

Description of Coverage

Silver

SCHEDULE OF BENEFITS

All coverages are per person.	MAXIMUM LIMIT
Trip Cancellation	up to Trip Cost*
Trip Interruption	up to Trip Cost*
Trip Interruption--Return Air Only	up to the Trip Cost payable under Trip Interruption or \$500 (whichever is greater)
Trip Delay	\$500 (Maximum of \$100 per day)
Baggage & Personal Effects Loss	\$750 (\$50 Deductible applies)
Baggage Delay	\$200
Medical Expense	\$10,000 (\$50 Deductible applies)
Emergency Medical Transportation	\$100,000
Flight Guard	\$25,000**

The following non-insurance services are provided by Travel Guard.

Travel Guard	Included
LiveTravel® Assistance	Included
Family Concierge Services	Included

Additional Optional Coverages (Applicable only if appropriate additional plan cost has been paid)

Flight Guard®Amount Selected
(Maximum of \$500,000)

Car Rental Collision Coverage.....\$35,000
(\$250 Deductible applies)

Umbrella Package Including:

Medical CoverageAdditional \$10,000
Emergency Medical Transportation.....Additional \$100,000
Deductibles No Longer ApplyIncluded
Detailed Pre-trip Travel AdvisoriesIncluded

*Coverage only included for pre-paid Trip costs identified on the enrollment form and if the required plan cost has been paid. Maximum Trip cost insurable is \$100,000 per person.

**Included if purchased within 15 days of the initial Trip payment.

PRE-EXISTING MEDICAL CONDITION EXCLUSION:

The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness, or other condition of you, traveling companion, business partner or Immediate Family Member which, within the 180-day period immediately preceding and including your coverage effective date: first manifested itself or had symptoms which would have prompted a reasonable person to seek diagnosis, care, or treatment; or for which care or treatment was given or recommended by a Physician; or required the taking of prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the prescription drugs or medicines.

The Insurer will waive this exclusion if the Insured meets the following conditions: 1. You purchase the program within 15 days of making the initial Trip payment. *Day one is the date the initial Trip payment is received;* 2. The amount of Trip Cancellation coverage purchased at that time equals the full cost of all pre-paid non-refundable trip arrangements. The cost of any subsequent arrangement(s) added to the same Trip must be insured within 15 days of the date of payment or deposit for any subsequent Trip arrangement(s). Failure to do so may affect the pre-existing medical condition waiver coverage; 3. You must be medically able to travel when plan cost is paid; and 4. Applies to the first \$15,000 of Trip cost per person.

24-Hour Emergency Assistance Telephone Numbers

Continental USA.....**1.800.826.1300**

International.....**1.715.345.0505**

LiveTravel® 24-Hour

Assistance.....**1.800.826.8597**

Be sure to use the appropriate country and city codes when calling.
- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -

Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the Policy. Read it with care. The Policy is the only contract under which benefits are paid.

PLEASE READ THIS DOCUMENT CAREFULLY! Insurance Coverage

Underwritten by the National Union Fire Insurance Company of Pittsburgh, PA. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

This is only a brief description of the insurance coverage(s) available under policy series T30253NUFIC. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

DEFINITIONS

“Actual Cash Value” means purchase price less depreciation.

“Baggage” means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.

“Business Partner” means an individual who: (a) is involved with the Insured or the Insured’s Traveling Companion in a legal partnership; and (b) is actively involved in the daily management of the business.

“Common Carrier” means any conveyance operated under a license for the transportation of passengers for hire.

“Complication of Pregnancy” means a condition whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy. It does not include any condition associated with the management of a difficult pregnancy not consisting of a classifiable distinct Complication of Pregnancy.

“Deductible” means the amount of charges that must be incurred by the Insured before benefits become payable. The amount of the Deductible is the Deductible shown in the Schedule of Benefits for each coverage to which a Deductible applies.

“Destination” means the place where the Insured expects to travel on his/her Trip, as shown on the Enrollment Form.

“Domestic Partner” means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; the Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

“Exotic Vehicle” means any vehicle with an original manufacturer’s suggested retail price greater than \$50,000 and antique cars meaning cars that are over 20 years old or have not been manufactured for 10 or more years.

“Experimental or Investigative” means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device, or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

“Financial Default” 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 Default occurs more than 14 days following an Insured’s effective date for the Trip Cancellation Benefits. There is no coverage for the Financial Default of any person, organization, agency or firm

from whom you purchased travel arrangements supplied by others.

“Hospital” means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24-hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent, or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home, or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

“Immediate Family Member” means the Insured's or Traveling Companion's spouse or Domestic Partner, child, spouse's child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, caregiver, legal ward, or Domestic Partner of any of the above.

“Inclement Weather” means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier. With respect to an Insured who is traveling via private/non-commercial automobile transportation, any severe weather condition which prevents an Insured from reaching the Destination.

“Injury” means a bodily injury caused by an accident occurring while the Insured's coverage under the Policy is in force, and resulting directly and independently of all other causes of loss covered by the Policy. The Injury must be verified by a Physician.

“Insured” means the person(s) named on the individual Enrollment Form and for whom the plan cost has been paid.

“Insurer” means National Union Fire Insurance Company of Pittsburgh, PA.

“Medically Necessary” means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; (3) is ordered by a Physician and performed under his or her care, supervision, or order; and (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

“Natural Disaster” means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

“Physician” means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or a Traveling Companion.

“Reasonable Additional Expenses” means any expenses for meals, taxi fares, essential telephone calls, and lodging which were necessarily incurred as the result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

“Reasonable and Customary Charges” means an expense which: (a) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured's condition; (b) does not exceed the usual level of charges for similar treatment, supplies, or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

“Return Destination” means the place to which the Insured expects to return from his/her Trip.

“Sickness” means an illness or disease diagnosed or treated by a Physician.

“Strike” means a stoppage of work (a) announced, organized, and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. This includes work slowdowns and sickouts.

“Terrorist Incident” means an act of violence, 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 on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

“Traveling Companion” means a person or persons with whom you have coordinated travel arrangements and intend to travel with during the Trip. A group or tour leader is not considered a Traveling Companion, unless you are sharing room accommodations with the group or tour leader.

“Trip” means a period of travel away from home to a Destination outside the Insured's city of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and return dates specified when the Insured applies; the Trip does not exceed 365 days; travel is primarily by Common Carrier and only incidentally by private conveyance.

“Unforeseen” means not anticipated or expected and occurring after the effective date of the policy.

“Uninhabitable” means (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental

intrusion, such as rain, wind, hail, or flood; (3) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (4) the rental is without electricity or water. An Insured's Destination is inaccessible if he or she cannot reach the property by the original mode of transportation.

INDIVIDUAL ELIGIBILITY, EFFECTIVE & TERMINATION DATES

Persons eligible for insurance under the policy are any traveler(s) who purchases his/her insurance through or from a properly licensed agent/agency located in the U.S., who enrolls for coverage and pays the plan cost up to 24 hours prior to departure.

Effective Date: Trip Cancellation Benefit will be effective 12:01 a.m. Standard Time on the date after becoming enrolled and plan cost is paid. All other coverages will begin on the later of: (a) the date and time the Insured starts his/her Trip, or (b) the scheduled departure date shown on the Enrollment form.

Termination Date: The Trip Cancellation coverage ends on the earliest of: (a) the cancellation of the Insured's Trip; or (b) the date and time the Insured starts on his/her Trip.

All other coverage ends on the earlier of: (a) the date the Trip is completed; (b) the scheduled return date; or (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

Extension of Coverage: All coverage (except Trip Cancellation) under the policy will be extended, if: (a) the Insured's entire Trip is covered by the policy; and (b) the Insured's return is delayed by one of the Unforeseen events specified under Trip Cancellation and Interruption or Trip Delay. This extension of coverage will end on the earlier of: (a) the date the Insured reaches his/her Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

GENERAL EXCLUSIONS

In addition to any exclusions which apply to a particular benefit (called “Additional Exclusions”), the policy does not cover any loss caused by:

- (a) intentionally self-inflicted Injury or any attempt at an intentionally self-inflicted Injury, suicide, or attempted suicide by the Insured, Immediate Family Member, Traveling Companion, or Business Partner; (while sane, in Colorado and Missouri);
- (b) pregnancy or childbirth, or elective abortion, other than the Complications of Pregnancy;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;

- (d) Mountain Climbing (meaning the ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring equipment);
- (e) war or act of war, whether declared or not, civil commotion, riot, or insurrection;
- (f) operating or learning to operate any aircraft, as student, pilot, or crew;
- (g) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (h) loss or damage caused by detention, confiscation, or destruction by customs;
- (i) any unlawful acts, committed by the Insured, Immediate Family Member, or a Traveling Companion, whether insured or not (not applicable in Florida);
- (j) mental, psychological, or nervous disorders including, but not limited to, anxiety, depression, neurosis, or psychosis;
- (k) if the Insured's tickets do not contain specific travel dates (open tickets);
- (l) alcohol or substance abuse or treatment for same; or
- (m) an Injury or Sickness which occurs at a time when this coverage is not in effect;
- (n) elective or non-emergency treatment or surgery;
- (o) Experimental or Investigative treatment or procedures.

EXCESS INSURANCE LIMITATION

The insurance provided for all coverages except Trip Cancellation, Trip Interruption, and Car Rental Collision Coverage shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss payable under the Policy there is other valid and collectible insurance or indemnity in place, the Insurer shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable Deductible.

TRIP CANCELLATION AND INTERRUPTION

The Insurer will reimburse the Insured, as described below, if a Trip is canceled or interrupted for the Insured due to any of the following Unforeseen circumstances: (a) Sickness, Injury, or death of an Insured, Immediate Family Member, Traveling Companion, or Business Partner. Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled or interrupted. If the Insured must cancel or interrupt his/her Trip due to Injury or Sickness of an Immediate Family Member or Business Partner, it must be because their condition is life-threatening, or because the Immediate Family Member

requires the Insured's or Traveling Companion's care; (b) Inclement Weather causing delay or complete cessation of services for at least 24 consecutive hours; (c) Strike resulting in complete cessation of travel services at the point of departure or Destination. A Strike is foreseeable on the date labor union members vote to approve a Strike and is not covered under the policy; (d) the Insured's principal residence or Destination being made Uninhabitable by fire, flood, or similar Natural Disaster, vandalism, or burglary; (e) the Insured or a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined; (f) a Terrorist Incident in a City listed on the Insured's itinerary within 30 days of the Insured's scheduled arrival. "**City**" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace; (g) Financial Default of an airline, cruise line, or tour operator resulting in the complete cessation of services. Financial Default occurring on or before the Insured's coverage effective date or less than fourteen days after the Insured's coverage effective date will not be covered. This coverage applies only if insurance was purchased within 15 calendar days of Initial Trip payment. (Day one is the date the initial Trip payment is received.); (h) the Insured or Traveling Companion being called into active military service or having leave revoked or being reassigned; or (i) the Insured or the Insured's Traveling Companion is terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least one year. Termination must occur following the effective date of coverage.

Trip Cancellation Benefits: The Insurer will reimburse the Insured for the following up to the Maximum Limit shown on the Schedule of Benefits for Trips that are canceled before the scheduled departure date due to the Unforeseen events shown at the beginning of this section: (a) forfeited, non-refundable prepaid deposits or payments, (b) the charge for a single supplement if the Insured's Traveling Companion Trip is cancelled but the Insured's is not.

Trip Interruption Benefits: The Insurer will reimburse the Insured for the following up to the Maximum Limit shown on the Schedule of Benefits for Trips that have been interrupted due to the Unforeseen events shown at the beginning of this section.

- (a) forfeited, non-refundable, unused prepaid payments, made prior to your departure date; or
- (b) additional non-airline transportation expenses incurred by the Insured, either (i) to the Return Destination; or (ii) from the place that the Insured left the Trip to the place that the Insured may rejoin the Trip; or

- (c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the departure date. However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare (or first class if the Insured's original tickets were first class) by the most direct route, less any refunds paid or payable;
- (d) the Insured's additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is interrupted, and the Insured's Trip is continued.

Trip Interruption – Return Air Only: The Insurer will reimburse the Insured for the additional airline transportation expenses incurred by the Insured to reach the Return Destination if the Insured's Trip must be interrupted due to one of the Unforeseen events shown at the beginning of this section, up to the Maximum Limit shown on the Schedule of Benefits.

The Insured must: Contact LiveTravel (1.800.826.8597) as soon as he/she knows the Trip is going to be cancelled or interrupted. Failure to do so may affect coverage.

In addition to the General Exclusions, coverage is not provided for losses caused by or as a result of:

- (i) travel arrangements cancelled by an airline, cruise line, or tour operator, except as provided elsewhere in the policy;
- (ii) changes in plans by the Insured, an Immediate Family Member, or Traveling Companion, for any reason;
- (iii) financial circumstances of the Insured, an Immediate Family Member, or a Traveling Companion;
- (iv) any business or contractual obligations of the Insured, an Immediate Family Member, or Traveling Companion;
- (v) Default by the person, agency, or tour operator from whom the Insured bought his/her coverage and purchased his/her travel arrangements;
- (vi) any government regulation or prohibition;
- (vii) an event which occurs prior to the Insured's coverage Effective Date for Trip Cancellation coverage, whether known to the Insured or not.

The Insured's Duties in the Event of Loss: The Insured must provide the Insurer documentation of the cancellation or interruption, and proof of the expenses incurred. The Insured must provide proof of payment for the Trip such as cancelled check or credit card statements, proof of refunds received, copies of applicable tour operator or Common Carrier cancellation policies, and any other information reasonably required to prove the loss. Claims involving loss due to Sickness, Injury, or death require signed patient (or next of kin) authorization to release medical information and an attending physician's statement. The Insured must provide

the Insurer with all unused air, rail, cruise, or other tickets if he/she is claiming the value of those unused tickets.

TRIP DELAY

The Insurer will reimburse up to \$100 a day to the Maximum Limit shown on the Schedule of Benefits if the Insured's Trip is delayed for more than 12 hours for Reasonable Additional Expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay per Insured, per Trip. Trip Delay must be caused by: (a) the Insured being delayed by a traffic accident while en route to a departure; or (b) carrier-caused delay; (c) lost or stolen passports, travel documents, or money; or (d) quarantine; (e) being hijacked; (f) Unforeseen Strike; (g) Inclement Weather which prohibits Common Carrier departure; or (h) Natural Disaster that causes a complete cessation of travel services at the point of departure or Destination.

The Insured Must: Contact LiveTravel (1.800.826.8597) as soon as he/she knows his/her Trip is going to be delayed more than 12 hours. Failure to do so may affect coverage.

LOSS OF BAGGAGE AND PERSONAL EFFECTS

The Insurer will reimburse the Insured, up to the Maximum Limit shown on the Schedule of Benefits minus a \$50 Deductible (Deductible does not apply if Umbrella Package is purchased) for loss, theft, or damage to the Insured's Baggage and travel documents during the Insured's Trip.

Continuation of Coverage: If the Insured has checked his or her property with a Common Carrier, and delivery is delayed, coverage for Baggage and travel documents will continue until such property is delivered to the Insured. This coverage does not include loss caused by the delay

Property Not Covered: The Insurer will not pay for damage or loss of:

- (a) animals;
- (b) bicycles (except when checked with a Common Carrier);
- (c) motor vehicles and other conveyances;
- (d) prosthetic limbs; false teeth; any type of eyeglasses, sunglasses or contact lenses; hearing aids;
- (e) tickets, keys, money, notes or security accounts, bills, currency, deeds, food stamps or other evidences of debt, credit cards, stocks and bonds, postal or money orders;
- (f) property shipped as freight, or shipped prior to the departure date; or
- (g) contraband, illegal transportation, or trade.

Special Limitations: The Insurer will not pay more than \$500 for the first item and thereafter, no more than \$250 per item up to the Baggage and Personal Effects Loss Maximum Limit shown on the Schedule of Benefits. The Insurer also will not

pay more than \$500 aggregate on all losses of the following: jewelry, watches, furs, cameras and camera equipment, camcorders, sporting equipment, computers, and other electronic devices.

Additional Exclusions: In addition to the General Exclusions, the Insurer will not pay for any loss due to: (a) defective materials or craftsmanship; (b) normal wear and tear; (c) gradual deterioration; or (d) rodents, vermin, or insects.

Payment of Loss: The Insured must: (a) report theft losses to police or other local authorities as soon as possible; (b) take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs. The Insurer will reimburse the Insured for those expenses. The Insurer will not pay for further damage if the Insured fails to protect his/her Baggage; (c) allow the Insurer to examine the damaged Baggage and/or the Insurer may require the damaged item to be sent in the event of payment; or (d) send sworn proof of loss as soon as possible from date of loss, providing amount of loss, date, time, and cause of loss, and a complete list of damaged/lost items. Any items \$150 or more must be accompanied by the original receipt. Excess Insurance Limitation applies.

BAGGAGE DELAY

The Insurer will reimburse the Insured, up to the Maximum Limit shown on the Schedule of Benefits for the cost of necessary personal effects purchased by the Insured during the Trip, if the Insured's Baggage is delayed or misdirected for more than 24 hours from the time the Insured arrives at the Destination (other than the Insured's Return Destination) provided the Insured is a ticketed passenger on a Common Carrier and the delay or misdirection is verified by the Common Carrier.

Payment of Loss: The Insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and receipts for the necessary personal effects purchased.

MEDICAL EXPENSE BENEFIT

The Insurer will reimburse or pay the Reasonable and Customary Charges for Medically Necessary Covered Expenses incurred by the Insured due to an Injury or Sickness within one year from the date of Injury or Sickness provided initial treatment was received during the Trip after satisfaction of a \$50 Deductible (Deductible does not apply if Umbrella Package is purchased) up to the Maximum Limit shown in the Schedule of Benefits.

Covered Expenses: Means charges incurred for any of the following services, supplies or treatments: 1) Emergency dental treatment received during a Trip. Limited to a

maximum of \$500.; 2) Services of a Physician or Registered Nurse (R.N.); 3) Hospital charges; 4) X-ray; 5) local ambulance services to or from the Hospital; 6) artificial limbs, eyes, teeth, or other prosthetic appliances; 7) Physical therapy will be covered up to 90 days after the Insured reaches his/her Return Destination
Excess Insurance Limitation applies.

Additional Exclusions: In addition to the General Exclusions, coverage is not provided for: (a) routine physical examinations; (b) mental, psychological, or nervous disorders including but not limited to: anxiety, depression, neurosis, or psychosis, panic attacks, and post-traumatic stress disorder; (c) replacement of hearing aids, eye glasses, contact lenses, sunglasses for the correction of vision or fitting of glasses; (d) routine dental care, dentures, false teeth; (e) alcohol or substance abuse or treatment for same; (f) any service provided by the Insured, an Immediate Family Member, or Traveling Companion.

Payment of Loss: The Insured must provide the Insurer with: (a) all medical bills and reports for Medical Expenses claimed; and (b) a signed patient authorization to release medical information to the Insurer.

EMERGENCY MEDICAL TRANSPORTATION

Emergency Medical Transportation: The Insurer will pay up to the Maximum Limit shown on the Schedule of Benefits for Covered Emergency Evacuation Expenses incurred if the Insured suffers an Injury or emergency Sickness that warrants his or her emergency evacuation while on a Trip provided a Physician has ordered the emergency evacuation and has certified that the severity of the Insured's Injury or emergency Sickness warrants such evacuation.

Covered Emergency Evacuation Expenses: (a) Medically Necessary transportation, including Reasonable and Customary medical services and supplies required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that adequate medical treatment is not locally available; (b) an escort's transportation and accommodations if an escort is recommended, in writing, by a Physician.

Repatriation of Remains: The Insurer will pay for expenses reasonably incurred for transportation of the Insured's remains to his/her city of burial if he/she dies during a Trip.

Payment of Loss: Travel Guard must make all arrangements and authorize all expenses in advance for Emergency Evacuation or Repatriation of Remains benefits to be payable. The Insurer reserves the right to determine the benefit payable, including any reductions if it was not reasonably possible to contact Travel Guard in advance.

Additional Benefit: In addition to the above covered expenses, if the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original return date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class.

Limitations: 1) Benefits are only available under Emergency Medical Transportation if they are not provided under another coverage in the policy. 2) The Maximum Limit payable for both Emergency Evacuation and Repatriation of Remains is shown in the Schedule of Benefits.

The Insured Must: Contact Travel Guard (1.800.826.1300 or collect 1.715.345.0505) prior to arranging emergency medical transportation or repatriation of remains. Failure to do so may affect coverage.

OPTIONAL FLIGHT GUARD – FLIGHT ACCIDENT BENEFIT

The Insurer will pay the percentage shown below if an Insured suffers an Injury which results in one of the losses listed below: 1) while he or she was riding as a passenger on or boarding or alighting from a Scheduled Air Carrier, and 2) within 365 days of the accident that caused the Injury. The Maximum Limit for this benefit is shown in the Schedule of Benefits.

Loss: Payable	Percentage of Maximum Limit
Life	100%
Both hands or feet, or sight of both eyes	100%
One hand and one foot.....	100%
One hand or one foot and sight of one eye.....	100%
One hand	50%
One foot.....	50%
Sight of one eye.....	50%

If the Insured suffers more than one Loss from an accident, the Insurer will pay only for the loss with the larger benefit. The Insurer will not pay more than 100% of the Maximum Limit for all losses due to the same accident

Loss of a hand or foot means actual severance through or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight in that eye.

“Scheduled Air Carrier” means any air carrier holding a certificate, license, or similar authorization for civilian-scheduled air transport issued by the country of the aircraft's registry, and which in accordance with that authorization flies, maintains, and publishes schedules and tariffs for regular passenger service between named cities at regular and

specified times, but only if the aircraft is then being used for any regular or chartered flight operated by such carrier

OPTIONAL CAR RENTAL COLLISION COVERAGE

Coverage does not apply in countries or states where the sale of this insurance is prohibited by law. If the Insured rents a car from a licensed auto rental company while on his/her Trip, and the car is damaged due to collision, vandalism, windstorm, fire, hail, or flood, while in his/her possession, the Insurer will pay the lesser of this benefit up to the Maximum Limit shown on the Schedule of Benefits subject to a \$250 deductible: (a) the cost of repairs and rental charges imposed by the rental company while the car is being repaired; or (b) the Actual Cash Value of the car.

Coverage is provided to the Insured and Traveling Companion, providing the Insured and Traveling Companion are licensed drivers, and are listed on the rental agreement. This coverage is primary to other forms of insurance or indemnity.

Additional Exclusions: In addition to the General Exclusions, coverage is not provided for loss due to: (a) any loss which occurs if the Insured or his/her Traveling Companion is in violation of the rental agreement; (b) rentals of trucks, campers, trailers, off-road vehicles, motor bikes, motorcycles, recreational vehicles, or Exotic Vehicles; (c) any obligation the Insured or his or her Traveling Companion assumes under any agreement except insurance collision deductible; (d) failure to report the loss to the proper local authorities and the rental car company; (e) damage to any other vehicle, structure, or person as a result of a covered loss; (f) driving under the influence of alcohol; (g) Injury sustained while committing or attempting to commit a crime (not applicable in FL).

The Insured's Duties in the Event of Loss: The Insured must: take all reasonable, necessary steps to protect the vehicle and prevent further damage to it; report the loss to the appropriate local authorities and the rental company as soon as possible; obtain all information on any other party involved in an accident, such as name, address, insurance information, and driver's license number; and provide the Insurer all documentation such as rental agreement, police report, and damage estimate.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Medical Expenses), the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator),

the Trip dates, and the amount that the Insured paid. Travel Guard will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to Travel Guard Group, Inc., P.O. Box 47, Stevens Point, Wisconsin 54481 (1.800.826.1300). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Insurer no more than 90 days after a covered loss occurs. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, no later than one year after the proof of loss is otherwise required.

If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of loss should be sent to Insurer by the date proof of loss would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name, and the policy number.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to:

- (1) the Beneficiary named by the Insured and on file with the Insurer
- (2) the Insured's spouse, if living. If no living spouse, then
- (3) in equal shares to his/her living children. If there are none, then
- (4) in equal shares to his/her living parents. If there are none, then
- (5) in equal shares to his/her living brothers and sisters. If there are none, then
- (6) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release for payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, the Insurer may pay up to \$1,000 at the Insurer's option, to a relative by blood or connection by marriage who, in the Company's opinion, has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

All other benefits will be payable to the Insured.

Payment of Claims: When Paid: Claims will be paid as soon as Insurer receives complete proof of loss (and verification of age).

Misstatement of Age: (Not applicable to FL Residents) If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of plan costs based on his or her true age.

Payment of Claims: To Whom Paid: Benefits for Medical Expense/Emergency Medical Transportation services may be payable directly to the provider of the services. However, the provider: (a) must comply with the statutory provision for direct payment, and (b) must not have been paid from any other sources.

Problems with the insurance? If so, do not hesitate to contact Travel Guard to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481, or call 1.800.826.1300.

GENERAL PROVISIONS

Autopsy – The Insurer at its own expense, may require an autopsy where permitted by law.

Concealment or Fraud — The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the Insured's coverage or claim.

Insurer's Recovery Rights – In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment. This provision does not apply where prohibited by law.

Legal Actions – No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater, in FL 5 years) after the date claim forms are due.

Payment of Premium – Coverage is not effective unless all premium due has been paid to Travel Guard prior to a date of loss or insured occurrence.

Termination of the Policy – Termination of the policy will not affect a claim for loss which occurs while the Insured's coverage is in force.

Transfer of Coverage – Coverage under the policy cannot be transferred by the Insured to anyone else.

Notice to California residents: The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your 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.

Notice to Connecticut Residents:
T30341NUFIC-CT

The definition of Hospital with respect to the military or veterans hospital is amended to add "for which no charge is normally made".

The definition of Medically Necessary is deleted in its entirety and replaced with the following:

"Medically Necessary" means health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's illness, injury, or disease; and (3) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease. "Generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

The following definitions are added:

"Intoxication" means a person with an elevated blood alcohol content of a ratio of alcohol in the blood of such person that is eight-hundredths of one per cent or more of alcohol, by weight or such person has sustained such Injury while under the influence of intoxicating liquor or any drug or both.

"Riot" means a tumultuous disturbance of the public peace by three or more persons assembled together and acting with a common intent.

The General Exclusions relating to suicide and Mental, Nervous and Psychological Disorders do not apply to the medical benefits.

The General Exclusion relating to use of drugs is deleted in its entirety and replaced with the following: "voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the Insured;"

The General Exclusion relating to Experimental or Investigative treatment or procedures is amended to add the following:

"unless such treatment or procedure has successfully completed a phase III clinical trial of the federal Food and Drug Administration;"

The General Exclusion relating to unlawful acts is amended to replace "unlawful acts" with "felonies".

The Medical Expense exclusion relating to alcohol or substance abuse is amended to read " Intoxication or voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the Insured".

The "Maximum Limit of Liability" provision is deleted in its entirety.

The Excess Insurance Limitation provision does not apply to the health benefits.

The "Arbitration" provision is amended to add "Arbitration is voluntary and non-binding.

The Pre-existing Medical Condition exclusion is deleted and replaced with the following: The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Traveling Companion, Business Partner or Family Member for which medical advice, diagnosis, care or treatment was recommended or received within 90 days immediately preceding the Insured's coverage effective date.

The Medical Expense Payment of Loss provision is amended to add the following provision regarding appeals for medical claims which have been denied.

If your medical claim is denied in whole or in part by the Insurer based on medical necessity or refusal by the Insurer to pre-certify, you may appeal the denial to the Commissioner of Insurance. Your appeal to the Commissioner must be made within sixty (60) days of your receipt of the Insurer's final written notice of denial. Your written appeal must be submitted on forms provided by and prescribed by the Department of Insurance and must include a general release, executed by You, of all pertinent medical records and a filing fee of twenty-five dollars (\$25).The decision by the Department of Insurance is final and binding.

Notice to Florida residents: The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

Notice: Your homeowners policy, if any, may provide coverage for loss of personal effects provided by any Baggage/Personal Effects coverage provided by the policy. This insurance is not

required in connection with the Insured's purchase of travel tickets.

The definition of "**Hospital**" applicable to residents of Florida includes a facility that is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities.

For inquiries, information about coverage or for assistance in resolving complaints call: 1.800.826.1300.

ASSISTANCE SERVICES*

Assistance Services listed below, and are not insurance benefits and are not provided by the Insurer.

24-Hour Medical Assistance

24-Hour Medical Monitoring — Physicians monitor the Insured's condition by maintaining close contact with the attending Physicians, his/her family Physician, and Immediate Family Members.

Medical Evacuation — Arrangements for any and all means necessary to transport the Insured back home when medically necessary.

Emergency Medical Payments — If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance — Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents — In the event of hospitalization, arrangements will be made for unattended minors traveling with the Insured to be flown home.

Family Visit — If the Insured is hospitalized for ten or more days, Travel Guard will arrange transportation for an Immediate Family Member or close friend to visit him/her.

Transportation of Mortal Remains — In the event of death while traveling, arrangements for the return of remains to the place of burial.

24-Hour Legal Assistance

In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

24-Hour Travel Assistance

Travel Documents Assistance — Travel Guard will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer — Travel Guard will, whenever possible, coordinate with the Insured and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center — Transmission of emergency messages to family and business associates.

Interpretation Services — Travel Guard will provide emergency language support or referral to the appropriate local services.

24-HOUR LIVETRAVEL® ASSISTANCE*

Provides 24-hour assistance for emergency travel needs. Allows you to make emergency travel changes such as rebooking flights, making hotel reservations, tracking lost luggage, and replacing lost credit cards. Call 1.800.826.8597 for assistance.

Live Messaging — Relay of e-mail or phone message to family, friends, or business associates.

Emergency Cash Transfer — Assistance in coordinating an emergency cash advance.

Pre-trip Travel Advice — Around-the-clock access to passport, visa, inoculation, and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information – all for the Insured's planned Destination.

FAMILY CONCIERGE SERVICES*

Restaurant Referrals and Reservations — Travel Guard will supply a restaurant referral based on your needs and desires. Additionally Travel Guard will arrange for reservations at the recommended restaurant. Based on availability.

Ground Transportation — Travel Guard will locate and arrange for a transportation service to pick you up and deliver you to your desired destination.

Event Ticketing — Travel Guard will assist with the purchase of tickets to such events as sporting events, theatre, and concerts. Based on availability.

Tee Times and Course Recommendations — Travel Guard will facilitate the reservation of tee times at available courses and recommend alternatives in case of a booked course. Based on availability.

Floral Services — Travel Guard will facilitate the ordering of flowers for such events as birthdays, anniversaries, holidays, and other special occasions.

*Non-insurance services are provided by Travel Guard.

Make sure you call Travel Guard (1.800.826.1300 or collect 1.715.345.0505) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

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 the policy. For more information, you may consult the OFAC internet website at: www.treas.gov/offices/enforcement/ofac/ or a Travel Guard representative.

Satisfaction Guaranteed — Travel Guard is committed to providing products and services that will exceed expectations. If you are not completely satisfied, you can receive a refund of the cost, minus the service fee. Requests must be submitted to Travel Guard in writing within 15 days of the effective date of the coverage, provided it is not past the original departure date.

TRAVEL GUARD
CHARTIS 

When calling from the U.S., 1.800.826.1300.
When calling from abroad, call collect 1.715.345.0505.
LiveTravel 24-Hour Assistance,
Pre-Trip Advice, Live Messaging: 1.800.826.8597
We will coordinate your assistance needs
with the appropriate TGA Center.