Highly Recommended**

No, I choose not to protect my **\$146.40** purchase. I understand by declining coverage I am responsible for all cancellation fees and delay expenses.

**"It's wise to always consider a travel protection plan to cover your trip costs from the unexpected."  
– Frommer's, May 2016**

Terms, conditions and exclusions apply, [learn more](#). Insurance benefits are underwritten by either BCS Insurance Company or Jefferson Insurance Company depending on insured's state of residence. Recommended by AGA Service Company, the licensed producer and administrator of this plan.

## Definition of Travel Insurance

The proposed NCOIL Model defines health insurance as follows:

*C. “Travel Insurance” means insurance coverage for personal risks incident to planned travel, including but not limited to:*

- 1. interruption or cancellation of trip or event;*
- 2. loss of baggage or personal effects;*
- 3. damages to accommodations or rental vehicles; or*
- 4. sickness, accident, disability or death occurring during travel.*

*Travel insurance does not include major medical plans, which provide comprehensive medical protection for travelers with trips lasting six (6) months or longer, including for example, those working overseas as an ex-patriot or military personnel being deployed.*

This is similar but not identical to a definition found in recently promulgated federal regulations at 26 C.F.R. 54.9801-2; 29 C.F.R. 2590.701-2; and 45 C.F.R. 144.103, which are effective December 31, 2016:

*Travel insurance means insurance coverage for personal risks incident to planned travel, which may include, but is not limited to, interruption or cancellation of trip or event, loss of baggage or personal effects, damages to accommodations or rental vehicles, and sickness, accident, disability, or death occurring during travel, **provided that the health benefits are not offered on a stand-alone basis and are incidental to other coverage.** **For this purpose, the term** travel insurance does not include major medical plans that provide comprehensive medical protection for travelers with trips lasting 6 months or longer, including, for example, those working overseas as an expatriate or military personnel being deployed.*

The bolded text represents a significant variation between the federal and NCOIL definition. This text should be added to any state laws governing travel insurance.



## Product Filing and Review

There are two principal types of travel insurance markets – direct to consumer/aggregator websites and sales by third-party travel organizations, like airlines, travel agents and cruise lines. The latter is inherently non-competitive, in the same way that consumer credit insurance markets are non-competitive because of reverse competition. Consequently, we suggest the following:

- Required filing and prior approval of travel insurance policy forms. Such review and approval is essential to ensure the products are not deceptive or abusive. This is particularly important for a product like travel insurance which is an adjunct purchase to a larger purchase.
- Require filing and prior approval of travel insurance rates if sold by a third-party and require filing of rates, if sold by the insurer direct to the public (or via a web aggregator) – all subject to the not excessive, not inadequate, not unfairly discriminatory standards. The sales-by-third-party market is not a competitive market and review of rates is required. The direct-to-consumer market can be a competitive market so review of rates may not be required. The entire section “Competitive Market” should be deleted as irrelevant and unnecessary. The sections on rates describe rate standards in detail, but simply state rates must be filed before use. This section should specify the procedures for prior approval of rates for travel insurance sold through a third-party/limited lines producer (e.g. 30 to 60 days for review by the Commissioner) and procedures for file and use rates for travel insurance sold directly to the consumer (e.g., rates must be filed at least 30 days before use).
- Establish a separate line of business for travel insurance and do not lump it with inland marine. Just as a travel insurance producer requires a separate license from other types of producers, so does travel insurance require a separate line of business defined in the model and subject to the filing requirements of the model. By lumping travel insurance into inland marine, the model risks having inland marine filing requirements – typically very limited and not uniform across the states – supersede any filing requirements in the model.
- As noted above, delete the section on “Competitive Market” as well as Section 8 “Travel Protection Plans.” Section 8 allows bundled insurance and non-insurance products unless there is a finding that the market is non-competitive. The process of determining whether a market is or is not competitive pursuant to Section 6 and further findings pursuant to Section 8 are cumbersome and unnecessary. This cumbersome infrastructure is being proposed simply to accommodate industry’s desire to sell the inherently deceptive bundled insurance and non-insurance product. By separating the insurance and non-insurance products, Sections 6 and 8 are not needed and a simple, more uniform regulatory structure is possible.

## **Sales Practices and Producer Licensing**

We support the consumer protections in Section 9, but additional consumer protections are needed, including requiring a standard producer license and not merely a limited lines license to sell travel insurance. We attach examples of travel insurance policies. In addition to the glaring problem of insurance and non-insurance products being bundled, it is clear that these products are complex and expensive. The rationale for limited lines producer licenses are that the affected products are simple and inexpensive and, therefore, do not require the consumer protection of a fully-trained producer. In contrast, travel insurance products are complex because they offer a variety of health insurance and non-health insurance coverages with complicated eligibility and qualifications. Travel insurance is expensive, starting at 6.25% of transportation ticket cost and with the cost being a much higher percentage for some products and some price points. For example, there are minimum charges so the price for small travel ticket can be 20% of that ticket price.

In addition to full producer licensing, other consumer protections are needed to address the actual and potential deceptive and abusive sales by airlines, travel agencies and cruise lines, including

- Prohibiting the web site from requiring an affirmative decision on “travel insurance,” as is the practice on airline websites
- Requiring prominent disclosure that travel insurance need not be purchased from the travel entity (e.g., airline, travel agent or cruise line) and that a consumer can comparison shop for travel insurance. This is a particularly important consumer protection because of the potential for intimidating or deceptive sales practices by travel entities that have a captive audience when the consumer is purchasing the actual travel product.

We look forward to the discussion in New Orleans in March. Thank you for your consideration.

**Comments of the Center for Economic Justice  
to the NAIC Travel Insurance Working Group**

**April 3, 2017**

**Appendix 1:**

**Travel Industry Failure to Provide Travel Insurance Experience Data**

**Subject:** CEJ Comments to the Travel Insurance WG

**From:** Birny Birnbaum <birny@sbcglobal.net>

**Date:** 6/21/2016 10:39 AM

**To:** Aaron Brandenburg <ABrandenburg@naic.org>, Anne Melissa Dowling IL <AnneMelissa.Dowling@Illinois.gov>

Director,

The Center for Economic Justice offers the following comments to the working group regarding issues to be addressed. We apologize for the late submission, but we just learned about today's call.

The travel insurance market structure is characterized by reverse competition in which most travel insurers rely upon a third party -- like an airline -- to present the insurers' products. In such a market, the third party -- such as an airline -- has the market power to command significant considerations, such as high commissions, from the travel insurer. It is likely that benefit ratios (or loss ratios) are very low.

In addition, the travel insurance products are characterized by multiple types of coverages, ranging from trip interruption benefits to medical benefits. CEJ suggests that a threshold issue for the working group is to collect and publish information on the travel insurance market outcomes, including, but not limited to:

- a. Number of consumer complaints by distribution channel (direct to consumer vs. third-party seller) and category (sales, claims)
- b. Number of coverages sold and number flat cancelled broken out by distribution channel and domestic vs. international trips
- c. Premiums collected and trips covered broken out by distribution channel and domestic vs international trips
- d. Number of claims presented, paid, denied broken out by type of coverage, distribution channel, domestic vs. international trips
- e. Dollars of claims paid, loss ratios broken out by distribution channel, domestic vs. international trips
- f. Commissions and other compensation paid to distributors/sellers

Collection and publication of data on travel insurer market performance would greatly assist consumers in assessing the value of travel insurance and the best options for purchase. In addition, this type of information would inform the working group's activities on other issues, such as need or desirability for a mandatory free-look period.

Sincerely,

Birny Birnbaum  
Center for Economic Justice

**Subject:** Travel Insurance Experience Data

**From:** Birny Birnbaum <birny@cej-online.org>

**Date:** 7/20/2016 12:15 PM

**To:** jfielding@steptoe.com

**CC:** Anne Melissa Dowling IL <AnneMelissa.Dowling@Illinois.gov>

John,

Hope all is well. I'm following up on my request during the last NAIC Travel Insurance WG call for information your trade association has compiled on travel insurance premium and claims experience. It would be useful to see, broken out by domestic vs. international travel, by trip interruption only vs. comprehensive/medical policies and by method of sales (e.g., aggregator web site; airline/cruise web site; travel agent, etc.): number of policies sold; number cancelled; gross and net written premium: earned premium; number of claims filed, denied and paid; dollar amount of claims paid and incurred; number and dollar amount of claims by type of claim.

Thanks for your consideration and assistance,

Birny Birnbaum

**Subject:** Follow Up on Today's Travel Insurance WG Call

**From:** Birny Birnbaum <birny@sbcglobal.net>

**Date:** 7/25/2016 6:26 PM

**To:** Denise Matthews <DMatthews@naic.org>, Anne Melissa Dowling IL  
<AnneMelissa.Dowling@Illinois.gov>

**CC:** jfielding@steptoe.com

Director,

I write with a few requests regarding presentations to the Travel Insurance Working Group in San Diego.

First, there is little value in asking credit card companies who include travel protection in the package of credit card benefits to make a presentation. Whether or not the credit card has an annual fee, there is no separate charge for travel benefits and, consequently, no sale of travel insurance to individual consumers. The credit card issuers have purchased a group policy and offer those benefits to all card holders -- completely analogous to a consumer joining a credit union and getting a few thousand dollars of accidental death and dismemberment insurance without charge from the credit union.

One item of interest from credit card issuers would be what they pay for their group policy so the working group could compare the prices paid in a truly competitive market (of credit card issuers purchasing a group policy at the lowest cost since they are not assessing a separate charge to the consumer) to the prices paid in other travel insurance distribution systems in which there is a separate charge to the consumer. Since the credit card issuers will not publicly reveal that price information, there is no purpose served asking credit card issuers to present -- particularly given the short duration of the working group meeting.

Second, we ask that the working group arrange for some presentation itemizing the insurance vs. the non-insurance components of a travel package across insurers. It would be very useful to see both how the travel protection vendors categorize the benefits and whether there is consistency across the vendors.

Third, we ask that the working group arrange for some presentation on premium and claim experience, broken out by calendar/accident year, by domestic vs. international products and by methods of distribution (online aggregator, insurer website, airlines, cruise lines, travel agencies, etc.):

\* Number of individual policies sold, number canceled for full refund, number canceled for partial refund

\* Dollars of Gross direct written premium, refunds from cancellations, direct net written premium, direct earned premium

\* Number of claims presented, claims denied, claims paid, claims incurred

\* Dollars of claims presented, claims denied, claims paid, claims incurred

\* Dollars of producer compensation, other third-party compensation, other sales expense

We believe this information is essential to evaluate whether travel insurance markets are or are not competitive.

Fourth, we ask that the working group arrange for some presentation on the range of

opt-in to opt-out procedures employed. For example, some airline sites do not permit purchase of an airline ticket on the airline's web site without affirmatively accepting or rejecting travel insurance. Are there examples of bundled purchases with opt-in as the default?

Fifth, I'd like to make comments, but it may not work out as I have another meeting at 8:00 am, so will only be able to attend from 7:30 am to a little before 8:00.

Thank you for your consideration.

Birny Birnbaum



**Comments of the Center for Economic Justice  
to the NAIC Travel Insurance Working Group**

**August 19, 2016**

The Center for Economic Justice offers the following comments to the Travel Insurance Working Group regarding issues to be addressed by the Working Group.

Earlier this year, the working group exposed a page with “Proposed Issues to be Addressed by the Working Group.” The list includes:

- Mandatory Refunds to Consumers Under Free Look Periods;
- Review Limited Lines Producer Licensing for Travel Insurance and Work Towards Greater Uniformity Across States; and
- Review Travel Insurance Package Benefits and Work Towards Greater Clarity and Uniformity for Identifying Which Benefits are Insurance and Which are Not.

To date, no information has been provided by the working group to interested parties to identify the origin of, or basis for, these concerns or for the “regulatory concerns” described the travel insurance industry in its presentations to the working. The USTIA asks for development of a model law to “address regulators’ broad concerns” and to “address regulatory concerns raised by regulations,” including

- Clear and targeted enforcement provisions for state insurance commissioners
- Specific provisions governing the sale and marketing of travel insurance
  - Restrictions on opt-out sales
  - Enhanced disclosures for pre-existing condition exclusions
  - Minimum 10-day “free look” for purchasers to review policies
  - Restrictions on marketing “free” insurance.
- Addressing travel administrator licensing and audit requirements for states [sic] don’t currently address the issues
- Clear definitions for travel insurance and industry related terms that are consistent with recently adopted state laws
- Clear rules governing the proper determination and payment of premium taxes
- Specific requirements governing when and how travel insurance, travel assistance services, and cancellation fee waiver or refund programs may be provided together; and
- Travel insurance rates and forms review provisions, which are consistent with existing NAIC competitive market standards and guide proper payment of premium taxes.



CEJ requests that the working group provide the relevant information that prompted the various proposals for regulatory action. In addition, we ask the working group to collect and make public basic information about the travel insurance market, to enable consumer stakeholders to put the various proposals into some context. This basic information includes premium and claim experience, broken out by calendar/accident year, by domestic vs. international products and by methods of distribution (online aggregator, insurer website, airlines, cruise lines, travel agencies, etc.):

- Number of individual policies sold, number canceled for full refund, number canceled for partial refund;
- Dollars of Gross direct written premium, refunds from cancellations, direct net written premium, direct earned premium;
- Number of claims presented, claims denied, claims paid, claims incurred broken out by major category – trip interruption; medical, other;
- Dollars of claims presented, claims denied, claims paid, claims incurred broken out by major category – trip interruption, medical, other; and
- Dollars of producer compensation, other third-party compensation, other sales expense

In addition to providing basic metrics for the travel insurance industry, this information will inform the discussion of the appropriate rate and form filing and approval regime.

In addition, the working group should either gather or receive a presentation on:

- The range of opt-in to opt-out procedures employed. For example, some airline sites do not permit purchase of an airline ticket on the airline's web site without affirmatively accepting or rejecting travel insurance. Are there examples of bundled purchases with opt-in as the default?
- The type of and extent of insurance versus non-insurance benefits in travel package across insurers. It would be very useful to see both how the travel protection vendors categorize the benefits and whether there is consistency across the vendors. We found the USTIA itemization of insurance versus non-insurance benefits to be arbitrary and troubling.
- The degree of coordination of benefits between the health insurance portions of travel insurance and a traveler's health insurance policy.
- The existence and impact of coverage exclusions for terrorist attacks. This seems precisely like the type of event a travel insurance policy should provide coverage for.

Thank you for your consideration.

**Comments of the Center for Economic Justice  
to the NAIC Travel Insurance Working Group**

**April 3, 2017**

**Appendix 2:**

**TripMate / World Nomads / Nationwide Insurance  
Travel Protection Document**

## Summary of Plan Benefits

### Plan Information

Product:	Explorer Plan
Plan #:	N300E

### Satisfaction Guarantee

If you purchase this plan and you are not satisfied with your plan for any reason, you may return the Plan Certificate/Policy and the Confirmation/Declaration within 10 days of receipt and your plan payment will be refunded, provided you have not filed a claim or departed on your trip.

### One Call Worldwide Travel Services Network

One Call Travel Services Network, Inc. provides: medical, legal and travel assistance services available 24 hours a day/365 days a year. A complete list of these services is included in your Certificate/Policy.

### Schedule of Benefits - N300E

Plan Benefits	Maximum Benefit Amount
<b>Accidental Death &amp; Dismemberment</b> .....	<b>\$10,000</b>
<b>Medical Expense/Emergency Assistance</b>	
Emergency Accident/Sickness Medical Expense.....	<b>\$100,000</b>
Hospital Advancement.....	<b>\$500</b>
Emergency Evacuation/Repatriation .....	<b>\$500,000</b>
<b>Trip Cancellation</b> .....	<b>Up To Trip Cost*</b>
Single Occupancy.....	<b>Included</b>
<b>Trip Interruption</b> .....	<b>Up To Trip Cost*</b>
<b>Trip Delay (Up to \$100 Per Day)</b> .....	<b>\$1,500</b>
<b>Baggage/Personal Effects</b> .....	<b>\$3,000</b>
Per Article .....	<b>\$1,500</b>
Combined Maximum Benefit .....	<b>\$500</b>
<b>Baggage Delay (Up to \$150 Per Day)</b> .....	<b>\$750</b>

### Schedule of Services

Plan Services	Maximum Service Amount
<b>One Call 24-Hour Assistance Services</b> .....	<b>No Dollar Limit</b>
<b>Global Xpi Medical Records Service</b> .....	<b>No Dollar Limit</b>
<b>Non-Medical Emergency Evacuation</b> .....	<b>\$25,000</b>

\* Trip Cost up to a maximum of \$10,000

**This Plan is Underwritten By:** Nationwide Mutual Insurance Company

**Please Note:** This Plan is only effective for You if the required premium for the Trip has been paid prior to Your Scheduled Departure Date for Your Trip. Plan provisions and benefits may vary by state jurisdiction. Please refer to Your Confirmation of Benefits and the Policy/Certificate for complete details.

## Travel Protection Plan for Explorer Plan # N300E



**WorldNomads.com**

*Keep travelling safely*



Protecting Your travel investment, Your belongings and most importantly You for those unforeseen circumstances that may arise before or during your trip.

  
**TripMate**  
Your partner in travel

## Customer Service and Claims

Have questions or need to report a claim? You can call us toll-free at the number listed below. You can also view many Frequently Asked Questions, report and complete your claim(s) online at [www.tripmate.com](http://www.tripmate.com) or call 1-844-207-1930.

### Benefits are administered by:

**Trip Mate, Inc.** (in CA, dba Trip Mate Insurance Agency)  
9225 Ward Parkway, Suite 200, Kansas City, MO, 64114,

Tel: 1-844-207-1930.

**YOUR PLAN NUMBER: N300E**



### One Call

**Worldwide Travel Services Network**

Multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities, and provide services for:

- Medical Consultation and Monitoring
- Medical Evacuation Arrangements
- Emergency Medical Payments
- Prescription Assistance
- Repatriation of Remains
- 24 Hour Legal Assistance
- Nurse Helpline
- Message Services
- Language Interpretation Services
- Emergency Cash Transfer
- Pre-Trip Travel Services
- Travel Document and Ticket Replacement

A complete list of these services is included in your certificate/policy. To contact One Call:

**Within U.S.A. & Canada**  
1-855-878-9588

**Outside U.S.A. & Canada**  
1-603-328-1329

**24 Hour Assistance Service is provided by:** One Call Travel Services Network, Inc.

### ACCESS YOUR MEDICAL RECORDS ONLINE

With the Free Global Xpi Service, you can assure that your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, quickly, wherever there is internet access available.

Register at: [www.globalxpi.com](http://www.globalxpi.com) or call, toll free:

**1-800-379-9887 Use Program Code N300E**

**These Services are Provided by:** Global Xpi, Inc.



Nationwide Mutual Insurance Company  
 One Nationwide Plaza  
 Columbus, Ohio 43215

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**GENERAL DEFINITIONS**

**GENERAL PROVISIONS**

**COVERAGES:**

- Trip Cancellation
- Trip Interruption
- Trip Delay
- Accidental Death & Dismemberment
- Emergency Sickness Medical Expense
- Emergency Accident Medical Expense
- Emergency Evacuation
- Repatriation of Remains
- Baggage/Personal Effects
- Baggage Delay

**LIMITATIONS AND EXCLUSIONS**

**COORDINATION OF BENEFITS**

**NATIONWIDE MUTUAL INSURANCE COMPANY  
 PASSENGER PROTECTION INSURANCE POLICY**

**GENERAL DEFINITIONS**

**Accident** means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accidental Injury** means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss.

**Actual Cash Value** means purchase price less depreciation.

**Additional Expense** means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a Hazard and which were not provided by the Common Carrier or other party free of charge.

**Bankruptcy** means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 L.S.C. Subsection 101 et seq.

**Bodily Injury** means bodily Injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and before the Termination Date. Benefits for Injury will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

**Business Partner** means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day-to-day management of the business.

**Checked Baggage** means a piece of baggage for which a claim check has been issued to You by a Common Carrier.

This Certificate of Coverage describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to the accompanying Confirmation of Coverage. It provides You with specific information about the program You purchased.

Please contact the Plan Administrator immediately if You believe that the Confirmation of Coverage is incorrect.

This Certificate of Coverage is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to void insurance, reduce benefits or defend a claim.

All premium is non-refundable after a 10 day review period. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.

**NO DIVIDENDS WILL BE PAYABLE UNDER THE GROUP POLICY.**

The President and Secretary of Nationwide Mutual Insurance Company witness the Group Policy.

Secretary

President

**TRAVEL PROTECTION CERTIFICATE**

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**Company** means Nationwide Mutual Insurance Company.

**Covered Expenses** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the Group Policy; and which do not exceed the maximum limits shown in the Confirmation of Coverage, under each stated benefit.

**Covered Trip** means any class of scheduled trips, tours or cruises You request coverage and remit the required premium.

**Default** means a material failure or inability to provide contracted services due to financial insolvency.

**Economy Fare** means the lowest published rate for a round trip economy ticket.

**Effective Date** means 12:01 A.M. local time, at the location of the Insured, on the day after the required premium for such coverage is received by the Company or its authorized representative.

**Family Member** means the Insured's or Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

**Financial Insolvency** means the total cessation of operations due to insolvency, with or without the filing of a Bankruptcy petition by a tour operator, cruise line, or airline provided the Financial Insolvency occurs more than 15 days following the Effective Date. There is no coverage for the Financial Insolvency of any person, organization, agency or firm from whom the Insured purchased Travel Arrangements supplied by others.

**Hazard** means:

- a) Any delay of a Common Carrier (including Inclement Weather).
- b) Any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved.
- c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot.

**Hospital** means a short-term, acute, general hospital, that:  
(a) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;

- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a physician or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395x[k]);
- (f) is duly licensed by the agency responsible for licensing such hospitals; and
- (g) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

**Inclement Weather** means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

**Insured** means the person who has enrolled for and paid for coverage under the Group Policy.

**Land/Sea Arrangements** means land and or sea arrangements made by the Participating Organization.

**Loss** means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Maximum Benefit** means the largest total amount of Covered Expenses that the Company will pay for Your covered losses.

**Participating Organization** means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Group Policy and remits the required premium to the Company.

**Physician** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

**Pre-Existing Condition** means an illness, disease, or other condition during the one hundred eighty (180) day period immediately prior to the Effective Date for which the Insured, Traveling Companion, Family Member booked to travel with the Insured: 1) exhibited symptoms which would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment or 3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription through

the one hundred eighty (180) day period before the Effective Date.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on the Trip.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

**Sickness** means an illness or disease of the body which: (1) requires a physical examination and medical treatment by a Physician and 2) commences while the Insured's coverage is in effect. An illness or disease of the body which begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by the policy unless it suddenly worsens or becomes acute after the Effective Date.

**Strike** means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

**Terrorist Incident** means an incident deemed a terrorist act by the United States Government that causes property damage or loss of life.

**Travel Arrangements** means (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Covered Trip.

**Traveling Companion** means person(s) booked to accompany the Insured on the Insured's Trip.

**Travel Supplier** means tour operator, cruise line, hotel etc. who has made the land and/or sea arrangements.

**Trip** means prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one day of the Land/Sea Arrangements.

**You or Your** refers to all persons listed on the Confirmation of Coverage under the program purchased by the Insured.

## GENERAL PROVISIONS

The following provisions apply to all coverages:

**WHEN YOUR COVERAGE BEGINS** – provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage (except Trip Cancellation) will begin at 12:01A.M. local time at Your location on the Scheduled Departure Date; or the actual departure date if change is required by a Common Carrier, when You depart for the first Travel Arrangement. If coverage is purchased on the Scheduled Departure Date, such coverage will take effect at 12:01 A.M. local time, at Your location, on the day after the Scheduled Departure Date.

Trip Cancellation coverage will begin on the Insured's Effective Date.

**WHEN YOUR COVERAGE ENDS** – Your coverage will end at 11:59 local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date the Insured returns to his/her origination point if prior to the Scheduled Return Date;
- (c) the date the Insured leaves or changes his/her Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy);
- (d) the time the Group Policy terminates. If insurance was purchased prior to the date of termination, insurance will continue to the end of the Covered Trip;
- (e) The date the Insured cancels the Covered Trip;
- (f) When You are less than 100 miles from the Insured's primary residence;
- (g) three hundred sixty-five (365) days after the Effective Date.

**EXTENDED COVERAGE** - Coverage will be extended under the following conditions:

- (a) When the Insured commences air travel from his/her origination point: within two (2) days before the commencement of the Land/Sea Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than two (2) days before the commencement of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel.
- (b) If the Insured returns to his/her origination point: within two (2) days after the completion of the Land/Sea Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than two (2) days after the completion of the Land/Sea Arrangements, the extension of coverage shall be provided only during his/her air travel.
- (c) If the Insured is a passenger on a scheduled common carrier that is unavoidably delayed in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination.

In no event will coverage be extended for unscheduled extensions to Your Covered Trip for which premium has not been paid in advance.

**ARBITRATION** - Notwithstanding anything in the Group Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. All parties must mutually agree to arbitration before arbitration may take place.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Group Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

**LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of loss.

**CONTROLLING LAW** - Any part of the Group Policy that conflicts with the state law where the Group Policy is issued is changed to meet the minimum requirements of that law.

**SUBROGATION** - To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

The following provisions will apply to Trip Cancellation, Trip Interruption, Trip Delay, Accidental Death & Dismemberment, Emergency Sickness Medical Expense, Emergency Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

**PAYMENT OF CLAIMS** - The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's beneficiary. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) the Insured's spouse;
- b) the Insured's child or children jointly;
- c) an Insured's parents jointly if both are living or the surviving parent if only one survives;
- d) an Insured's brothers and sisters jointly; or
- e) the Insured's estate.

All other claims will be paid to the Insured. In the event the Insured is a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to the Insured's legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the Group Policy may, at the option of the Company, be paid directly

to the provider of the service(s). All benefits not paid to the provider will be paid to the Insured.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse the Insured for an amount greater than the amount paid by the Insured.

**NOTICE OF CLAIM** - Written notice of claim must be given by the Claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Group Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of the Group Policy, or to the Company's designated representative.

**CLAIM FORMS** - When written notice of claim is received, You will be sent forms for filing proof of loss. If these forms are not sent within 15 days, You may meet the proof of loss requirement by sending the Company a written statement of the nature and extent of the loss within the time limit stated in the "Proof of Loss" provision.

**PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs or as soon as reasonably possible.

**PHYSICAL EXAMINATION AND AUTOPSY** - The Company, or its designated representative, at their own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

**NOTICE OF LOSS** - If Your property covered under the Group Policy is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

**PROOF OF LOSS** - You must furnish the Company, or its designated representative, with proof of loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative, within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under the Group Policy.



**SETTLEMENT OF LOSS** - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to the Company.

**VALUATION** - The Company will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

**DISAGREEMENT OVER SIZE OF LOSS:** If there is a disagreement about the amount of the loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

**BENEFITS**

**TRIP CANCELLATION**

The Company will pay a benefit, up to the maximum shown on the Confirmation of Coverage, if You are prevented from taking Your Covered Trip due to:

- (a) Sickness, Accidental Injury or death of You, Traveling Companion, or Family Member, which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date;
- (b) You or a Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault within 10 days of departure; or having his/her principal place of residence made uninhabitable by fire, flood or other natural disaster; or burglary of his/her principal place of residence within 10 days of departure;
- (c) You or a Traveling Companion being directly involved in a traffic accident substantiated by a police report, while en route to departure;
- (d) A Terrorist Incident that occurs in a city listed on Your Trip itinerary and within 30 days prior to your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90

- days prior to the Terrorist Incident that is causing the cancellation of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- (e) The Insured's Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war;
- (f) Strike that causes complete cessation of services for at least 24 consecutive hours;
- (g) Weather that causes complete cessation of services of the Common Carrier for at least 24 consecutive hours;
- (h) Bankruptcy and/or Default of Your Travel Supplier which occurs more than 14 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the agency from whom the Insured purchased the Land/Sea Arrangements. The Insured's Scheduled Departure Date must be no more than 15 months beyond the Insured's Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination;
- (i) The Insured or Traveling Companion being required to work during the Covered Trip. Proof of requirement to work, such as a notarized statement signed by an officer of the Insured's or Traveling Companion's employer must be presented.

**The Company will reimburse the Insured for the following:**

- a) non-refundable cancellation charges imposed by the Participating Organization and/or Travel Suppliers.

In no event shall the amount reimbursed exceed the amount the Insured prepaid for the Covered Trip.

Coverage does not include default of a Participating Organization or other organization that results in loss of services.

**SPECIAL CONDITIONS:** You must advise the Participating Organization and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had the Insured notified the Participating Organization as soon as reasonable possible.

**SINGLE OCCUPANCY COVERAGE**

The Company will reimburse You, up to the maximum shown on the Confirmation of Coverage, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has his/her Trip delayed, canceled, or interrupted for a covered reason and You do not cancel.

**TRIP INTERRUPTION**

The Company will pay a benefit, up to the maximum shown on the Confirmation of Coverage, if You are unable to continue on Your Covered Trip due to:

- (a) Sickness, Accidental Injury or death of You, Traveling Companion, or Family Member, which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your continued participation in the Trip;
- (b) You or a Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault within 10 days of departure; or having his/her principal place of residence made uninhabitable by fire, flood or other natural disaster; or burglary of his/her principal place of residence within 10 days of departure;
- (c) You or a Traveling Companion being directly involved in a traffic accident substantiated by a police report, while en route to departure;
- (d) A Terrorist Incident that occurs in a city listed on Your Trip itinerary and within 30 days prior to your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing the cancellation of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- (e) the Insured's Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war;
- (f) Strike that causes complete cessation of services for at least 24 consecutive hours;
- (g) Weather that causes complete cessation of services of the Common Carrier for at least 24 consecutive hours;
- (h) Bankruptcy and/or Default of the Travel Supplier which occurs more than 14 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the agency from whom the Insured purchased their Land/Sea Arrangements. The Insured's Scheduled Departure Date must be no more than 15 months beyond the Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to Your intended destination.
- (i) The Insured or Traveling Companion being required to work during the Covered Trip. Proof of requirement to work, such as a notarized statement signed by an officer of the Insured's or Traveling Companion's employer must be presented.

The Company will pay for the following:

- a) unused, non-refundable land or sea expenses prepaid to the Participating Organization and/or Travel Suppliers;
- b) the airfare paid less the value of applied credit from an unused return travel ticket, to return home or rejoin the original Land/Sea Arrangements (limited to the cost of one-way economy airfare or similar quality as originally issued ticket) by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets.

The Company will pay for reasonable additional accommodation and transportation expenses incurred by

Insured (up to \$250 a day) if a Traveling Companion must remain hospitalized or if You must extend the Trip with additional hotel nights due to a Physician certifying that You cannot fly home due to an Accident or a Sickness but does not require hospitalization.

In no event shall the amount reimbursed exceed the amount the Insured prepaid for the Covered Trip.

### TRIP DELAY

The Company will reimburse You for Covered Expenses on a one-time basis, up to the Maximum Benefit shown on the accompanying Confirmation of Coverage, if You are delayed, while coverage is in effect, en route to or from the Trip for six (6) or more hours due to a defined Hazard.

Covered Expenses:

- (a) Any Additional Expenses incurred;

You must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the Loss, including but not limited to, scheduled departure and return times and actual departure and return times.

### ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Confirmation of Coverage. If more than one loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

<b>TABLE OF LOSSES</b>	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable loss of sight.

### EXPOSURE

The Company will pay benefits for covered losses that result from Your being unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event that caused the exposure.

#### DISAPPEARANCE

The Company will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

#### EMERGENCY ACCIDENT MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that first manifests itself during the Covered Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include but are not limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service; and
- (e) drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will advance payment to a Hospital, up to the maximum shown on the Confirmation of Coverage, if needed to secure Your admission to a Hospital because of Sickness.

If You are hospitalized due to a Sickness which first occurred during the course of the scheduled Trip) beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until

maximum benefits under the Group Policy have been paid.

Under New York Law, certain mandated benefits are required to be provided under a hospital/medical expense policy. We will pay benefits as applicable to this policy for such mandates as they apply to the benefits provided under the Policy.

#### EMERGENCY ACCIDENT MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses for Emergency Treatment of an Accidental Injury that occurs during the Covered Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Accidental Injury.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include, but are not limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service; and
- (e) drugs, medicines, prosthetic and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

The Company will advance payment to a Hospital, up to the maximum shown on the Confirmation of Coverage, if needed to secure Your admission to a Hospital because of Accidental Injury.

If You are hospitalized due to an Accidental Injury which first occurred during the course of the scheduled Trip) beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Group Policy have been paid.

Under New York Law, certain mandated benefits are required to be provided under a hospital/medical expense policy. We will pay benefits as applicable to this policy for such mandates as they apply to the benefits provided under the Policy.

## EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Confirmation of Coverage, if an Accidental Injury or Sickness commencing during the course of the Covered Trip results in the necessary Emergency Evacuation of You. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants transportation to the United States where the Insured resides, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with the Emergency Evacuation of the Insured. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation to Join the Insured: If the Insured is traveling alone and is in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to the Insured's Injury or Sickness, the Insured will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by the Insured, for a single visit to and from the Insured's bedside provided that repatriation is not imminent.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Covered Trip.

## REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to the Insured's primary residence if You die during the Covered Trip. This will not exceed the maximum shown on the Confirmation of Coverage.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

## BAGGAGE/PERSONAL EFFECTS

The Company will reimburse You, up to the maximum shown on the Confirmation of Coverage, for loss, theft or damage to baggage and personal effects, provided the Insured has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany You during the Covered Trip.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

There will be a per article limit shown on the Confirmation of Coverage.

There will be a combined maximum limit shown on the Confirmation of Coverage for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by the Company; or
- (b) the cost of repair or replacement.

## EXTENSION OF COVERAGE

If You checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

## BAGGAGE DELAY (Outward Journey Only)

The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on the Confirmation of Coverage, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twelve (12) hours, while on a Covered Trip, except for travel to final destination or place of residence.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

## LIMITATIONS AND EXCLUSIONS

### **The following exclusions apply to Trip Cancellation, Trip Interruption, Trip Delay, Emergency Evacuation and Repatriation of Remains:**

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains);
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only), unless results in the death of a non-traveling immediate Family Member;
3. war, invasion, hostilities between nations (whether declared or not), civil war;
4. participation in any military maneuver or training exercise;
5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. mental or emotional disorders, unless hospitalized;
7. participation as a professional in athletics;
8. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
9. commission or the attempt to commit a felony;
10. dental treatment except as a result of an injury to sound natural teeth;
11. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
12. pregnancy and childbirth (except for complications of pregnancy), except if hospitalized;
13. traveling for the purpose of securing medical treatment;
14. Injury or Sickness when traveling against the advice of a Physician.

### **The following exclusions apply to Baggage/Personal Effects and Baggage Delay:**

The Company will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. prosthetic limbs;
15. prescribed medications;
16. keys, money, stamps and securities;
17. tickets;
18. credit cards;

19. professional or occupational equipment or property, whether or not electronic business equipment;
20. sporting equipment if loss or damage results from the use thereof.

Any loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

### **The following exclusions apply to Accidental Death & Dismemberment, Emergency Sickness Medical Expense and Emergency Accident Medical Expense:**

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains);
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only), unless results in the death of a non-traveling immediate Family Member;
3. war, invasion, hostilities between nations (whether declared or not), civil war;
4. participation in any military maneuver or training exercise;
5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. mental or emotional disorders, unless hospitalized;
7. participation as a professional in athletics;
8. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
9. commission or the attempt to commit a felony;
10. dental treatment except as a result of an injury to sound natural teeth;
11. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
12. pregnancy and childbirth (except for complications of pregnancy), except if hospitalized;
13. traveling for the purpose of securing medical treatment;
14. Injury or Sickness when traveling against the advice of a Physician.

## COORDINATION OF BENEFITS

### Applicability

The Coordination of Benefits ("COB") provision applies to This Plan when You have health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.

If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan.

The benefits of This Plan:

- (a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but
- (b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

### Definitions

**Plan** is a form of written on an expense incurred basis that provides benefits or services for, or because of, medical or dental care or treatment. "Plan" includes:

- (a) group insurance and group remittance subscriber contracts;
- (b) uninsured arrangements of group coverage;
- (c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and
- (d) blanket contracts, except blanket school accident coverages or a similar group when the Policyholder pays the premium.

"Plan" does not include individual or family:

- (a) insurance contracts;
- (b) direct payment subscriber contracts;
- (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

**This Plan** is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

**Primary Plan** is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

- (a) the Plan either has no order of benefit determination rules, or it has rules that differ from those in the contract; or
- (b) all Plans that cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

**Secondary Plan** is one that is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may

take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan which, under the rules of this contract, has its benefits determined before those of that Secondary Plan.

**Allowable Expense** is the necessary, reasonable, and customary item of expense for health care; when the item of expense is covered at least in part under any of the Plans involved.

The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

**Claim** is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of:

- (a) services (including supplies);
- (b) payment for all or a portion of the expenses incurred; or
- (c) a combination of (a) and (b).

**Claim Determination Period** is the period of time, which must not be less than 12 consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine:

- (a) whether overinsurance exists; and
- (b) how much each Plan will pay or provide.

For the purposes of this contract, Claim Determination Period is the period of time beginning with the effective date of coverage and ending 12 consecutive months following the date of loss or longer as may be determined by the proof of loss provision.

### Order of Benefit Determination Rules

When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan's benefits.

When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan .

When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan that has its benefits determined after those of the other Plan, unless:

- (a) the other Plan has rules coordinating its benefits with those of This Plan; and
- (b) both those rules and This Plan's rules, as described below, require that This Plan's benefits be determined before those of the other Plan.

### Rules

This Plan determines its order of benefits using the first of the following rules which applies:

- (a) Nondependent/Dependent Rule. The benefits of the Plan that covers the person as an employee, member

or subscriber (that is, other than as a dependent) are determined before those of the Plan that covers the person as a dependent.

- (b) Longer/Shorter Length of Coverage Rule. The benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan's benefits; (b) a change in the entity which pays, provides or administers the Plan's benefits; or (c) a change from one type of Plan to another. The claimant's length of time covered under a Plan is measured from the claimant's first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present Plan has been in force.

#### **Effect on the Benefits of This Plan When it is Secondary**

The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims that were submitted up to that point in time during the Claim Determination Period.

#### **Right to Receive and Release Needed Information**

Certain facts are needed to apply these COB rules. The Company has the right to decide which facts are needed. The Company may get needed facts from or give them to any other organization or person. The

Company need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give the Company any facts we need to pay the Claim.

#### **Facility of Payment**

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, the Company may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under This Plan. The Company will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable monetary value of the benefits provided in the form of services.

#### **Right of Recovery**

If the amount of the payments made by the Company is more than the Company should have paid under this COB

provision, the Company may recover the excess from one or more of: (a) the persons we have paid or for whom we have paid; (b) insurance companies; or (c) other organizations.

#### **Non-complying Plans**

This Plan may coordinate its benefits with a Plan that is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (non-complying Plan) on the following basis:

- (a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;
- (b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, our payment will be the limit of This Plan's liability; and
- (c) if the non-complying Plan does not provide the information needed by This Plan to determine its benefits within 30 days after it is requested to do so, the Company will assume that the benefits of the non-complying Plan are identical to This Plan and will pay benefits accordingly. However, the Company will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.

## **NON-MEDICAL EMERGENCY EVACUATION BENEFITS**

All reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your home, are covered, up to a maximum of \$25,000, if You must leave Your Trip for a Covered Reason. Evacuation must occur within 10 days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by One Call Worldwide Travel Services Network, Inc.

**Covered Reasons:** We will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on Your Trip, a formal recommendation from the appropriate local authorities, or the U.S. State Department, is issued for You to leave a country You are visiting on Your Trip due to: 1) a natural disaster; 2) civil, military or political unrest; or 3) Your being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

### **Non-Medical Evacuation Exclusions:**

We do not cover: 1) loss or expense recoverable under any other insurance or through an employer; 2) loss or expense arising from or attributable to: (a) dishonest or criminal acts committed or attempted by You; (b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent, or (c) failure to maintain required documents or visas; 3) loss or expense arising from or attributable to: (a) debt, insolvency, business or commercial failure; (b) the repossession of any property; or (c) Your non-compliance with a contract, license or permit; 4) loss or expense arising from or due to liability assumed by You under any contract.

**Non-Medical Emergency Evacuation Benefits and Services are provided by:** One Call Worldwide Travel Services Network, Inc.





## One Call

### Worldwide Travel Services Network

**Medical Assistance** - Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities.

**Medical Consultation and Monitoring** - If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

**Medical Evacuation** - When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the policy. All medical transportation services must be authorized and arranged by One Call. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

**Emergency Medical Payments** - We will assist you in the advancement of funds or guarantee payments (up to the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

**Prescription Assistance** - We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

**Repatriation of Remains** - In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your home.

**24 Hour Legal Assistance** - If while on your Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

**Nurse Helpline** - Registered nurses are available 24-Hours a day before and during your Trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer You to appropriate medical and legal providers, but neither the Insurer nor One Call Worldwide Travel Services Network, Inc. may be held responsible for the availability, quality or results of any medical treatment or Your failure to obtain medical treatment.

## One Call Travel Solutions

### 24-Hour Worldwide Travel Services

**Message Services** - We will transmit emergency messages to family, friends or business associates and let you know that the message has been received.

**Language Interpretation Services** - We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

**Emergency Cash Transfer** - We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

**Pre-Trip Travel Services** - We provide 24-Hour information, help and advice for your planned Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

**Travel Document and Ticket Replacement** - When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

### One Call Concierge Services

- Restaurant, shopping, hotel recommendations/reservations
- Local transport (rental car/limousine, etc.) information and reservations
- Sporting, theatre, night life and event information (sports scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- Golf course information, referrals, recommendations and tee times
- Tracking and assisting with the return of lost or delayed baggage

### ACCESS YOUR MEDICAL RECORDS ONLINE

With our exclusive **Free Global Xpi Service**, you can assure that your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, quickly, wherever there is internet access available. Register at [www.globalxpi.com](http://www.globalxpi.com) or call, toll free:

**1-800-379-9887 Use Program Code N300E**

**These Services are Provided by:** Global Xpi, Inc.

## Business Services

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, internet cafes, print/copy services
- assistance with or arrangements for telephone and web conferencing
- emergency messaging to customers, associates, and others (phone, fax, e-mail, text, etc.)
- real time weather, travel delay and flight status information
- worldwide business directory service for equipment repair/replacement, warranty service, etc.
- emergency travel arrangements

### CONTACTING ONE CALL'S 24-HOUR SERVICE CENTER

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

<b>Within U.S.A. &amp; Canada</b>	<b>Outside U.S.A. &amp; Canada</b>
<b>1-855-878-9588</b>	<b>1-603-328-1329</b>

**YOUR PLAN NUMBER: N300E**

**The 24-Hour Assistance Services are provided by:**  
One Call Worldwide Travel Services Network, Inc.

# Nationwide<sup>®</sup> Privacy Statement

## Thank you for choosing Nationwide

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? In a nutshell, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

## Confidentiality and security

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are legally bound to use your information for permissible purposes.

## Collecting and using your personal information

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application, business transactions with us, consumer reports, medical providers, and publicly available sources. Please know that we only use that information to sell, service, or market products to you.

We may collect and use the following types of information:

- Name, address, and Social Security number
- Assets and income
- Account and policy information
- Credit reports and other consumer report information
- Family member and beneficiary information
- Public information

## Sharing your information for business purposes

We share your information with other Nationwide companies and business partners. When you buy a product, we share your personal information for everyday purposes. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your information where federal and state law requires.

## Sharing your information for marketing purposes

We don't sell your information for marketing purposes. We have chosen not to share your personal information with anyone except to service your product. So there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we send your information.

## Using your medical information

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But we won't use it for marketing purposes unless you give us permission.

## Accessing your information

You can ask us for a copy of your personal information. Please call the number on your insurance ID card if applicable, contact your customer service representative, or send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

We can't update information that other companies, like credit agencies and third parties, provide to us. So you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number. If you know it, include your agent's name and number.

## Travel Claims Administration

On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies  
P.O. Box 481157  
Kansas City, MO 64148

## A parting word...

These are our privacy practices. They apply to all current and former clients of Nationwide Specialty Insurance. They also apply to joint policy or contract holders. This includes the following companies:

Nationwide Life Insurance Company  
Nationwide Mutual Insurance Company  
National Casualty Company  
Allied Property and Casualty Insurance Company



**Nationwide® HIPAA NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (the "Notice") applies to Nationwide and describes the legal obligations of Nationwide, and your legal rights regarding your protected health information held by Nationwide under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your Protected Health Information ("PHI" as that term is defined below) may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law.

Nationwide is required by HIPAA and certain state laws to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice so long as it remains in effect. Nationwide reserves the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by us, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice by mail to your last-known address on file.

**Protected Health Information (PHI)** includes individually identifiable health information that is created or received by Nationwide and that relates to: (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. PHI includes information of persons living or deceased.

**USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**Your Authorization.** Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on it. Once we receive your written revocation, it will only be effective for future uses and disclosures.

**Disclosures for Treatment, Payment or Health Care Operations.** We may use or disclose your PHI as permitted by law for your treatment, payment, or health care operations. For instance, for your treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For payment, we may use or disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For health care operations, we will use and disclose your PHI for our health care operations, which include responding to customer inquiries regarding benefits and claims.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. For example, we may disclose your PHI to a business associate to administer claims or to provide support services. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

**Other Health-Related Products or Services.** We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

**Plan Administration.** We may release your PHI to your plan sponsor for administrative purposes, provided we have received certification that the information will be maintained in a confidential manner and not used in any other manner not permitted by law.

<sup>1</sup>Nationwide Life Insurance Company®, National Casualty Company and the area within Nationwide Mutual Insurance Company® that performs healthcare functions.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make.

**OTHER PRIVACY LAWS AND REGULATIONS**

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact as explained in the "Contact Information" section, below.

**RIGHTS THAT YOU HAVE**

**Access to Your PHI.** You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

**Amendments to Your PHI.** You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact at the address provided in the "Contact Information" section.

**Accounting for Disclosures of Your PHI.** You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

**Restrictions on Use and Disclosure of Your PHI.** You have the right to request restrictions on some of our uses and disclosures of your PHI. We will consider, but are not required to agree to, your restriction request. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

**Request for Confidential Communications.** You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact at the address provided in the "Contact Information" section.

**Right to be Notified of a Breach.** You have the right to be notified in the event we discover a breach of your unsecured PHI.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, even if you have requested such copy by e-mail or other electronic means.

**Complaints.** If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the "Contact Information" section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**CONTACT INFORMATION**

If you have any questions about this Notice, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-888-493-5378, or mail your request to:

**Travel Claims Administration**

Attn: Privacy Officer  
9225 Ward Parkway  
Kansas City, MO 64114

**EFFECTIVE DATE**

This Notice is effective 5/20/2013.

Nationwide, the Nationwide framework, and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company.

NH-0524-J-052013

## **Disclosure Notice:**

This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home, and automobile insurance policies. If you have any questions about your current coverage, call your insurer or insurance agent or broker.

Purchasing travel insurance is not required in order to purchase any other products or services offered by the Travel Retailer.

The Travel Retailer's employees are not qualified or authorized to answer technical questions about the benefits, exclusions or conditions of any of the insurance offered by the Travel Retailer or to evaluate the adequacy of a prospective insured's existing insurance coverage.

**Comments of the Center for Economic Justice  
to the NAIC Travel Insurance Working Group**

**April 3, 2017**

**Appendix 3:**

**Allianz Travel Protection Document**

## Trip Protector

Pricing - 6% of your total ticket cost and service fees

### Benefits Coverage (per person)

#### Trip Cancellation

Up to trip cost (\$3,000 max.)

Provides reimbursement for non-refundable trip payments and deposits if a trip is canceled for covered illness, death or other specific unforeseen circumstances.

#### Trip Interruption

Up to trip cost (\$3,000 max.)

Provides reimbursement for non-refundable trip payments and deposits if a trip is interrupted for covered illness, death or other specific unforeseen circumstances.

#### Baggage Coverage

\$500

Provides reimbursement if your baggage is lost, damaged or stolen while you are traveling.

#### Emergency Medical Transportation

\$50,000

Arranges medical transportation for a patient to an appropriate medical facility or to return home for care.

#### Emergency Medical/Dental

\$10,000 (\$500 max. dental)

Reimburses cost of treatment associated with a covered medical or dental emergency incurred while traveling. A \$50 deductible may apply.

#### Travel Delay

\$300 (\$150/day max.)

Provides reimbursement for meals and accommodations when a trip is delayed.

#### Baggage Delay

\$200

Provides reimbursement for clothing, toiletries and other essential items if luggage is delayed for at least 24 hours.

#### Concierge

Included

Provides information about your destination before you travel and can help you select restaurants, reserve golf tee times or secure tickets to local events.

#### 24-Hour Hotline Assistance

Included

Provides the traveler with a broad range of services in the event of a travel or medical emergency including: medical referral and monitoring, legal assistance, arrangement of medical evacuations or repatriations and pre-trip assistance.

Existing Medical Conditions   
Unavailable

An Existing Medical Condition is an illness or injury that exhibited symptoms or was treated for any time 120 days prior to purchasing your plan.

[- Close All](#)

Minimum amount of Trip Cancellation and Trip Interruption coverage is \$350.

Terms, conditions and exclusions apply.

To view your purchase agreement, click here (<https://partner.allianztravelinsurance.com/AA/PopUps/PurchaseAgreement.aspx>).

To view the Certificate of Insurance/Policy, click here (<https://partner.allianztravelinsurance.com/AA/PopUps/TermsAndConditions.aspx?Productid=001002744&state=>).

By purchasing, you agree to Allianz Global Assistance's purchase agreement and privacy policy (see below), including receiving notices and communications electronically.

#### OUR PROMISE TO YOU

Since your satisfaction is our priority, we are pleased to give you 10 days to review your plan. If, during this 10-day period, you are not completely satisfied for any reason, you may cancel your plan and receive a full refund. Please note that this refund is only available if the trip has not started and if a claim has not been initiated. After this 10-day period, your premium is nonrefundable.\*

*\* Some states allow a longer period or provide different terms for refunds. See the full terms and conditions of your plan for details.*

**PLEASE BE ADVISED:** This optional coverage may duplicate coverage already provided by your personal auto insurance policy, homeowner's insurance policy, personal liability insurance policy or other source of coverage. This insurance is not required to purchase any other products/services. Unless separately licensed, travel retailer employees are not qualified/authorized to answer technical questions about coverage details or evaluate your existing coverage. Plan is intended for U.S. residents only and may not be available in all jurisdictions. Additionally:

**MD Residents:** The purchase of travel insurance would make the travel insurance coverage primary to any other duplicate or similar coverage. The Commissioner may be contacted to file a complaint at: Maryland Insurance Administration, ATTN: Consumer Complaint Investigation Property/Casualty, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.

**NY Residents:** The licensed producer represents the insurer for purposes of the sale. Compensation paid to the producer may depend on the policy selected, or the producer's expenses, volume of business, or profitability. The purchaser may request and obtain information about the producer's compensation, except as otherwise provided by law.

**FL Residents:** Emergency Evacuation benefits are limited to coverage for travel or use of accommodations for a period of no longer than 60 days, beginning on your date of departure. This limitation only applies to your Emergency Evacuation benefits.

**CA Residents:** This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan. We are doing business in California as Allianz Global Assistance Insurance Agency, License # 0B01400.

Insurance benefits underwritten by BCS Insurance Company (OH, Administrative Office: Oakbrook Terrace, IL), rated "A-" (Excellent) by A.M. Best Co., under BCS Form No. 52.201 series or 52.401 series, or Jefferson Insurance Company (NY, Administrative Office: Richmond, VA), rated "A+" (Superior) by A.M. Best Co., under Jefferson Form No. 101-C series or 101-P series, depending on your state of residence. Plan(s) may not be available in all jurisdictions. Allianz Global Assistance and Allianz Travel Insurance are brands of AGA Service Company. AGA Service Company is the licensed producer and administrator of this plan and an affiliate of Jefferson Insurance Company. The insured shall not receive any special benefit or advantage due to the affiliation between AGA Service Company and Jefferson Insurance Company. Non-insurance benefits/products are provided and serviced by AGA Service Company. Contact AGA Service Company at 800-284-8300 or 9950 Mayland Drive, Richmond, VA 23233 or [customerservice@allianzassistance.com](mailto:customerservice@allianzassistance.com).

[Privacy Policy \(https://www.allianztravelinsurance.com/about/privacy.htm\)](https://www.allianztravelinsurance.com/about/privacy.htm)

[Back to Top](#)

Allianz Travel Insurance

# Individual Travel Insurance Policy

FOR SERVICE, VISIT OR CALL:  
[www.etravelprotection.com](http://www.etravelprotection.com)  
1-800-284-8300

FOR EMERGENCY ASSISTANCE  
DURING YOUR TRIP CALL:

1-800-654-1908  
(From U.S.)

1-804-281-5700  
(Collect)

Don't forget to  
take this document  
with you!

Global Assistance

Allianz 

*Jefferson*  
Insurance Company<sup>SM</sup>

Allianz Global Assistance and Allianz Travel Insurance branded plans are underwritten by Jefferson Insurance Company. AGA Service Company is the licensed producer for this plan.

Form 101-P-XX-02-101 PC

Form 101-P-TX-02-001 AH

TI\_101\_01\_P\_TX\_V2S

## Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from **us**!

Your **plan** is described in the following documents:

- This policy, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

**Please make sure you read these documents carefully.** This policy may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if you think there is a mistake.

All dollar amounts in these documents are in US dollars.



### We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico  
and the U.S. Virgin Islands  
All other locations, call collect

1-800-654-1908  
1-804-281-5700



## WHAT'S INSIDE

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## SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your letter of confirmation**; and
- all other bolded terms are defined in Section 6, Definitions.

No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions.

### About this agreement

**Please read your policy carefully for full details.** This is a legal contract. The entire contract consists of the policy, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

**We** have issued the policy and any attached riders based on **your** payment of the premium and on the information **you** included in **your** application or other form. The statements **you** made in **your** application or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this policy are for convenience only.

### Satisfaction Guarantee

**We** will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary

## SECTION 2: WHAT THIS POLICY INCLUDES

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

**Your plan** also includes assistance services, which are described in *Help while traveling*.

Coverage	When it applies	Page
	<b>Your trip is canceled or interrupted</b>	<b>5</b>
Trip cancellation	<b>Your trip</b> is canceled before <b>you</b> get started	
Trip interruption	<b>Your trip</b> is interrupted after <b>you've</b> left	
Frequent traveler/ Loyalty program	<b>You</b> have to re-deposit frequent traveler or loyalty program awards	
	<b>You're delayed or you miss your flight or cruise</b>	<b>9</b>
Travel delay	<b>Your</b> travel is delayed six hours or more	
Missed connection	<b>You</b> miss <b>your</b> connecting flight or cruise	
	<b>Your baggage is lost, damaged, stolen or delayed</b>	<b>11</b>
Lost, damaged or stolen baggage	<b>Your baggage</b> is lost, damaged or stolen	
Delayed baggage	<b>Your baggage</b> is delayed by a <b>common carrier</b>	
	<b>Other coverage</b>	<b>12</b>
Lost ticket	<b>Your</b> common carrier ticket is lost or stolen	
Change fee	<b>You</b> have to change your airline ticket due to covered reasons	

\* Underwritten by Jefferson Insurance Company

### How to read Section 2

**When it applies** Tells **you** when **you're** eligible to make a claim. These situations and events are called **covered reasons**.

**What it covers** Tells **you** the kinds of things **you** can be reimbursed for. **You'll** find out more in Section 5, *Claims information*.

**We can help!** Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in *Help while traveling*.



#### Important

Be sure to also read Section 3, *What this policy excludes*, as well as Section 4, *Who is covered and when*, for important information on how your coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

## YOUR TRIP IS CANCELED OR INTERRUPTED



#### Important

**You** need to contact **your travel suppliers** within 72 hours of canceling or interrupting **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



#### We can help!

Need help sending an emergency message or getting flight information? See *Help while traveling*, for a complete list of ways **we** can help.

### Trip cancellation and Trip interruption coverage

**When it applies** **Your trip** is canceled before **you** get started, or interrupted after **you've** left, for one of the following **covered reasons**:

#### **Health**

*Injury, illness or medical condition*

**You** or a **traveling companion** is seriously ill or injured.

Specific requirements:

- The **injury, illness or medical condition** must be disabling enough to make a reasonable person delay, cancel or interrupt their **trip**.
- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel or interrupt **your trip** before **you** cancel or interrupt it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation or interruption.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement:

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

*Death*

**You, a traveling companion or family member** dies.

Specific requirement:

- A **traveling companion's** or **family member's** death must occur before or during **your trip**.

*Quarantine*

**You or a traveling companion** is quarantined.

---

### **Transportation and accommodation**

*Traffic accident*

**You or a traveling companion** is in a traffic **accident** on the way to **your** point of departure, and:

- **you** or the **traveling companion** need medical attention; or
- the **car** needs to be repaired because it's not safe to drive.

*Family or friends can't accommodate you as planned*

Family or friends outside the United States can't accommodate **you** as planned because someone in the household has died or been diagnosed with a serious **illness or injury**.

---

### **Legal**

*Jury duty or court-ordered appearance*

**You're** summoned by a court order or subpoena to serve on a jury or appear in court.

---

### **Environment**

*Home uninhabitable*

**Your primary residence** is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

*Canceled services*

**Your** airline, cruise line, or tour operator or **travel supplier** stops offering all services for at least 24 consecutive hours where **you're** departing, arriving or making a connection because of:

- a **natural disaster**; or
- **severe weather**.

Specific requirement:

- **Your travel supplier** doesn't offer **you** a substitute itinerary.

---

### **Politics and violence**

*Hijacking*

**You or a traveling companion** is hijacked.

*Terrorism*

A **terrorist event** happens at **your** foreign **destination** within 30 days of the day **you're** scheduled to arrive.

Specific requirement:

- For locations outside the United States, **you're** not covered if there's been a **terrorist event** at **your destination** in the 30 days before **your plan's** effective date.

---

### **Work**

*Termination or layoff*

**You or a traveling companion** is terminated or laid off from a company after **your plan's** effective date.

Specific requirements: (all must apply)

- The termination or layoff isn't **your** fault; and
- **You** worked for this employer for at least three continuous years.

*Military Duty in the U.S. Armed Forces*

**You or a traveling companion**, serving in the U.S. Armed Forces, is reassigned, or have personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

---

### **Other**

*Extended travel delay*

**You** miss more than half of the total length of **your trip** because **your** travel is delayed.

Specific requirements: (all must apply)

- **Your plan** must include travel delay coverage; and
- **You** must be delayed for a **covered reason** listed under travel delay coverage.

## What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

---

### **Trip cancellation coverage**

#### *Non-refundable payments and deposits*

Payments and deposits **you** made before **your trip** was canceled, less any published **refunds you're** entitled to receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

---

### **Trip interruption coverage**

#### *Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds you** receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

#### *Transportation*

Reasonable transportation expenses for getting to:

- **your** final **destination** or a place where **you** can continue **your trip**; or
- **your** original **destination** another way, if **your** travel is delayed for 24 hours or more at the start of **your trip**.

#### *Expenses for the cost of staying longer than you planned*

Extra **accommodation** and transportation expenses because a **traveling companion** is hospitalized.

#### *Special limit:*

- Maximum of \$100 a day for up to five days.

---

## Frequent traveler/Loyalty program coverage

**When it applies** **You** have to re-deposit points in **your** frequent traveler or loyalty program because **your trip** is canceled for one of the **covered reasons** listed under trip cancellation coverage.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits.

#### *Redeposit fees*

Fees for re-depositing frequent traveler or loyalty program awards into **your** account.

## YOU'RE DELAYED OR YOU MISS YOUR FLIGHT OR CRUISE



### **Important**

**You** need to make reasonable efforts to continue **your trip** if **you're** delayed or **you** miss **your** flight or cruise. The coverage described here can help. Any **refunds you** receive from **your travel suppliers** will be deducted from **your** claim.



### **We can help!**

Need help rebooking **your** flight or arranging for alternative transportation? See *Help while traveling*, for a complete list of ways **we** can help.

---

## Travel delay coverage

**When it applies** **Your** travel is delayed for six or more consecutive hours for one of the following **covered reasons**:

#### *Strike or common carrier delay*

- **Your** departure is delayed by a **common carrier**.
- **Your** departure is delayed by an unannounced strike.

#### *Quarantine*

- **You** are **quarantined**.

#### *Natural disaster*

- There's a **natural disaster**.

#### *Politics, violence or theft*

- **Your** passports, money or other travel documents are lost or stolen.
- **Your** travel is delayed by a hijacking.
- **Your** travel is delayed by civil disorder or unrest.

## What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

#### *Meals, accommodation and transportation*

- Reasonable expenses for additional meals and **accommodation** while **you're** delayed.
- Reasonable additional transportation expenses.

Special limit:

- Maximum of \$150 per person per day, up to the limit shown on **your letter of confirmation**.

Benefits are payable under travel delay coverage or missed connection coverage, not both.

---

## Missed connection coverage

### When it applies

**You** miss **your** connecting flight or cruise for one of the following **covered reasons**:

- **you're** involved in or delayed by a traffic **accident**;
- **you're** delayed by **severe weather** while en route to the departure; or
- **severe weather** cancels one of **your** flights en route to the connection or cruise, or delays it for at least three hours.

Specific requirements: (all must apply)

- **You** allowed enough time in **your** itinerary to reach **your** flight or cruise on time; and
- **You** aren't able to reach **your** connecting flight or cruise another way.

### What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

#### *Prepaid expenses*

The unused part of **your** prepaid expenses if **you** miss at least 24 hours of **your trip**, less any **refunds you** receive.

#### *Meals, accommodation and transportation*

- Reasonable additional expenses for meals and **accommodation** related to **your** missed connection or cruise.
- Reasonable additional transportation expenses to get to **your** original **destination** or to a place where **you** can continue **your trip**.

Benefits are payable under only one of missed connection coverage or travel delay coverage.

## YOUR BAGGAGE IS LOST, DAMAGED, STOLEN OR DELAYED



### Important

Any **refunds you** receive will be deducted from **your** claim.



### We can help!

Need help contacting local authorities or getting emergency cash from home? See *Help while traveling*, for a complete list of ways **we** can help.

---

## Lost, damaged or stolen baggage coverage

### When it applies

**Your baggage** is lost, damaged or stolen while **you're** traveling.

Specific requirements: (all must apply)

- **You** take reasonable steps to keep **your baggage** safe and intact, and to recover it; and
- **You** file a report giving a description of the property and its value with the appropriate local authorities, **common carrier**, hotel or tour operator within 24 hours of the loss.

### What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

*Actual price, actual cash value, repair or replacement (whichever is less)*

- actual price is the amount it would cost to buy a similar item.
- actual cash value is the amount the item is worth based on its **current market value**. If **you** don't have an original receipt, **we'll** cover up to 75% of its **current market value**.
- repair or replacement is the cost to repair or replace the item.

Special limit:

- Maximum \$500 in total for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items. **You** need to provide original receipts for these items or they won't be covered.

---

## Delayed baggage coverage

**When it applies** A **common carrier**, hotel or tour operator delays **your baggage** for 24 hours or more.

Specific requirement:

- **You** report the loss and file a claim with the **common carrier**, hotel or tour operator.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

*Reasonable essential items*

Reasonable essential items for **you** to use until **your baggage** arrives.

## OTHER COVERAGE



### Important

Please check **your letter of confirmation** to confirm **your** coverage and limits.

---

## Lost ticket coverage

**When it applies** **Your common carrier** ticket is lost or stolen.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits.

*Reissue fees*

Fees to reissue **your common carrier** ticket.

---

## Change fee coverage

**When it applies** **You** have to change the dates on **your** airline ticket for one of the following **covered reasons**:

- **your trip** is canceled or interrupted for a **covered reason** listed under trip cancellation/trip interruption coverage, except cessation of operations; or
- **you** or a **traveling companion** are delayed by **severe weather** on the way to **your** flight.

Specific requirement:

- If **you** were delayed by **severe weather**, **you** allowed enough time in **your** itinerary to reach **your** flight on time.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits.

*Change fees*

Fees to change the dates on **your** airline ticket.

## SECTION 3: WHAT THIS POLICY EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
  - skydiving, hang gliding or parachuting;
  - bungee jumping;
  - caving;
  - extreme skiing, heli-skiing or skiing outside marked trails;
  - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
  - mountain climbing or any other high altitude activities; or
  - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic** or **pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- **nuclear reaction**, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

**You** aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the departure and return dates on **your** application or other form don't represent when **you** actually intended to travel.

### SPECIFIC EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, What this policy includes.

#### Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment;
- defective materials or workmanship; or
- ordinary wear and tear.

These items aren't covered:

- animals;
- **cars** and accessories, motorcycles and motors, aircraft, boats and other vehicles;
- bicycles, skis and snowboards (unless they're checked with a **common carrier**);
- eyeglasses, sunglasses and contact lenses;
- hearing aids, artificial teeth and limbs;
- wheelchairs and other mobility devices;
- consumables, medicines, perfumes, cosmetics and perishables;
- tickets, passports, deeds and other documents;
- money, credit cards, securities, bullion, stamps and keys;
- rugs and carpets;
- property for business or trade; and
- **baggage** when it is:
  - shipped as freight ;
  - sent before **your scheduled departure date**;
  - left in or on a **car** trailer; or
  - left in an unlocked **car**.

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

**Your plan** covers the people listed on **your letter of confirmation**.

### WHEN YOUR COVERAGE BEGINS AND ENDS

**You're** only eligible for coverage if **we** accept **your** request for insurance.

**Your plan's** effective date depends on how **you** purchased it.

if you purchased	it's effective:
in person	the day and time <b>you</b> purchase <b>your plan</b> .
by mail	the day after <b>your</b> application or other form is postmarked.
over the phone	the day after <b>you</b> place <b>your</b> telephone order.
by fax	the day after <b>we</b> receive <b>your</b> fax.
online	the day after <b>we</b> receive <b>your</b> online order.

Trip cancellation coverage begins on **your plan's** effective date, as long as **we** receive **your** premium before **you** cancel **your trip** or make a claim.

All other coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

**Your** coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**; or
- the 120<sup>th</sup> day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

**Your plan** can't be renewed.

## SECTION 5: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.etravelprotection.com](http://www.etravelprotection.com), email or call **us** and **we'll** be happy to help.

#### **Go online to:**

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

#### **Email or call to:**

- find out what forms and documentation **you** need.
- file a claim and check its progress.

#### **Claims inquiry:**

- **Website:** [www.etravelprotection.com](http://www.etravelprotection.com)
- **Email:** [claimsinquiry@allianzassistance.com](mailto:claimsinquiry@allianzassistance.com)
- **Telephone:** 1-800-334-7525

### IMPORTANT INFORMATION ABOUT CLAIMS

**You** have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

#### *Proof of Loss*

**You** are responsible for providing all necessary documentation to prove **your** loss.

#### *Assignment*

**You** can assign **your** rights under **your plan** by notifying **us** in writing.

#### *About beneficiaries*

All benefits will be paid to **your** estate.

#### *Duplicate coverage*

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.



## Recovery

**We** have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

## Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

## About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** application or other form is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

## Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



### Important

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

**We'll** only pay for reasonable, appropriate expenses that are covered by the **plan you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

## SECTION 6: DEFINITIONS

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Accommodation</b>	A hotel or other kind of lodging where <b>you</b> make a reservation and pay a fee.
<b>Assault</b>	Physical assault that requires treatment in a <b>hospital</b> .
<b>Baggage</b>	Personal property <b>you</b> take on <b>your trip</b> and the suitcases or other kinds of containers <b>you</b> use to carry them.
<b>Common carrier</b>	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
<b>Covered reasons</b>	The specific situations and events that are covered by this policy.
<b>Current market value</b>	The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.
<b>Destination</b>	A place more than 100 miles from <b>your primary residence</b> where <b>you</b> spend more than 24 hours of <b>your trip</b> .
<b>Doctor</b>	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Domestic partner</b>	A person <b>you've</b> lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. <b>You</b> must be able to show evidence that <b>you've</b> lived together for 12 consecutive months.
<b>Epidemic</b>	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
<b>Existing medical condition</b>	An <b>illness</b> or <b>injury</b> that <b>you</b> , a <b>traveling companion</b> or <b>family member</b> were seeking or receiving treatment for or had symptoms of on the day <b>you</b> purchased <b>your plan</b> , or at any time in the 120 days before <b>you</b> purchased it.  <b>You</b> , a <b>traveling companion</b> or <b>family member</b> are considered to have an <b>existing medical condition</b> if <b>you</b> , a <b>traveling companion</b> or <b>family member</b> : <ul style="list-style-type: none"><li>• saw or were advised to see a <b>doctor</b>;</li><li>• had symptoms that would cause a prudent person to see a <b>doctor</b>; or</li><li>• were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.</li></ul>

<b>Family member</b>	<p>Any of the following people, whether or not they're traveling with <b>you</b>:</p> <ul style="list-style-type: none"> <li>• spouses and common-law, civil union and <b>domestic partners</b>;</li> <li>• parents and step-parents;</li> <li>• children and step-children (including adopted or soon to be adopted children);</li> <li>• siblings;</li> <li>• grandparents and grandchildren;</li> <li>• the following in-laws: mother, father, son, daughter, brother, sister;</li> <li>• aunts, uncles, nieces and nephews;</li> <li>• legal guardians and wards;</li> <li>• business partners;</li> <li>• paid, live-in caregivers; and</li> <li>• service animals (as defined by the Americans with Disabilities Act).</li> </ul> <p><b>Immediate family members</b> are:</p> <ul style="list-style-type: none"> <li>• spouses and common-law, civil union and <b>domestic partners</b>;</li> <li>• parents and step-parents;</li> <li>• children and step-children (including adopted or soon to be adopted children);</li> <li>• siblings; and</li> <li>• grandparents and grandchildren.</li> </ul>	<b>Natural disaster</b>	A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.
<b>Financial default</b>	A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.	<b>Pandemic</b>	An <b>epidemic</b> over a wide geographic area that affects a large portion of the population.
<b>Hospital</b>	<p>A facility whose primary function is to diagnose and treat sick and injured people under the supervision of <b>doctors</b>. It must:</p> <ul style="list-style-type: none"> <li>• have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;</li> <li>• be compensated by patients or their insurance providers for performing these services; and</li> <li>• be licensed where required.</li> </ul>	<b>Primary residence</b>	<b>Your</b> permanent, fixed address and primary residence for legal and tax purposes. <b>We</b> call the place <b>your</b> primary residence is located <b>your place of residence</b> .
<b>Illness</b>	Sickness, infirmity or disease. It doesn't include conditions <b>you</b> already had or knew about when <b>you</b> purchased <b>your plan</b> (see <b>existing medical condition</b> ).	<b>Quarantine</b>	Mandatory isolation or restrictions on where <b>you</b> can go, intended to stop a contagious disease from spreading.
<b>Injury</b>	Physical harm directly caused by an <b>accident</b> or <b>assault</b> , without other contributing causes.	<b>Refund</b>	Cash or a credit or voucher for future travel that <b>you</b> get from a travel agent, tour operator, airline, cruise line or other <b>travel supplier</b> , or any credit, recovery or reimbursement <b>you</b> get from <b>your</b> employer, another insurance company, a credit card issuer or any other entity.
<b>Medical condition</b>	<p>A physical condition <b>you</b> have, or have symptoms of, that <b>you</b>:</p> <ul style="list-style-type: none"> <li>• have seen or been advised to see a <b>doctor</b> about;</li> <li>• have symptoms of that would cause a prudent person to see a <b>doctor</b>; or</li> <li>• are taking prescribed medication for.</li> </ul>	<b>Scheduled departure date</b>	The day and time <b>you</b> listed on <b>your</b> application or other form as the day and time <b>you</b> plan to start <b>your trip</b> . <b>You</b> have paid for travel that starts on this date.
		<b>Severe weather</b>	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
		<b>Terrorist event</b>	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
		<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line or other travel service provider.
		<b>Traveling companion</b>	A person traveling with <b>you</b> whose name appears with <b>yours</b> on the same <b>trip</b> arrangement and who will accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>traveling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader.
		<b>Trip</b>	Round-trip or one-way travel to and from a place at least 100 miles from <b>your</b> home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
		<b>Unlawful acts</b>	Felonies committed by <b>you</b> , a <b>traveling companion</b> or a <b>family member</b> , even if the <b>family member</b> isn't covered by <b>your plan</b> .
		<b>Uninhabitable</b>	A <b>natural disaster</b> , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other <b>accommodation</b> unfit for use.

# Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from **us**!

**Your plan** is described in the following documents:

- This policy, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

**Please make sure you read these documents carefully.** This policy may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if you think there is a mistake.

All dollar amounts in these documents are in US dollars.



### We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico  
and the U.S. Virgin Islands  
All other locations, call collect

**1-800-654-1908**  
**1-804-281-5700**

## WHAT'S INSIDE

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## SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your letter of confirmation**; and
- all other bolded terms are defined in Section 6, Definitions.

No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions.

### About this agreement

**Please read your policy carefully for full details.** This is a legal contract. The entire contract consists of the policy, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

**We** have issued the policy and any attached riders based on **your** payment of the premium and on the information **you** included in **your** application or other form. The statements **you** made in **your** application or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this policy are for convenience only.

### Satisfaction Guarantee

**We** will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary

## SECTION 2: WHAT THIS POLICY INCLUDES

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

**Your plan** also includes assistance services, which are described in Help while traveling.

Coverage	When it applies	Page
	<b>You get sick or hurt while traveling</b>	<b>26</b>
Emergency medical/dental	<b>You</b> have to pay for <b>emergency medical or dental care</b>	

\* Underwritten by Jefferson Insurance Company

### How to read Section 2

**When it applies** Tells **you** when **you're** eligible to make a claim. These situations and events are called **covered reasons**.

**What it covers** Tells **you** the kinds of things **you** can be reimbursed for. **You'll** find out more in Section 5, *Claims information*.

**We can help!** Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in *Help while traveling*.



### Important

Be sure to also read Section 3, *What this policy excludes*, as well as Section 4, *Who is covered and when*, for important information on how your coverage works.

Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

## YOU GET SICK OR HURT WHILE TRAVELING



### We can help!

Need help finding a **doctor** or getting emergency cash from home to pay for treatment? See *Help while traveling*, for a complete list of ways **we** can help.

## Emergency medical/dental coverage

**When it applies** You have to pay for **emergency medical or dental care** for one of the following **covered reasons**:

- **you** have a sudden, unexpected **illness** or **injury** during **your trip** that's either life threatening or could cause serious and irreparable harm if it isn't treated.
- **you** have an **injury** or infection, a lost filling or a broken tooth during **your trip** that requires immediate treatment by a **dentist**.

Specific requirement:

- The treatment is **medically necessary** and is provided by a **doctor, dentist, hospital or other licensed provider** during **your trip**.

**What it covers** Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**, including any **deductible** for **outpatient** care that may apply to **your plan**.

*Reasonable and customary costs*

**Reasonable and customary costs** for supplies and services from a **doctor, dentist, hospital or other licensed provider**.



### Important

This coverage is primary.

If **you're** eligible for benefits or compensation through a government-funded program other than Medicaid, **you** don't qualify for this coverage, unless no charge is made in the absence of insurance.

## SECTION 3: WHAT THIS POLICY EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
  - skydiving, hang gliding or parachuting;
  - bungee jumping;
  - caving;
  - extreme skiing, heli-skiing or skiing outside marked trails;
  - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
  - mountain climbing or any other high altitude activities; or
  - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- war (declared or undeclared), acts of war, military duty, **your** participation in civil disorder or unrest (unless specifically included in Section 2);
- **your** participation in **terrorist events** (unless specifically included in Section 2);
- **unlawful acts**.

**You** aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the departure and return dates on **your** application or other form don't represent when **you** actually intended to travel.

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

Your plan covers the people listed on **your letter of confirmation**.

### WHEN YOUR COVERAGE BEGINS AND ENDS

**You're** only eligible for coverage if **we** accept **your** request for insurance.

**Your plan's** effective date depends on how **you** purchased it.

if you purchased	it's effective:
in person	the day and time <b>you</b> purchase <b>your plan</b> .
by mail	the day after <b>your</b> application or other form is postmarked.
over the phone	the day after <b>you</b> place <b>your</b> telephone order.
by fax	the day after <b>we</b> receive <b>your</b> fax.
online	the day after <b>we</b> receive <b>your</b> online order.

All coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

**Your** coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**; or
- the 120<sup>th</sup> day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

**Your plan** can't be renewed.

Coverage will not end solely because **you** become an elected official in Texas.

## SECTION 5: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.etravelprotection.com](http://www.etravelprotection.com), email or call **us** and **we'll** be happy to help.

#### **Go online to:**

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

#### **Email or call to:**

- find out what forms and documentation **you** need.
- file a claim and check its progress.

#### **Claims inquiry:**

- **Website:** [www.etravelprotection.com](http://www.etravelprotection.com)
- **Email:** [claimsinquiry@allianzassistance.com](mailto:claimsinquiry@allianzassistance.com)
- **Telephone:** 1-800-334-7525

### IMPORTANT INFORMATION ABOUT CLAIMS

**You** have one year from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Within 15 **business days** after **we** receive notice of a claim **we'll**:

- acknowledge receipt of the claim (If the acknowledgement is not made in writing, **we'll** make a record of the date, means, and content of the acknowledgement.);
- begin any investigation of the claim; and
- request all items, statements, and forms ("proof of loss") **we** reasonably believe will be required from **you** at the time. Additional requests may be made if necessary.

**We'll** notify **you** in writing if **we** accept or reject the claim no later than 15 **business days** after **we** receive all proof of loss required by **us**. If **we** accept the claim, payment shall be made immediately on receipt of due written proof of the loss, as long as any outstanding conditions are met. If **we** reject the claim, **we'll** tell **you** the reasons for the rejection. If **we're** unable to accept or reject the claim within 15 **business days** after **we** receive all proof of loss required, **we'll** notify **you** within the 15 **business-day** period and tell **you** why we need additional time to investigate the claim. If **we** require additional time to investigate **your** claim, **we'll** notify **you** if we accept or reject the claim no later than 45 **business days** after **our** request for additional time to investigate the claim.

Except as otherwise provided, if **we** delay payment of a claim for more than 60 **business days** following receipt of all required proof of loss, **we'll** pay the amount of the claim plus 18 percent interest per year together with reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

#### *Proof of Loss*

**You** are responsible for providing all necessary documentation to prove **your** loss.

#### *Assignment*

**You** can assign **your** rights under **your plan** by notifying **us** in writing.

#### *About beneficiaries*

All benefits will be paid to **your** estate.

#### *Duplicate coverage*

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

#### *Medical examinations and autopsy*

**We** have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

#### *Recovery*

**We** have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

#### *Subrogation*

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

#### *About fraud*

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** application or other form is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

#### *Resolving disputes*

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. Upon mutual agreement, **you** can submit a dispute to non-binding desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, from the time written proof of loss is required to be provided; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



#### **Important**

This is a named perils travel insurance policy, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

**We'll** only pay for reasonable, appropriate expenses that are covered by the **plan you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

## SECTION 6: DEFINITIONS

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Assault</b>	Physical assault that requires treatment in a <b>hospital</b> .
<b>Business day</b>	All days except Saturday, Sunday, or holiday recognized by the State of Texas.
<b>Covered reasons</b>	The specific situations and events that are covered by this policy
<b>Deductible</b>	The dollar amount <b>you</b> must contribute to the loss.
<b>Dentist</b>	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Destination</b>	A place more than 100 miles from <b>your primary residence</b> where <b>you</b> spend more than 24 hours of <b>your trip</b> .
<b>Doctor</b>	Someone who is legally entitled to practice medicine, and is licensed if required.
<b>Domestic partner</b>	A person <b>you've</b> lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. <b>You</b> must be able to show evidence that <b>you've</b> lived together for 12 consecutive months.
<b>Emergency medical and/or dental care</b>	Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like: <ul style="list-style-type: none"><li>• elective cosmetic surgery or cosmetic foot care;</li><li>• physical exams;</li><li>• allergy treatments (unless life threatening);</li><li>• hearing aids, eyeglasses and contact lenses;</li><li>• palliative care; or</li><li>• experimental treatment.</li></ul>
<b>Epidemic</b>	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
<b>Existing medical condition</b>	An <b>illness</b> or <b>injury</b> that <b>you</b> , a <b>traveling companion</b> or <b>family member</b> were seeking or receiving treatment for or had symptoms of at any time in the 120 days before <b>you</b> purchased <b>your plan</b> .  <b>You</b> , a <b>traveling companion</b> or <b>family member</b> are considered to have an <b>existing medical condition</b> if <b>you</b> , a <b>traveling companion</b> or <b>family member</b> :

- saw or were advised to see a **doctor**;
- had symptoms that would cause a prudent person to see a **doctor**; or
- were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.

### Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including children who are adopted or are a party to a suit in becoming adopted);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

### Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including children who are adopted or are a party to a suit in becoming adopted);
- siblings; and
- grandparents and grandchildren.

### Hospital

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

### Illness

Sickness, infirmity or disease. It doesn't include conditions **you** already had or knew about when **you** purchased **your plan** (see **existing medical condition**).

### Injury

Physical harm directly caused by an **accident** or **assault**, without other contributing causes.

### Inpatient

Someone who receives medical or dental treatment while registered as a bed patient in a **hospital** or **other licensed provider**. Room and board is charged for the patient's stay, in addition to charges for medical treatment and care.



<b>Medical condition</b>	A physical condition <b>you</b> have, or have symptoms of, that <b>you</b> : <ul style="list-style-type: none"> <li>• have seen or been advised to see a <b>doctor</b> about;</li> <li>• have symptoms of that would cause a prudent person to see a <b>doctor</b>; or</li> <li>• are taking prescribed medication for.</li> </ul>
<b>Medically necessary</b>	Treatment that's appropriate for <b>your illness</b> or <b>injury</b> , consistent with <b>your</b> symptoms, and that can safely be provided to <b>you</b> . It meets the standards of good medical practice and isn't for <b>your</b> convenience or the provider's convenience.
<b>Other licensed provider</b>	A person or entity that isn't a <b>doctor</b> or <b>hospital</b> but provides medical or dental services, and is licensed where required.
<b>Outpatient</b>	Someone who receives medical or dental treatment but doesn't have to stay at a <b>hospital</b> for overnight care.
<b>Pandemic</b>	An <b>epidemic</b> over a wide geographic area that affects a large portion of the population.
<b>Quarantine</b>	Mandatory isolation or restrictions on where <b>you</b> can go, intended to stop a contagious disease from spreading.
<b>Reasonable and customary costs</b>	What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers.
<b>Scheduled departure date</b>	The day and time <b>you</b> listed on <b>your</b> application or other form as the day and time <b>you</b> plan to start <b>your trip</b> . <b>You</b> have paid for travel that starts on this date.
<b>Severe weather</b>	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
<b>Terrorist event</b>	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line or other travel service provider.
<b>Traveling companion</b>	A person traveling with <b>you</b> whose name appears with <b>yours</b> on the same <b>trip</b> arrangement and who will accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>traveling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader.
<b>Trip</b>	Round-trip or one-way travel to and from a place at least 100 miles from <b>your</b> home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
<b>Unlawful acts</b>	Felonies committed by <b>you</b> , a <b>traveling companion</b> or a <b>family member</b> , even if the <b>family member</b> isn't covered by <b>your plan</b> .

## HELP WHILE TRAVELING

If **you** need help while traveling, **our** assistance team is available 24 hours a day.

**Our** services are here to help make challenging situations a little easier. With **our** global reach, **we** can get **you** in touch with licensed medical and legal professionals and other kinds of help.



### Important

Please note that the General exclusions for **your plan** also apply to **our** assistance services. **You'll** find the list of these exclusions in Section 3, *What this policy excludes*.

## HOW TO REACH US

In the United States, Canada, Puerto Rico and U.S. Virgin Islands, call **1-800-654-1908**  
All other locations, call collect **1-804-281-5700**  
If **you** can't call collect, **we'll** call **you** back.

Please have this information ready when **you** call:

- **your** name, location and phone number
- **your** identification number

## MEDICAL ASSISTANCE

### *Finding a doctor, dentist or medical facility*

If **you** need care from a **doctor**, **dentist** or medical facility while **you're** traveling, **we** can help **you** find one.

### *Paying or guaranteeing your hospital bill*

If **you** need to be admitted to a **hospital** as an **inpatient** for longer than 24 hours, **we** can guarantee or advance payments up to the limit of **your emergency medical/dental coverage** (described in Section 2).

### *Monitoring your care*

If **you're** hospitalized, **our** medical staff will stay in contact with **you** and the **doctor** caring for **you**. **We** can also notify **your** family and **your doctor** back home of **your illness** or **injury** and update them on **your** status.

## LEGAL ASSISTANCE

### *Finding a legal advisor*

**We** can help **you** find local legal advice if **you** need it while **you're** traveling.

### *Arranging a cash transfer*

If **you** need to pay legal fees, **we** can arrange to transfer funds from **your** family or friends.

## TRAVEL AND DOCUMENT ASSISTANCE

### *Replacing lost travel tickets*

If **your** tickets are lost or stolen, **we** can contact the airline or other **common carrier**, and can help **you** with **your** travel arrangements if **your trip** is interrupted.

### *Replacing lost passports and other travel documents*

If **your** passport or other travel documents are lost or stolen, **we** can help **you** reach the appropriate authorities, contact **your** family or friends, and assist **you** in getting **your** documents replaced.

## OTHER ASSISTANCE SERVICES

### *Getting flight information*

If **you** miss **your** flight or it's canceled, **we** can give **you** arrival and departure times for other flights that will get **you** to **your** connecting flight or final **destination**.

### *Getting emergency cash*

If **your** cash is lost or stolen or **you** need extra money to pay for unexpected expenses, **we** can arrange to transfer funds from **your** family or friends.

### *Delivering emergency messages*

**We** can help **you** get an urgent message to someone back home. **We'll** try calling up to three times within 24 hours and confirm whether **we** were able to reach the person **you** asked **us** to contact.

### **About our assistance services**

**Our** goal is to help **you** with **your** problem no matter where **you're** traveling.

**We'll** make all reasonable efforts to help **you** as **we've** described, but there may be times when **we** aren't able to resolve **your** problem for reasons that are beyond **our** control.

**We** will always do **our** best to refer **you** to appropriate professionals, but please be aware that they are independent providers and **we** can't be held responsible for the results of any services they provide.

## EMERGENCY MEDICAL TRANSPORTATION



### **Important**

If **your** emergency is immediate and life threatening, seek local emergency care at once.

Please refer to **your** cover letter to confirm **your** coverage and limits in **your plan**.

**You** or **your** representative must contact **us** and **we** must make all transportation arrangements in advance. **We** will not pay for any of the services listed in this section if **we** didn't authorize and arrange it.

### *Moving you to a hospital or medical clinic (emergency medical evacuation)*

If **you're** seriously **ill** or **injured** during **your trip** and **our** medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- **our** medical team will consult with the local **doctor**;
- **we'll** identify the closest appropriate facility, make arrangements and pay to transport **you** to that facility; and
- **we'll** arrange and pay for a **medical escort** if **we** determine one is necessary.

### *Getting you home after your care (medical repatriation)*

If **you're** seriously **ill** or **injured** during **your trip**, under the care of a local **doctor** and unable to continue **your trip**, medical repatriation takes place once **our** medical team determines that **you** are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. **We'll**:

- arrange and pay (less any **refunds** for unused tickets) for **you** to be transported via a commercial transportation carrier in the same class of service that **you** were booked for **your trip**. The transportation will be to one of the following:
  - **your primary residence**;
  - a location of **your** choice in the United States; or
  - a medical facility near **your primary residence** or city of **your** choice in the United States. **We'll** take **your** request into consideration as long as the medical facility will accept **you** as a patient and is approved as medically appropriate for **your** continued care by **our** medical director.
- arrange and pay for a **medical escort** if **our** medical team determines a **medical escort** is necessary.

### *Bringing a friend or family member to you (transport to bedside)*

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** transport a friend or **family member** to stay with **you**. **We'll** arrange and pay for round-trip transportation in economy class on a **common carrier**.

#### *Getting your children home (return of dependents)*

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** arrange for and pay (less any **refunds** for unused tickets) to transport **your** children under the age of 23 who are traveling with **you** to one of the following:

- **your primary residence**; or
- a location of **your** choice in the United States.

Transportation will be on a **common carrier** in the same class of service they were originally booked.

#### *Transporting your remains (repatriation of remains)*

**We'll** arrange and pay for the reasonable and necessary services to transport **your** remains to one of the following:

- a funeral home near **your primary residence**; or
- a funeral home located in the United States.

**We'll** also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

**Your** representative must contact **us** in advance to make these arrangements. If this is not possible, **your** representative must contact **us** within a reasonable time, but no later than one year after the transportation.

**Medical escort** A professional person contracted by **our** medical team to accompany a seriously ill or **injured** person while they are being transported. A **medical escort** is trained to provide medical care to the person being transported. A friend or **family member** cannot be a **medical escort**.

## CONCIERGE SERVICES

If **you** are in need of assistance 24 hours a day, any day of the year, please call the phone number printed on **your** letter of confirmation, or the hotline at:

**1-800-654-1908** when in the U.S., Canada, Puerto Rico and U.S. Virgin Islands

**1-804-281-5700** collect

When **you** call, have the following information ready for the hotline coordinator:

- **Your** name and confirmation or identification number; and
- **Your** location and local telephone number.

The hotline coordinator will confirm **your** enrollment and connect **you** with a Concierge associate.

**Note:** It may not be possible to call collect. If **you** must phone the hotline directly, give **your** location and phone number to the hotline coordinator who will call **you** back.

**Our** goal is to make **your** travels more enjoyable and hassle free. **Our** Concierge associates can assist **you** with many requests from the routine to the extraordinary. The following are types of services **you** can contact **us** for assistance with:

#### *Entertainment/Event Planning*

When **you** are traveling, or planning **your trip**, the following entertainment options are at **your** disposal:

- Restaurant information, referrals and reservations
- Sports event, show and festival information, reservations and ticket purchasing
- Theater and concert event information, reservations and ticket purchasing
- Health Club information, referrals and reservations
- Golf tee times, information, referrals and reservations

#### *Destination Assistance*

Get the details on **your** destination from **our** vast experience and database of information.

- Highlights and sightseeing information
- Airport and mass transportation information
- Health and security information
- Local custom and duty information
- Exhibition, show and festival information and ticket purchase
- Museum information
- Shopping information
- Exchange rate information
- Visa and passport information
- ATM location information

#### *Travel Information and Reservations*

When **you** need assistance with accommodations, flights or transportation, **we** stand ready to help.

- Hotel and other overnight accommodation information, referrals and reservations
- Flight information and reservations
- Train information and reservations
- Limo and car service information and reservations

#### *Business Services*

When traveling on business, **you** will find the business services helpful should unexpected events or important business needs occur.

- Computer rental and referrals and arrangements
- Audio/visual equipment referrals and arrangements
- Translation service referrals and arrangements
- Messenger service referrals and arrangements
- Mobile phone rental referrals and arrangements

### *Specialty Services*

A last minute gift need, an important thank you, or other special event while **you** are traveling can easily be remedied. Some common services include:

- Gift Basket purchase arrangements
- Flower delivery purchase arrangements
- Gift referral and purchase arrangements
- Gourmet food purchase arrangements

All of **our** concierge benefits are service benefits, not financial benefits. Any costs associated with the services are paid by **you**.

## **We're only a CLICK away!**

**Visit [www.etravelprotection.com](http://www.etravelprotection.com)  
to:**

- File a claim
- Check claim status
- Modify a policy



TI\_101\_01\_P\_TX\_V2S

# JEFFERSON INSURANCE COMPANY

(A Stock Company)

## TEXAS AMENDATORY RIDER

The policy to which this rider is attached is amended as follows:

1. **SECTION 2: WHAT THIS POLICY INCLUDES, YOUR BAGGAGE IS LOST, DAMAGED, STOLEN OR DELAYED, Lost, damaged or stolen baggage coverage, What it covers,** Special limit section is amended by the deletion of the following:

Jewelry.

2. **SECTION 3: WHAT THIS POLICY EXCLUDES, SPECIFIC EXCLUSIONS,** These items aren't covered section is amended by adding the following:

Jewelry.

3. **SECTION 4: WHO IS COVERED AND WHEN,** is amended by the following:

Coverage will not end solely because **you** become an elected official in Texas.

4. **SECTION 5: CLAIMS INFORMATION, IMPORTANT INFORMATION ABOUT CLAIMS** is amended by the deletion of the first paragraph and the addition of the following paragraphs:

**You** have 91 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Within 15 **business days** after **we** receive notice of a claim **we'll**:

- acknowledge receipt of the claim (If the acknowledgement is not made in writing, **we'll** make a record of the date, means, and content of the acknowledgement.);
- begin any investigation of the claim; and
- request all items, statements, and forms ("proof of loss") **we** reasonably believe will be required from **you** at the time. Additional requests may be made if necessary.

**We'll** notify **you** in writing if **we** accept or reject the claim no later than 15 **business days** after **we** receive all proof of loss required by **us**. If **we** reject the claim, **we'll** tell **you** the reasons for the rejection. If **we're** unable to accept or reject the claim within 15 **business days** after **we** receive all proof of loss required, **we'll** notify **you** within the 15 **business-day** period and tell **you** why we need additional time to investigate the claim. If **we** require additional time to investigate **your** claim, **we'll** notify **you** if we accept or reject the claim no later than 45 **business days** after **our** request for additional time to investigate the claim.

Except as otherwise provided, if **we** delay payment of a claim for more than 60 **business days** following receipt of all required proof of loss, **we'll** pay the amount of the claim plus 18 percent interest per year together with reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

5. **SECTION 6: DEFINITIONS,** is amended by the addition of the following definition.

**Business day**

All days except Saturday, Sunday, or holiday recognized by the State of Texas.

6. Collision, loss or damage coverage is not available in Texas.

There are no other changes to the policy.

**Comments of the Center for Economic Justice  
to the NAIC Travel Insurance Working Group**

**April 3, 2017**

**Appendix 4:**

**TripMate / REI / United States Fire Insurance  
Travel Protection Documents**



## Summary of Plan Benefits

### Important

This document provides only a summary of the Plan Benefits. This document is not Your Purchase Confirmation. Your Purchase Confirmation and applicable Plan Documents are provided to You at time of purchase.

### Customer Service

Have questions about this Plan? You can view many Frequently Asked Questions at [adventure.tripassure.com](http://adventure.tripassure.com), or call a TripAssure Customer Service Representative at:

**Customer Service or To Report A Claim**  
1-844-287-8430

### Satisfaction Guarantee

If You are not satisfied for any reason, You may return Your Plan Documents to TripAssure within 10 days after receipt. Your plan payment will be refunded, provided You have not filed a claim or departed on Your Trip. When so returned, the Plan Documents are void from the beginning.

### Time Sensitive Provisions

**If You have purchased this Plan within 21 days of the date Your initial Payment or Deposit for Your Trip is received**, then the Plan exclusion for Pre-Existing Conditions will be waived, provided You are not disabled from travel at the time Your plan payment is paid.

**If You have purchased this Plan within 21 days of the date Your initial Payment or Deposit for Your Trip is received**, there is coverage for Bankruptcy or Default of an airline, cruise line, tour operator or travel supplier (other than the Travel Supplier from whom You purchased Your Travel Arrangements) causing a complete cessation of travel services more than 14 days following Your Effective Date.

### Insure The Full Cost of Your Trip

If You have insured an amount less than 100% of the cost of all Your Prepaid Trip costs that are subject to cancellation penalties or restrictions: 1) the maximum benefit for Trip Cancellation will be limited to the amount of coverage You purchased; 2) the maximum benefit for Trip Interruption will be 150% of the amount of coverage You purchased; and 3) there will be no coverage for Bankruptcy or Default of an airline, cruise line, tour operator or travel supplier.

### One Call Worldwide Travel Services Network

One Call Travel Services Network provides: medical, legal and travel assistance services available 24 hours a day/365 days a year. A complete list of these services is available at [adventure.tripassure.com](http://adventure.tripassure.com). To contact One Call:

<b>Within U.S.A. &amp; Canada</b>	<b>Outside U.S.A. &amp; Canada</b>
<b>1-800-555-9095</b>	<b>1-603-894-4710</b>

**This document provides a brief summary of the plan. If there is a conflict between this document and a plan provision, the plan provision shall prevail.**

### Plan Information

Product:	<b>Adventure Plan</b>
Plan #:	<b>R775</b>

### Schedule of Benefits

<b>Plan Benefits</b>	<b>Maximum Benefit Amount</b>
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Trip Cancellation .....	Trip Cost
Trip Interruption.....	150% of Trip Cost
Missed Connection.....	\$1,000
Travel Delay (Up to \$200 Per Day) .....	\$1,500
Itinerary Change .....	\$250
<b>Medical Expense/Emergency Evacuation</b>	
Accident and Sickness Medical Expense .....	\$100,000
Emergency Medical Evacuation, Medical Repatriation and Return of Remains .....	\$1,000,000
<b>Non-Medical Emergency Evacuation.....</b>	<b>\$25,000</b>
<b>24-Hour Accidental Death and Dismemberment .....</b>	<b>\$50,000</b>
<b>Baggage and Personal Effects .....</b>	<b>\$1,000</b>
<b>Baggage Delay .....</b>	<b>\$500</b>

**The Travel Insurance Benefits of this Plan are Underwritten By:** United States Fire Insurance Company

**Plan Administrator:** Trip Mate, Inc. (in CA & UT, dba Trip Mate Insurance Agency) 9225 Ward Parkway, Suite 200, Kansas City, MO 64114, 1-844-287-8430.

### Non-Insurance Services

**One Call 24-Hour Assistance Services**  
**Global Xpi Medical Records Service**

PLAN DOCUMENTS



# Adventure Plan



Please review these Plan Documents as they provide complete details of the Plan Benefits and Services. Have questions? You can call us toll-free at the number listed below. You can also view many Frequently Asked Questions at [adventure.tripassure.com](http://adventure.tripassure.com).

**Customer Service**

1-844-287-8430

**To Report A Claim**

Present all claims to the Program Administrator:

Online at: [adventure.tripassure.com](http://adventure.tripassure.com)

or by phone:

Tel: 1-844-287-8430

**Plan Number: R775**

**Trip Mate, Inc.**

(In CA & UT, dba Trip Mate Insurance Agency)  
9225 Ward Parkway, Suite 200  
Kansas City, Missouri 64114

**One Call Worldwide Travel Assistance**

To assist you while traveling, One Call multi-lingual professionals are available 24 hours a day/365 days a year providing medical, legal and travel assistance services. A complete list of these services is included with this Plan.

**To Contact One Call:**

**Within U.S.A. & Canada**

1-800-555-9095

**Outside U.S.A. & Canada**

1-603-894-4710

The 24-Hour Assistance Services are provided by:  
One Call Worldwide Travel Services Network



INDIVIDUAL TRAVEL INSURANCE POLICY

Please Read This Document Carefully!

This Policy is issued in consideration of Your enrollment and payment of the premium due. This Policy of Insurance describes the insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our.

This Policy is a legal contract between You and the Company. It is important that You read Your Policy carefully. Please refer to the accompanying Schedule of Benefits, which provides You with specific information about the program You purchased. You should contact the Company immediately if You believe that the Schedule of Benefits is incorrect.

TEN DAY LOOK:

If You are not satisfied for any reason, You may cancel insurance under this Policy by giving the Company or the agent written notice within the first to occur of the following: (a) 10 days from the Effective Date of Your Insurance; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under this Policy.

**Renewal:** Coverage under this Policy is not renewable.

**Signed for United States Fire Insurance Company By:**



Marc J. Adee  
Chairman and CEO



James Krause  
Secretary

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SECTION I.	Effective Date And Termination Date
SECTION II.	Coverages
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SECTION V.	Payment Of Claims
SECTION VI.	General Provisions

When Coverage For Your Trip Begins – Coverage Effective Date:

**Trip Cancellation:** Coverage begins at 12:01 a.m. on the day after the date the appropriate premium for this Policy for Your Trip is received by any entity or organization that coordinates or supplies travel services for You; or 2) if mailed, at 12:01 a.m. on the day after the postmark date the appropriate premium for this Policy for Your Trip is received by any entity or organization that coordinates or supplies travel services for You. This is Your "Effective Date" and time for Trip Cancellation.

**Travel Delay:** Coverage begins after You have traveled 50 miles or more from home en route to join Your Trip. This is Your "Effective Date" and time for Travel Delay.

**All Other Coverages:** Coverage begins when You depart on the first Travel Arrangement (or alternate travel arrangement if You must use an alternate travel arrangement to reach Your Trip destination) for Your Trip. This is Your "Effective Date" and time for all other coverages, except Trip Cancellation and Travel Delay.

When Coverage For Your Trip Ends – Coverage Termination Date:

**Trip Cancellation:** Your coverage automatically ends on the earlier of: 1) the scheduled departure time on the Scheduled Departure Date of Your Trip; 2) the date and time You depart on Your Trip; or 3) the date and time You cancel Your Trip.

**All Other Coverages:** Your coverage automatically ends on the earlier of: 1) the date Your Trip is completed; 2) the Scheduled Return Date; 3) Your arrival at Your return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of Your Trip covered by this Policy. Termination of this Policy will not affect a claim for loss that occurs after premium has been paid.

**Extension of Coverage:** All coverages under this Policy will be extended if Your entire Trip is covered by this Policy and Your return is delayed due to unavoidable circumstances beyond Your control. This extension of coverage will end on the earlier of the date You reach Your originally scheduled return destination or 10 days after the Scheduled Return Date.

SECTION II. COVERAGES

TRIP CANCELLATION

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to reimburse You for the amount of the unused non-refundable Prepaid Payments or Deposits You paid for Travel Arrangements, including up to \$150 for the cost of airline-imposed fees to rebook frequent flyer miles for air flights to join Your Trip when You are prevented from taking Your Trip due to:

1. Your or a Family Member's or a Traveling Companion's or a Business Partner's death, which occurs before departure on Your Trip;
2. Your or a Family Member's or a Traveling Companion's or a Business Partner's covered Sickness or Injury, which: a) occurs before departure on Your Trip; b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician; and c) prevents Your participation in the Trip;
3. For the **Other Covered Reasons** listed below;

provided such circumstances occur while coverage is in effect.

"Other Covered Reasons" means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);

- b. Your or Your Traveling Companion's primary place of residence or destination being rendered uninhabitable by fire, flood, burglary or other Natural Disaster. We will only pay benefits for Losses occurring within 30 calendar days after the Natural Disaster makes Your destination accommodations uninhabitable. Your primary place of residence or destination is uninhabitable if: (i) the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; (iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or (iv) the property is without electricity or water. Benefits are not payable if a storm, snow storm, blizzard or hurricane is named on or before the Effective Date of Your Trip Cancellation coverage;
- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other Natural Disaster and You and/or Your Traveling Companion are required to work as a result;
- d. a documented theft of passports or visas;
- e. a permanent transfer of employment of 250 miles or more;
- f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
- g. unannounced Strike that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- h. Inclement Weather that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- i. mechanical breakdown that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- j. a government-mandated shutdown of an airport or air traffic control system due to a Natural Disaster;
- k. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;
- l. involuntary employer termination or layoff affecting You or a Traveling Companion. Employment must have been with the same employer for at least 1 continuous year;
- m. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- n. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;
- o. Bankruptcy or Default of an airline, cruise line, tour operator or other travel provider (other than the travel agency, organization or firm from whom You purchased Travel Arrangements supplied by others) causing a complete cessation of travel services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if the Policy has been purchased within 21 days of the date Your initial deposit/payment for Your Trip is received and You insure the full cost of Your Trip subject to penalties or restrictions;
- p. Your family or friends living abroad with whom You are planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;
- q. You, Your Traveling Companion or a Family Member traveling with You is required to work during the Trip. A written statement by an unrelated company official and/or the human resources department demonstrating revocation of previously approved time off will be required. You, Your Traveling Companion or Family Member cannot be a company owner or partner;
- r. mandatory evacuation ordered by local government authorities at Your Trip destination (or official public evacuation notices or recommendations without a mandatory evacuation order issued) due to adverse weather or Natural Disaster;
- s. felonious assault of You or Your Traveling Companion within 10 days of the Scheduled Departure Date;
- t. You, Your Traveling Companion or Family Member traveling with You is directly involved in the merger of Your employer or the acquisition of Your employer by another company. You, Your Traveling Companion or Family Member cannot be a company owner or partner;
- u. a cancellation of Your Trip within 36 hours of Your Scheduled Departure Date and time if Your Trip destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of Your Trip occurs more than 14 days following Your Effective Date of coverage for the Trip Cancellation Benefits;
- v. the primary or secondary school that You, Your Family Member or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after Your Effective Date for Trip Cancellation; and 2) cause the classes to extend beyond the Scheduled Departure Date of Your Trip. Extensions due to extra-curricular or athletic events are not covered;
- w. Your normal pregnancy or attending the childbirth of Your Family Member. The pregnancy must occur after the Plan Effective Date and be verified by medical records; or
- x. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Missed Connection Benefit.

If Your Travel Supplier cancels Your Trip, a benefit will be paid up to a maximum of \$150 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of Your Trip including the airfare cost.

The maximum payable under this Trip Cancellation Benefit is the lesser of the total amount of coverage You purchased or the Maximum Benefit Amount shown in the Schedule of Benefits.

#### Single Supplement

Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for Prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is canceled for a covered reason and You do not cancel Your Trip.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### TRIP INTERRUPTION

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits to reimburse You for unused non-refundable land or water Travel Arrangements plus the Additional Transportation Cost paid:

- a. to join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach Your Trip destination; or
- b. to rejoin Your Trip or transport You to Your originally scheduled return destination, if You must interrupt Your Trip after departure, each by the most direct route possible.

Trip Interruption must be due to:

- 1. Your or a Family Member's or a Traveling Companion's or a Business Partner's death, which occurs while You are on Your Trip;

2. You or a Family Member's or a Traveling Companion's or a Business Partner's covered Sickness or Injury which: a) occurs while You are on Your Trip; b) requires Medical Treatment at the time of interruption resulting in medically imposed restrictions, as certified by a Legally Qualified Physician; and c) prevents Your continued participation on Your Trip;

3. For the **Other Covered reasons** listed below;

provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's primary place of residence or destination being rendered uninhabitable by fire, flood, burglary or other Natural Disaster; We will only pay benefits for Losses occurring within 30 calendar days after the Natural Disaster makes Your destination accommodations uninhabitable. Your primary place of residence or destination is uninhabitable if: (i) the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; (iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or (iv) the property is without electricity or water. Benefits are not payable if a storm, snow storm, blizzard or hurricane is named on or before the Effective Date of Your Trip Cancellation coverage;
- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other Natural Disaster and You and/or Your Traveling Companion are required to work as a result;
- d. a documented theft of passports or visas;
- e. a permanent transfer of employment of 250 miles or more;
- f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
- g. unannounced Strike that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- h. Inclement Weather that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- i. mechanical breakdown that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- j. a government-mandated shutdown of an airport or air traffic control system for reasons other than terrorism or an act of war;
- k. You or Your Traveling Companion is in the military and called to emergency duty for a national disaster other than war;
- l. involuntary employer termination or layoff affecting You or a Traveling Companion. Employment must have been with the same employer for at least 1 continuous year;
- m. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- n. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;

- o. Bankruptcy or Default of an airline, cruise line, tour operator or other travel provider (other than the travel agency, organization or firm from whom You purchased Travel Arrangements supplied by others) causing a complete cessation of travel services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if the Policy has been purchased within 21 days of the date Your initial deposit/payment for Your Trip is received and You insure the full cost of Your Trip subject to penalties or restrictions;
- p. Your family or friends living abroad with whom You are planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;
- q. You, Your Traveling Companion or a Family Member traveling with You is required to work during Your Trip. A written statement by an unrelated company official and/or the human resources department demonstrating revocation of previously approved time off will be required. You, Your Traveling Companion or Family Member cannot be a company owner or partner;
- r. mandatory evacuation ordered by local government authorities at Your Trip destination (or official public evacuation notices or recommendations without a mandatory evacuation order issued) due to adverse weather or Natural Disaster;
- s. felonious assault of You or Your Traveling Companion while on your Trip;
- t. You, Your Traveling Companion or Family Member traveling with You is directly involved in the merger of Your employer or the acquisition of Your employer by another company;
- u. a cancellation of Your Trip within 36 hours of Your Scheduled Departure Date and time if Your Trip destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of Your Trip occurs more than 14 days following Your Effective Date of coverage for Your Trip Cancellation Benefits;
- v. the primary or secondary school that You, Your Family Member traveling with You or Traveling Companion attends continues classes beyond the predefined school year to fall within the period of the travel dates of Your Trip due to unforeseeable events which commence while Your coverage is in effect. Extensions due to extra-curricular or athletic events are not covered;
- w. Your normal pregnancy or attending the childbirth of Your Family Member. The pregnancy must occur after the Plan Effective Date and be verified by medical records; or
- x. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of Your scheduled Trip duration due to the reasons covered under the Missed Connection Benefit.

#### **Additional Trip Interruption Benefits:**

If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and local transportation expenses incurred by You to remain with Your Traveling Companion up to \$200 per day, limited to a maximum of \$1,500.

If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization and You must extend Your Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights, meal(s) and local transportation expenses up to \$200 per day, limited to a maximum of \$1,500.

If You interrupt Your Trip for a covered reason, We will also reimburse You, up to \$300, for the amount of unused, forfeited, non-refundable payments for shore excursions; theater, concert or event tickets or fees; or sightseeing if such arrangements are made during Your Trip and are to be used prior to the Scheduled Return Date of Your Trip.

The maximum payable under this Trip Interruption Benefit is the lesser of 150% of the total amount of coverage You purchased or 150% of the Maximum Benefit Amount shown in the Schedule of Benefits.

### Single Supplement

Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for Prepaid Travel Arrangements if a Traveling Companion's or Family Member's Trip is interrupted for a covered reason and You do not interrupt Your Trip.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### MISSED CONNECTION

If You miss Your Trip departure because Your arrival at Your Trip destination is delayed for 3 or more hours, due to:

- a. any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b. documented weather condition preventing You from getting to the point of departure;
- c. quarantine, hijacking, Strike, Natural Disaster, terrorism or riot.

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for:

- a. Your Additional Transportation Cost to join Your Trip; and
- b. Your Prepaid expenses for the unused land or water Travel Arrangements.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### TRAVEL DELAY

Benefits will be paid for reasonable accommodation, meal and local transportation expenses incurred by You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You are delayed for 8 hours or more while en route to or from, or during Your Trip, due to:

- a. any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b. a traffic accident in which You or Your Traveling Companion is not directly involved (must be substantiated by a police report);
- c. lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d. quarantine, hijacking, Strike, Natural Disaster, terrorism or riot;
- e. a documented weather condition preventing You from getting to the point of departure.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### ITINERARY CHANGE

In the event Your Travel Supplier makes a change in Your Trip itinerary after Your Scheduled Departure Date which prevents You from participating in an event/activity Prepaid prior to departure and scheduled on Your Trip itinerary, non-refundable Prepaid event/activity expenses will be payable up to the Maximum Benefit Amount shown in the Schedule of Benefits.

Benefits will not be paid if a comparable event/activity of equivalent cost is rescheduled during the course of Your Trip.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### ACCIDENT & SICKNESS MEDICAL EXPENSE

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, as a result of a covered Injury or covered Sickness, which first occurs during Your Trip. Only Covered Expenses incurred during Your Trip will be reimbursed. Expenses incurred after Your Trip are not covered.

Benefits will include up to \$750 for expenses incurred during Your Trip for emergency dental treatment. Only expenses for emergency dental treatment to natural teeth incurred during Your Trip will be reimbursed. Expenses incurred after Your Trip are not covered.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission to a Hospital, because of a covered Injury or covered Sickness. The Program Medical Advisor will coordinate advance payment to the Hospital.

For the purpose of this benefit:

**"Covered Expense"** means expense incurred only for the following:

1. The medical services, prescription drugs and therapeutic services ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a hospital room for recovery from a covered Injury or covered Sickness);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

These benefits will not duplicate any benefits payable under the Policy or any coverage(s) attached to the Policy.

**Covered Expenses due to a Sickness are limited to a total of 90 days of treatment during Your Trip.**

### EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS

When You suffer loss of life for any reason or incur a Sickness or Injury during the course of Your Trip, the following benefits are payable, up to the Maximum Benefit Amount shown in the Schedule of Benefits.

1. **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Medical Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

If You are in the Hospital for more than 7 consecutive days and Your dependent children who are under 18 years of age and accompanying You on Your Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the Program Medical Advisor).

2. **Medical Repatriation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the Program Medical Advisor:

- i. one-way Economy Transportation;
- ii. commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing and considered necessary by the Program Medical Advisor; or
- iii. other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the Program Medical Advisor. Transportation must be via the most direct and economical route.

**Hospital Of Choice**

Subject to the terms and conditions of item # 2, You may choose to be transported to a Hospital in a city within the United States of America other than Your primary place of residence, but the maximum amount payable is limited to the cost of transportation to Your primary place of residence.

**Dispatch of a Physician:** If the local attending Legally Qualified Physician and the Program Medical Advisor cannot adequately assess Your need for Medical Evacuation or Transportation, and a Physician is dispatched by the Program Medical Advisor to make such assessment, benefits will be paid for the travel expenses incurred and medical services provided by the dispatched Physician.

3. **Return of Remains:** In the event of Your death during a Trip, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America or to the place of burial.

Benefits are paid less the value of Your original unused return travel ticket.

If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall:

- a. notify Us of any other insurance;
- b. help Us exercise Our rights in any reasonable way that We may request, including the filing and assignment of other insurance benefits;
- c. not do anything after the loss to prejudice Our rights; and
- d. reimburse to Us, to the extent of any payment We have made, for benefits received from such other insurance.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

**NON-MEDICAL EMERGENCY EVACUATION**

You are eligible for benefits, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for all reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your primary place of residence, if You must leave Your Trip for a Non-Medical Emergency Evacuation Covered Reason, as defined below.

Non-Medical Emergency Evacuation must occur within 14 days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by One Call Worldwide Travel Services Network.

**Non-Medical Emergency Evacuation Covered Reasons:** We will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on Your Trip, a formal recommendation in the form of a Travel Advisory or Travel Warning from the U.S. State Department, is issued for You to leave a country You are visiting on Your Trip due to:

- 1) a Natural Disaster;
- 2) civil, military or political unrest; or
- 3) Your being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

**Non-Medical Emergency Evacuation Exclusions:** We do not cover:

- 1) loss or expense recoverable under any other insurance or through an employer;
- 2) loss or expense arising from or attributable to:
  - (a) fraudulent or criminal acts committed or attempted by You;
  - (b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent, or
  - (c) failure to maintain required documents or visas;
- 3) loss or expense arising from or attributable to:
  - (a) debt, insolvency, business or commercial failure;
  - (b) the repossession of any property; or
  - (c) Your non-compliance with a contract, license or permit;
- 4) loss or expense arising from or due to liability assumed by You under any contract.

These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan.

**24-HOUR ACCIDENTAL DEATH AND DISMEMBERMENT**

We will pay the percentage of the Principal Sum shown in the Table of Losses below when You, as a result of an Injury occurring during Your Trip sustain a loss shown in the Table of Losses below. The loss must occur within one hundred eighty one (181) days after the date of the Injury causing the loss. The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits.

**Table of Losses**

<b>Type of Loss</b>	<b>Benefit Amount</b>
Loss of Life .....	100% of Principal Sum
Loss of both hands .....	100% of Principal Sum
Loss of both feet .....	100% of Principal Sum
Loss of both eyes .....	100% of Principal Sum
Loss of one hand and one foot .....	100% of Principal Sum
Loss of one hand and one eye .....	100% of Principal Sum
Loss of one foot and one eye .....	100% of Principal Sum
Loss of one hand .....	50% of Principal Sum
Loss of one foot .....	50% of Principal Sum
Loss of one eye .....	50% of Principal Sum

**Loss of hand or hands, or foot or feet,** means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the Schedule of Benefits.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

## BAGGAGE AND PERSONAL EFFECTS

Benefits will be provided to You, up to the Maximum Benefit Amount shown in the Schedule of Benefits: (a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects; (b) subject to all General Exclusions and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the Policy; and (c) occurring while coverage is in effect.

**Valuation and Payment of Loss:** The lesser of the following amounts will be paid:

- 1) the Actual Cash Value at the time of loss, theft or damage, except as provided below;
- 2) the cost to repair or replace the article with material of a like kind and quality; or
- 3) \$300 per article.

For claimed items without original receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss, not to exceed \$225 per article.

We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, We will:

- 1) repair or replace any part to restore the pair or set to its value before the loss; or
- 2) pay the difference between the value of the property before and after the loss.

A combined maximum of \$600 will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras and their accessories and related equipment.

A maximum of \$50 will be paid for the cost of replacing a passport or visa.

A maximum of \$50 will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.

**Baggage and Personal Effects does not include:**

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;
- 5) motors;
- 6) aircraft;
- 7) bicycles, except when checked as baggage with a Common Carrier;
- 8) household effects and furnishings;
- 9) antiques and collectors items;
- 10) sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or other orthodontic devices or hearing aids;
- 11) artificial limbs or other prosthetic devices;
- 12) prescribed medications;
- 13) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 15) professional or occupational equipment or property, whether or not electronic business equipment;
- 16) sporting equipment if the loss results from the use thereof; or
- 17) telephones or PDA devices, computer hardware or software.

## BAGGAGE DELAY

We will reimburse You, up to the amount shown in the Schedule of Benefits, for the cost of reasonable additional clothing and personal articles purchased by You, if Your Baggage is delayed for 12 hours or more during Your Trip.

We will also reimburse You up to \$50 for expenses incurred during Your Trip to expedite the return of Your delayed Baggage. This coverage terminates upon Your arrival at the return destination of Your Trip.

**Additional Limitations and Exclusions Specific to Baggage and Personal Effects:**

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or custom's rule;
- d) theft or pilferage while left in any unlocked vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) Your negligent acts or omissions;
- g) Your property shipped as freight or shipped prior to the Scheduled Departure Date;
- h) electrical current, including electric arcing that damages or destroys electrical devices or appliances.

**Additional Provisions applicable to Baggage and Personal Effects and Baggage Delay:**

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier.

**Additional Claims Provisions Specific to Baggage**

**Your Duties After Loss of or Damage to Property or Delay of Baggage:**

In case of loss, theft, damage or delay of baggage or personal effects, and You must:

- a) take all reasonable steps to protect, save or recover the property;
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
- c) produce records needed to verify the claim and its amount, and permit copies to be made;
- d) send proof of loss as soon as reasonably possible after date of loss, providing date, time, and cause of loss, and a complete list of damaged / lost items; and
- e) allow Us to examine baggage or personal effects, if requested.

These benefits will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

## SECTION III. DEFINITIONS

**"Accident"** means a sudden, unexpected unusual specific event that occurs at an identifiable time and place, and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**"Actual Cash Value"** means current replacement cost for items of like kind and quality.

**"Additional Transportation Cost"** means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

**"Baggage and Personal Effects"** means luggage, personal possessions and travel documents taken by You on Your Trip.

**“Bankruptcy or Default”** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by an airline, cruise line, tour operator or other travel provider provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date for the Trip Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency or firm from whom You purchased Travel Arrangements supplied by others.

**“Business Partner”** means an individual who (a) is involved in a legal general partnership with You and (b) is actively involved in the day to day management of Your business.

**“Caregiver”** means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

**“Child Caregiver”** means an individual providing basic childcare service needs for Your minor children under the age of 18 while You are on the Trip without the minor children. The arrangement of being the Child Caregiver while You are on the Trip must be made 30 or more days prior to the Scheduled Departure Date.

**“Common Carrier”** means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**“Complications of Pregnancy”** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

**“Domestic Partner”** means an opposite or same sex partner who, for at least 6 consecutive months, has resided with You and shared financial assets/obligations with You. Both You and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which You both reside; and (3) be mentally competent to contract. Neither You nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. We may require proof of the Domestic Partner relationship in the form of a signed and completed affidavit of domestic partnership.

**“Economy Transportation”** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for Your Trip.

**“Elective Treatment and Procedures”** means any medical treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.

**“Family Member”** means any of the following: Your or Your Traveling Companion’s legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, Caregiver, or Child Caregiver.

**“Hospital”** means: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**“Inclement Weather”** means any weather condition that delays the scheduled arrival or departure of a Common Carrier.

**“Injury” or “Injuries”** means bodily harm caused by an Accident which: (1) occurs while Your coverage is in effect under the Policy; and (2) requires examination and treatment by a Legally Qualified Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**“Insured”** means a person(s) who is booked to travel on a Trip, completes the enrollment form and for whom the required premium is paid, also referred to as You and Your.

**“Intoxicated”** means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

**“Legally Qualified Physician”** means a physician: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

**“Maximum Benefit Amount”** means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

**“Medically Necessary”** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

**“Medical Treatment”** means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment while coverage is in effect.

**“Natural Disaster”** means a flood, hurricane, tornado, earthquake, mudslide, tsunami, avalanche, landslide, volcanic eruption, fire, wildfire or blizzard that is due to natural causes.

**“Payments or Deposits”** means the cash, check, or credit card amounts, actually paid for Your Trip. Certificates, vouchers, discounts, credits, frequent traveler or frequent flyer rewards, miles or points applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.

**“Pre-Existing Condition”** means an illness, disease, or other condition during the 60 day period immediately prior to the date Your coverage is effective for which You or Your Traveling Companion, Business Partner or Family Member scheduled or booked to travel with You: (1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) took or received a prescription for drugs or medicine.

Item #2 of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this Policy.

**“Prepaid”** means Payments or Deposits paid by You for Travel Arrangements for Your Trip prior to Your actual or Scheduled Departure Date. Payments or Deposits for shore excursions, theater, concert or event tickets or fees, or sightseeing, if such arrangements are made during Your Trip and are to be used prior to the Scheduled Return Date of Your Trip, are not considered Prepaid as defined herein.

“**Program Medical Advisor**” means One Call Worldwide Travel Services Network.

“**Schedule of Benefits**” means a written confirmation specifying the coverages and amounts You have purchased and which is delivered to You.

“**Scheduled Departure Date**” means the date on which You are originally scheduled to leave on Your Trip.

“**Scheduled Return Date**” means the date on which You are originally scheduled to return to the point of origin or the original final destination of Your Trip.

“**Sickness**” means an illness or disease of the body which: 1) requires examination and treatment by a Legally Qualified Physician; and 2) commences while Your coverage is in effect.

“**Strike**” means any organized and legally sanctioned labor disagreement resulting in a stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and (b) which interferes with the normal departure and arrival of a Common Carrier.

“**Terrorist Incident**” means an act of violence, that is deemed terrorism by the United States Government other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or in association with other persons on behalf of or in connection with any organization of foreign government which is generally recognized as having the intent to overthrow or influence the control of any other foreign government.

“**Third Party**” means a person or entity other than You or Us.

“**Transportation Expense**” means the cost of Medically Necessary conveyance, personnel, and services or supplies.

“**Travel Advisory or Travel Warning**” means a U.S. State Department communication advising caution in traveling to specified destinations due to reasons such as armed violence, civil or political unrest, high incidence of crime (specifically kidnapping and/or murder), natural disaster or outbreak of one or more contagious diseases.

“**Travel Arrangements**” means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for Your Trip.

“**Travel Supplier**” means any entity or organization that coordinates or supplies travel services for You.

“**Traveling Companion**” means a person or persons whose names appear with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.

“**Trip**” means a scheduled trip for which coverage for Travel Arrangements is requested and the premium is paid prior to Your actual or Scheduled Departure Date of Your Trip.

“**Us**”, “**We**”, “**Our**” means United States Fire Insurance Company.

“**Usual and Customary Charges**” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

#### SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

Benefits are not payable for any loss due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;
2. an act of declared or undeclared war;
3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;

4. riding or driving in races, or speed or endurance competitions or events;
5. participating as a professional in a stunt, athletic or sporting event or competition;
6. participating in skydiving or parachuting except parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, any race, speed contests, spelunking or caving, or scuba diving if the depth exceeds 120 feet (40 meters) or if You are not certified to dive and a dive master is not present during the dive;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician;
9. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
10. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion;
11. dental treatment (except as coverage is otherwise specifically provided herein);
12. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or Return of Remains coverage;
13. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
14. a loss or damage caused by detention, confiscation or destruction by customs;
15. Elective Treatment and Procedures;
16. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
17. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Bankruptcy or Default; or
18. a loss that results from a Sickness, Injury, disease or other condition, event or circumstance which occurs at a time when the Policy is not in effect for You.

#### Waiver of the Pre-Existing Condition Exclusion

The exclusion for Pre-Existing Condition will be waived provided:

- (a) Your Payment or Deposit for this Policy is received within 21 days of the date Your initial Payment or Deposit for Your Trip is received; and
- (b) You are not disabled from travel at the time Your premium is paid.

**Economic or Trade Sanctions:** Any payments under this Policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control (“OFAC”). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Policy. For more information, You may consult the OFAC internet website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).

#### SECTION V. PAYMENT OF CLAIMS

**Claim Procedures: Notice of Claim:** Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.



**Claim Procedures: Claim Forms:** When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Claim Procedures: Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a. Your spouse;
- b. Your child or children jointly;
- c. Your parents jointly if both are living or the surviving parent if only one survives;
- d. Your brothers and sisters jointly; or
- e. Your estate.

All other Benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) an Insured's estate, We may pay any amount due under the Policy to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

**Subrogation:** If We have made a payment for a loss under this Policy, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, We will be subrogated to that right. You shall help Us: exercise Our rights in any reasonable way that We may request; not do anything after the loss to prejudice Our rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for Us in trust and reimburse Us to the extent of Our previous payment for the loss.

## SECTION VI. GENERAL PROVISIONS

**Entire Contract: Changes:** This Policy, Schedule of Benefits, enrollment form and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

**Beneficiary Designation and Change:** Your beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us or Our administrator with a written request for change. When the request is received, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

**Misstatement of Age:** If premiums for are based on age and You have misstated Your age, there will be a fair adjustment of premiums based on Your true age. If the benefits for which You are insured are based on age and You have misstated Your age, there will be an adjustment of said benefit based on Your true age. We may require satisfactory proof of age before paying any claim.

**Physician Examination and Autopsy:** We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

**Legal Actions:** All policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this Policy or claim has been concealed or misrepresented.

**Other Insurance with Us:** You may be covered under only one travel Policy with Us for each Trip. If You are covered under more than one such Policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**Reductions in the Amount of Insurance:** The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this Policy for Your Trip.

**Payment of Premium:** Coverage is not effective unless all premium has been paid to Us or Our administrator prior to a date of loss or insured occurrence.

**Termination of This Policy:** Termination of this Policy will not affect a claim for Loss which occurs while the Policy is in force.

**Transfer of Coverage:** Coverage under this Policy cannot be transferred by You to anyone else.

**Controlling Law:** Any part of this Policy that conflicts with the state law where this Policy is issued is changed to meet the requirements of that state's law.

**MAINE INDIVIDUAL AMENDATORY ENDORSEMENT**

This Amendatory Endorsement is attached to and made a part of the Policy issued to You. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

The Policy is hereby amended for **Maine** as follows:

1. All references to "**Medically Necessary**", which appear in **TRIP CANCELLATION, ACCIDENT & SICKNESS MEDICAL EXPENSE, EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS COVERAGES** in **SECTION II. COVERAGES**, in the definition of "**Transportation Expense**" appearing in **SECTION III. DEFINITIONS**, and the definition of "**Medically Necessary**" appearing in **SECTION III. DEFINITIONS**, are hereby deleted and will not appear.
2. The definition of **Actual Cash Value** in **SECTION III. DEFINITIONS** is deleted and replaced as follows:  
**"Actual Cash Value"** means the replacement cost of Your\* item of property at the time of loss, less the value of Physical Depreciation as to the item damaged. As used in this definition, Physical Depreciation means a value as determined according to standard business practices.
3. The **Concealment and Misrepresentation** provision in **SECTION VI. GENERAL PROVISIONS** is deleted and replaced as follows:  
**Concealment and Misrepresentation:** The entire coverage will be cancelled, if before, during or after a loss, any material fact or circumstance relating to this insurance has been fraudulent or materially misrepresented. Notice of prospective cancellation of the entire coverage will be delivered to You at Your last known address, and cancellation shall become effective 10 days after receipt by You.

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern.

Signed for United States Fire Insurance Company By:



Marc J. Adee  
Chairman and CEO



James Krause  
Secretary

## Non-Insurance Services

One Call 24-Hour Assistance Services

Global Xpi Medical Records Service



## One Call

Worldwide Travel Services Network

**Medical Assistance** - Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities.

**Medical Consultation and Monitoring** - If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

**Medical Evacuation** - When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the policy. All medical transportation services must be authorized and arranged by One Call. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

**Emergency Medical Payments** - We will assist you in the advancement of funds or guarantee payments (up to the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

**Prescription Assistance** - We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

**Repatriation of Remains** - In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your home.

**24 Hour Legal Assistance** - If while on your Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

**Nurse Helpline** - Registered nurses are available 24-Hours a day before and during your Trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

### CONTACTING ONE CALL'S 24-HOUR SERVICE CENTER

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

**Within U.S.A. & Canada**      **Outside U.S.A. & Canada**  
1-800-555-9095                  1-603-894-4710

**YOUR PLAN NUMBER: R775**

## One Call Concierge Services

- Restaurant, shopping, hotel recommendations/reservations
- Local transport (rental car/limousine, etc.) information and reservations
- Sporting, theatre, night life and event information (sports scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- Golf course information, referrals, recommendations and tee times
- Tracking and assisting with the return of lost or delayed baggage

## One Call Business Services

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, internet cafes, print/copy services
- assistance with or arrangements for telephone and web conferencing
- emergency messaging to customers, associates, and others (phone, fax, e-mail, text, etc.)
- real time weather, travel delay and flight status information
- worldwide business directory service for equipment repair/replacement, warranty service, etc.
- emergency travel arrangements

## One Call Travel Solutions

### 24-Hour Worldwide Travel Services

**Message Services** - We will transmit emergency messages to family, friends or business associates and let you know that the message has been received.

**Language Interpretation Services** - We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

**Emergency Cash Transfer** - We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

**Pre-Trip Travel Services** - We provide 24-Hour information, help and advice for your planned Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

**Travel Document and Ticket Replacement** - When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

### ACCESS YOUR MEDICAL RECORDS ONLINE

With **Global Xpi**, you can relax knowing your important medical records are available to you or any Physician chosen by you, at anytime, anywhere in the world, wherever internet access is available.

Register at [www.globalxpi.com](http://www.globalxpi.com) or call, toll free:

1-800-379-9887      Use Program Code R775

These Services are Provided by: Global Xpi, a Trip Mate brand.

The 24-Hour Assistance Services are provided by One Call Worldwide Travel Services Network. While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer you to appropriate medical and legal providers, but neither the Insurer nor One Call Worldwide Travel Services Network may be held responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

When used throughout this document “Company”, “Our”, “We”, or “Us” means:

## **United States Fire Insurance Company**

### **GRIEVANCE PROCEDURES**

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we've made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

#### **DEFINITIONS**

A “**Grievance**” is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An “**Adverse Determination**” is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

#### **INFORMAL GRIEVANCE PROCEDURE**

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don't have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

#### **FORMAL GRIEVANCE PROCEDURE**

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

#### **First Level Review**

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

Grievance

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter.

Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

- (1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
- (2) A statement of the reviewer's understanding of the Grievance.
- (3) The specific reason(s) for the reviewer's decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
- (4) A reference to the evidence or documentation used as the basis for the decision.
- (5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
- (6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

### **Second Level Review**

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
  - attend the Second Level Review
  - present his/her case to the review panel;
  - submit supporting materials before and at the review meeting;
  - ask questions of any member of the review panel;
  - be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
  - request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:

- (1) were not previously involved in any matter giving rise to the Second Level Review;
- (2) are not employees of the Company or Utilization Review Organization; and
- (3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

Grievance

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:

- (1) the name(s), title(s) and qualifying credentials of the members of the review panel;
- (2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
- (3) the review panel's recommendation to the Company and the rationale behind the recommendation;
- (4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
- (5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
- (6) the rationale for the Company's decision if it differs from the review panel's recommendation;
- (7) a statement that the decision is the Company's final determination in the matter;
- (8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

### **EXPEDITED REVIEW**

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations.

When used throughout this document “The Company”, “Our”, “We”, or “Us” means:

**United States Fire Insurance Company**

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**PRIVACY POLICY AND PRACTICES**

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

**Your Privacy is Our Concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

**What kind of information do we collect about you and from whom?**

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

**What do we do with the information collected about you?**

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

**To whom do we disclose information about you?**

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

**How to contact Us**

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator  
Fairmont Speciality  
5 Christopher Way, 3<sup>rd</sup> Floor  
Eatontown, New Jersey 07724

## Disclosure Notice:

This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home, and automobile insurance policies. If you have any questions about your current coverage, call your insurer or insurance agent or broker.

Purchasing travel insurance is not required in order to purchase any other products or services offered by the Travel Retailer.

### **What A Travel Retailer May Do:**

Employees of a Travel Retailer may transact Travel Insurance on our behalf and under our direction, including:

1. Offering/disseminating information on our behalf, including brochures, buyer guides, descriptions of coverage, and price;
2. Referring specific coverage/feature/benefit questions to us;
3. Disseminating/processing applications for coverage, coverage selection forms, or other similar forms;
4. Collecting premiums on our behalf;
5. Receiving/recording information to share with us;

### **What A Travel Retailer May Not Do:**

The Travel Retailer's employees:

1. are not qualified or authorized to answer technical questions about the benefits, exclusions or conditions of any of the insurance offered by the Travel Retailer; or
2. to evaluate the adequacy of a prospective insured's existing insurance coverage.

### **Definitions**

**"Travel Insurance"** means coverage for personal risks incidental to planned travel, including one or more of the following:

- Interruption or cancellation of a trip or event;
- Loss of baggage or personal effects;
- Damage to accommodations or rental vehicles; or
- Sickness, accident, disability, or death occurring during travel.

The following are excluded from the definition of Travel Insurance: Major medical plans, which provide comprehensive medical protection for travelers on trips lasting 6 months or longer (e.g. working overseas, deployed military personnel, etc.). In some States, Damage waiver contracts that are part of a rental company's agreement. The phrase "damage waiver" or "collision damage waiver" cannot be used to describe travel insurance coverage, but the travel insurance contract may otherwise refer to "damage waiver" or "collision damage waiver" provided by a rental company.

**"We, Us or Our"** means Trip Mate, Inc.



**DISCLOSURE TO CALIFORNIA RESIDENTS: [1754(a)(7) & (8)]**

1. Purchasing travel insurance is not required in order to purchase any other product or service offered by the travel retailer.
2. Your travel retailer may not be licensed to sell insurance, and is therefore not qualified or authorized to:
  - a. Answer technical questions about the benefits, exclusions, and conditions of any of the insurance offered by the travel retailer.
  - b. Evaluate the adequacy of your existing insurance coverage.

This plan provides insurance coverage that only applies during the covered trip. You may have coverage from other sources that provide you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home and automobile insurance policies. If you have any questions about your current coverage, call your insurer or insurance agent or broker.

**DISCLOSURE TO DELAWARE RESIDENTS: [1772(2)a.7.]**

The insurance coverage may duplicate existing coverages you may have. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies, and other sources of protection.

**DISCLOSURE TO MARYLAND RESIDENTS: [10-122 (d)(1)(ii)(4)]**

This insurance coverage may duplicate certain provisions of insurance coverage already provided by your homeowner's, renter's or similar coverages or insurances, and that the purchase of travel insurance would make travel insurance primary to any other duplicate or similar coverage.