

# Flight Insure Plus

Flight Accident Protection with  
Single & Multi-trip Options



Insurance Services

## Reasons to Buy

In today's travel environment it's important to protect yourself from the unexpected, ranging from small inconveniences to the truly serious. Consider these questions before departing:

- Does your health insurance plan cover you for medical emergencies while traveling abroad?
- What if you have a medical emergency and need to be medically evacuated?
- What would you do if you arrive at your destination but your luggage doesn't?
- Are you prepared if your wallet, credit cards or passport are stolen while traveling?

## Benefit Highlights

### Flight Accident

Provides coverage for loss of life, limbs or sight from an accidental injury while on an airline flight.

### Emergency Medical Expenses

Provides coverage for emergency medical treatment if a sickness or injury occurs to you or your traveling companion while on your covered trip.

### Emergency Medical Evacuation

Provides coverage for emergency evacuation, if necessary, to the nearest qualified medical facility, also includes repatriation.

### Baggage & Baggage Delay

Safeguards personal articles and expenses if bags are lost, stolen, damaged, or delayed for 12 hours or more.

### 24 Hour AD&D

Provides continued coverage for loss of life, limbs or sight from a covered accidental injury while traveling.

### Travel Assistance & Concierge\*

Includes a wide range of services before and during trips through a 24/7 toll-free number. Includes assistance with medical emergencies, lost documents or baggage, event ticketing, business services, and much more.

\*Provided by Travellex's designated assistance provider.

## Flight Insure Plus Options

Travellex offers flexible options to meet your individual travel needs through Single and Multi-trip protection plans. Choose from simple flight protection, or for continued coverage throughout your trip select the package option.

### Flight Only Plans

The Flight Only option offers affordable protection against flight accidents on your trip. Includes complete travel assistance & concierge services.

Choose between Single or Multi-trip coverage, starting at just **\$17!**

### Package Plans

Package plans include complete coverage for flight accidents, medical emergencies or evacuations, AD&D, baggage and a full line of travel assistance & concierge services!

Not planning to travel much this year? The Single Trip Plan is the right one for you. Our Multi-trip plan allows you to take advantage of savings if you travel frequently.

Choose between Single or Multi-trip coverage, starting at just **\$39!**



See Page 25 for Pricing  
and Coverage Options!



# Flight Insure Plus

## Travel Protection Plan

### Description of Coverage

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#### IMPORTANT NOTES

Please take your Confirmation of Coverage and this Description of Coverage with you on your Covered Trip. Refer to your Confirmation of Coverage for your specific protection plan benefits and limits chosen.

Note: Certain capitalized words are defined terms within this document.

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your receipt of this document. If you haven't already left on your Covered Trip and/or provided there has been no covered expense, you will receive a full refund of your plan cost.

#### SCHEDULE OF COVERAGES & SERVICES

Plan Benefits	Maximum Coverage Per Person
Underwritten by Stonebridge Casualty Insurance Company	
Flight Accidental Death & Dismemberment	Coverage Level Chosen: \$300,000/\$500,000/\$1 Million
24 Hour Accidental Death & Dismemberment	\$10,000
Baggage & Personal Effects	\$2,000
Baggage Delay	\$500
Accident Medical Expenses	\$2,500
Sickness Medical Expenses	\$2,500
Emergency Medical Evacuation	\$25,000
Travel Assistance & Concierge Services**	Included

\*\*Travel Assistance & Concierge Services are provided by Travelex's designated providers.

## ELIGIBILITY & EFFECTIVE DATES

### **Who Is Eligible For Coverage**

A person who has arranged to take a Covered Trip, completes the enrollment form and pays the required plan payment, and is a citizen or resident of the United States of America.

### **When Coverage Begins**

All coverages will take effect on the later of 1) the date the plan payment and enrollment form has been received; 2) the date and time you start your Covered Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

### **When Coverage Ends**

Your coverage automatically ends on the earlier of:

1. the date the Covered Trip is completed;
2. the Scheduled Return Date;
3. cancellation of the Covered Trip covered by the plan;
4. your arrival at the return destination on a round-trip, or the destination on a one-way trip.

All coverages under the plan will be extended if your entire Covered Trip is covered by the plan and your return is delayed by unavoidable circumstances beyond your control.

If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

In no event will coverage be extended due to voluntary reasons without prior consent from Travelex Insurance Services.

## SUMMARY OF COVERAGES

### **DEFINITIONS**

In this Description of Coverage, “you”, “your” and “yours” refer to the Insured. “We”, “us” and “our” refer to the company providing the coverage. In addition certain words and phrases are defined as follows:

**Accident** means a sudden, unexpected, unintended and external event, which causes Injury.

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

**Baggage** means luggage, personal possessions and travel documents taken by you on the Covered Trip.

**Common Carrier** means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

**Covered Trip** means a period of travel away from Home to a destination outside your city of residence and the Trip does not exceed 180 days.

**Domestic Partner** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**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** includes your or the Traveling Companion’s dependent, spouse, child, spouse’s child, son-daughter-in-law, parent(s), sibling(s), brother-sister,

grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster-child, or ward.

**Home** means your primary or secondary residence.

**Hospital** means an institution, which meets all of the following requirements: (1) it must be operated according to law; (2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis; (3) it must provide diagnostic and surgical facilities supervised by Physicians; (4) registered nurses must be on 24 hour call or duty; and (5) the care must be given either on the hospital’s premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**Injury** means bodily harm caused by an Accident which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a 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 an eligible person who arranges a Covered Trip, completes any required enrollment form, and pays any required plan payment.

**Insurer** means Stonebridge Casualty Insurance Company.

**Physician** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member of yours.

**Policy** means the contract issued to the Policyholder providing the benefits specified herein.

**Policyholder** means the legal entity in whose name this Policy is issued, as shown on the Benefit Schedule.

**Schedule** means the Benefit Schedule shown Description of Coverage for each Insured.

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

**Scheduled Return Date** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**Sickness** means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while the plan is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by the plan.

**Traveling Companion** means a person who during the Covered Trip will accompany the Insured.

Please note, a group or tour leader will not be considered a Traveling Companion unless you are sharing room accommodations with the group or tour leader.

**Usual and Customary Charge** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the schedule of fees valued at the 100th percentile.

## GENERAL PROVISIONS

**Concealment or Fraud:** We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the plan.

**Conformity To Law:** Any provision of the plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**Duplication of Coverage:** You may only purchase one certificate from us for each Covered Trip. If you do purchase more than one certificate for a specific Covered Trip, the

Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund plan payments received from you under any other certificate.

**Entire Contract; Changes:** The plan, the Group Application and any other attachments is the entire contract between us. Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application or enrollment form.

The plan may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of the plan. No agent or other person may change the plan or waive any of its terms. The change will be endorsed on the plan.

**Examination Under Oath:** As often as we may reasonably require, you or any person making a claim under the plan must submit to examination under oath.

**Maximum Limit of Coverage:** The Maximum Benefit Amount for each claim is listed in the Schedule, subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

**Maximum Limit of Liability:** All limits are applied per Covered Trip. We will pay no more than \$1,000,000 per occurrence to or on account of any person insured under the plan.

Our Maximum Limit of Liability for all claims resulting from the same occurrence will be \$15,000,000 under the TAHC5000, TAHC6000 and TAHC7000 Group series of policies. We will pay no more than \$1,000,000 per occurrence, under the TAHC5000, TAHC6000 and TAHC7000 Group series of policies, to or on account of any person insured under the TAHC5000, TAHC6000 and TAHC7000 Group series of policies.

**Our Right To Recover From Others:** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

## CLAIMS PROVISIONS

**Notice of Claim:** We must be given written notice of claim within 30 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Claim Forms:** When we receive notice of claim, you will be sent forms to file proof of loss. If the forms are not sent within 15 days after we receive notice, then the claimant will meet the proof of loss requirements by giving us a written statement of the nature and extent of the loss. This must be sent to us within the time limit stated in the Proof of Loss provision.

**Proof of Loss:** Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within 12 months after the date the loss occurs unless you are legally incapacitated.

**Physical Examination and Autopsy:** At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

**Legal Actions:** No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after 3 years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

**Payment of Claims:** Claims for benefits provided by the plan will be paid as soon as written proof is received.

Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. 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.

**FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS**

The benefits provided by the plan for air flight applies only if you sustain a covered loss in an Accident which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or an air charter company that is licensed to carry passengers for hire.

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Covered Trip and covered under the plan, and you suffer one of the loses listed below within 180 days of the Accident. The Principal Sum is the benefit amount shown on the Schedule.

<u>Loss:</u>	<u>Percentage of Principal Sum Payable:</u>
Life.....	100%
Both Hands and Both Feet or Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and Sight of One Eye.....	100%
One Foot and Sight of One Eye.....	100%
One Hand, One Foot or Sight of One Eye.....	50%

If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

**Exposure and Disappearance**

If by reason of an Accident covered by the plan, you are unavoidably exposed to the elements and as a result of

such exposure suffer a loss for which benefits are otherwise payable; such loss shall be covered hereunder.

If you are involved in an Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS (24 Hour)**

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Covered Trip and covered under the plan, and you suffer one of the loses listed below within 180 days of the covered Accident. The Principal Sum is the benefit amount shown on the Schedule.

<u>Loss:</u>	<u>Percentage of Principal Sum Payable:</u>
Life.....	100%
Both Hands and Both Feet or Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and Sight of One Eye.....	100%
One Foot and Sight of One Eye.....	100%
One Hand, One Foot or Sight of One Eye.....	50%

If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

**Exposure and Disappearance**

If by reason of an Accident covered by the plan, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits are otherwise payable; such loss shall be covered hereunder.

If you are involved in an Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

**BAGGAGE & PERSONAL EFFECTS BENEFITS**

We will reimburse you, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Covered Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

**Valuation and Payment of Loss**

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss.

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.

**Items Subject to Special Limitations**

We will not pay more than \$600 (or the Baggage and Personal Effects limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur.

Items not included above are subject to a \$300 per item limit.

**Continuation of Coverage**

If the covered Baggage, passports or visas are in the custody of a Common Carrier, and delivery is delayed, this coverage will continue until the property is delivered to you. This continuation of coverage does not include loss caused by or resulting from the delay.

**Your Duties in the Event of a Loss**

In case of loss, theft or damage to Baggage and Personal Effects, you should: 1) immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities

and obtain their written report of your loss; and 2) take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

## **BAGGAGE DELAY BENEFITS**

We will reimburse you up to the amount shown in the Schedule 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 Covered Trip. We will also reimburse you up to \$25 for expenses incurred during your Covered Trip to expedite the return of your delayed Baggage.

This coverage terminates upon your arrival Home or to your original scheduled destination.

The benefit amount payable will not exceed the maximum shown on the Schedule.

## **MEDICAL EXPENSE BENEFITS**

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip.

### **Covered Expenses:**

1. expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you during a Covered Trip;
2. expenses for emergency dental treatment incurred by you during a Covered Trip.

## **MEDICAL EVACUATION & REPATRIATION BENEFITS**

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip.

### **Covered Expenses:**

1. expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Travelex Assistance Provider's prior approval;
2. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your Home, when deemed medically necessary by the attending Physician, subject to the Travelex Assistance Provider's prior approval;
3. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
4. expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Travelex Assistance Provider's prior approval;
5. expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your Home, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan;
6. repatriation expenses for preparation and air transportation of your remains to your Home, or up to an equivalent amount for a local burial in the country where death occurred.

### **Your duties in the event of a Medical Expense:**

1. You must provide us with all bills and reports for medical and/or dental expenses claimed.
2. You must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
3. You must sign a patient authorization to release any information required by us, to investigate your claim.

## GENERAL PLAN EXCLUSIONS

### **The following exclusion applies to the Accidental Death & Dismemberment coverage:**

1. We will not pay for loss caused by or resulting from Sickness of any kind.

### **The following exclusion applies to all coverages:**

We will not pay for any loss under the plan, caused by, or resulting from:

1. suicide, attempted suicide, or intentionally self-inflicted injury of you, your Traveling Companion or Family Member booked to travel with you, while sane or insane (while sane in CO and MO);
2. mental, nervous, or psychological disorders, except if hospitalized (does not apply to Medical Expense Benefits);
3. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. normal pregnancy or resulting childbirth (except for complications of pregnancy) or elective abortion;
5. participation as a professional in athletics;
6. riding or driving in any motor competition;
7. declared or undeclared war, or any act of war;
8. civil disorder, travel warning/alert;
9. service in the armed forces of any country;
10. operating or learning to operate any aircraft, as pilot or crew;
11. mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company;
12. any criminal acts, committed by you;
13. a loss or damage caused by detention, confiscation or destruction by customs;
14. Elective Treatment and Procedures;
15. medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
16. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

### **The following exclusion applies to the Baggage & Personal Effects and Baggage Delay coverages:**

We will not pay for damage to or loss of:

1. animals;
2. property used in trade, business or for the production of income, household furniture, musical instruments,

brittle or fragile articles, or sporting equipment if the loss results from the use thereof;

3. boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances;
4. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
5. documents or tickets, except for administrative fees required to reissue tickets;
6. money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards, except as noted above;
7. property shipped as freight or shipped prior to the Scheduled Departure Date;
8. contraband.

We will not pay for loss arising from:

1. defective materials or craftsmanship; or
2. normal wear and tear, gradual deterioration, inherent vice; or
3. rodents, animals, insects or vermin; or
4. theft or pilferage from an unattended vehicle; or
5. mysterious disappearance; or
6. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

## TRAVEL ASSISTANCE & CONCIERGE SERVICES

Provided by Travelex's designated provider

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** 1-855-892-6495  
**Outside U.S.A. & Canada** 603-328-1373  
**Your Plan Number: SFP 0911**

## **MEDICAL SERVICES**

**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 On Call International. 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 limit) 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 Covered Trip, either locally or by special courier.

**Dependent Transportation & Family Visits** – When a minor (age 18 or younger) is left unattended on a Covered Trip due to hospitalization or death of the accompanying adult, we will arrange for his or her return home, including escort expenses. If you are traveling alone and hospitalized 7 days or more, we will arrange transportation for a person you choose to visit you.

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

## 24 HOUR TRAVEL ASSISTANCE SERVICES

**24 Hour Legal Assistance** – If while on your Covered 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.

**Message Services** – We will transmit emergency messages to family, friends or business associates. We will advise you if we have difficulty delivering your message and let you know that the message has been received. We will also relay non-emergency e-mail or phone messages on your behalf at any time during your Covered Trip.

**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 Covered 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).

### 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

### Business Services

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, Internet cafes, print and 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

## CLAIMS PROCEDURES

All claims should be presented to the Program Administrator:

Claims Administration Office for Stonebridge Casualty Insurance Company  
4600 Witmer Industrial Estates, Suite 6  
Niagara Falls, NY 14305

Phone: 1-866-968-2061

Fax: 1-877-367-2496

**Medical Expense Claims:** Obtain receipts from the providers of services, etc., stating the amount paid and listing the diagnosis and treatment. Provide a copy of their final disposition of your claim.

**Baggage Claims:** In case of loss, theft, or damage to personal belongings, immediately contact the hotel manager, tour guide or representative, transportation official, or local police; report occurrence and obtain a written statement. Submit claim first to party responsible (i.e.: airline, hotel, etc.). Provide a copy of the outcome of your claim, along with the written loss statements, receipts, etc.

Travel Insurance is underwritten by Stonebridge Casualty Insurance Company, a Transamerica company, Columbus, Ohio; NAIC #10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS. Certain coverages are under series TAHC6000 and TAHC7000.

Please take this Description of Coverage with you on your Covered Trip. This is a brief Description of Coverage, which outlines benefits and amounts of coverage available to you. Some coverages may not be available in all states, to view your state-filed form, please visit [www.travelexinsurance.com/SBPlans.aspx](http://www.travelexinsurance.com/SBPlans.aspx) or call 1-800-819-9004 to obtain your Individual Policy in the following states: IL, IN, KS, LA, OR, OH, VT, WA and WY or your Group Certificate for all other states. Your Individual Policy or Group Certificate include the complete terms and conditions of your coverage and will govern the final interpretation of any provision or claim.



# Enrollment Options

## 1 Internet

Visit us at [www.travelexinsurance.com](http://www.travelexinsurance.com) to get a quote, learn more or to purchase.

## 2 Phone

Speak with an experienced customer service representative available at 1-888-407-5404, M-F 8:00 am to 7:00 pm CST, to answer questions, receive a quote or to enroll.

## 3 Fax, Kiosk or Mail

Complete both sides of enrollment form and fax to 1-800-867-9531. Or fold, seal, and drop envelope at a Travelex kiosk, or affix postage and mail to:

Travelex Insurance Services  
PO Box 641070  
Omaha, NE 68164-7070

Do not send cash through the mail.

# Ten Day Free Look

If you are not completely satisfied within 10 days of purchasing this plan, Travelex will refund your premium cost, if you have not departed on your trip or filed a claim.

Note: Please allow 14 days for payment and enrollment to be processed from Travelex kiosk or via mail. If payment received is insufficient or your check or credit card payment is declined, or if for any reason the payment is not received by Travelex Insurance Services, your coverage will be null and void.

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

California Residents: You should review your existing policies for coverage. If you have questions about your current coverage, call your insurer. California Insurance Department: Toll free consumer hotline is 1-800-927-7357. We are doing business in California as Travelex Insurance Services, Inc. 1121 North 102<sup>nd</sup> Court, Suite 202, Omaha, NE 68114. Agency License #0D10209. Toll free 1-800-228-9792. Email: [customerservice@travelexinsurance.com](mailto:customerservice@travelexinsurance.com). 25932552

# Benefits & Rates

Package Plan Benefits	Maximum Coverage Per Person
Underwritten by Stonebridge Casualty Insurance Company	
Flight Accident	Available levels listed below
Accident Medical Expense	\$2,500
Sickness Medical Expense	\$2,500
Medical Evacuation / Repatriation	\$25,000
Baggage	\$2,000
Baggage Delay	\$500
24 Hour AD&D	\$10,000
Travel Assistance & Concierge*	Included

### Package Plan Rates (Per Person)

Flight Accident Benefit	SINGLE TRIP	MULTI-TRIP
\$1 Million	\$79	not available
\$500,000	\$49	\$250
\$300,000	\$39	\$213

Flight Only Plan Benefits	Coverage Per Person
Underwritten by Stonebridge Casualty Insurance Company	
Flight Accident	Available levels listed below
Travel Assistance & Concierge*	Included

### Flight Only Plan Rates (Per Person)

Flight Accident Benefit	SINGLE TRIP	MULTI-TRIP
\$1 Million	\$56	not available
\$500,000	\$28	\$106
\$300,000	\$17	\$63



**For questions, quotes or to enroll, visit [www.travelexinsurance.com](http://www.travelexinsurance.com) or call 1-888-407-5404**

- Multi-trip Plan benefits are per trip. Please list only one traveler per enrollment form.
- Maximum trip length allowed 180 days per trip.
- A \$5 processing fee will apply per plan; plans sold per household.
- Rates are subject to change.
- \*Travel Assistance & Concierge Services are provided by Travelex's designated provider.

# Premium Calculation

Please print clearly for accurate processing.

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## Package Plans

**SINGLE TRIP PLANS** (Please select only one package plan for all travelers)

\$1 Million Flight Accident Package Plan \_\_\_\_\_ x \$79 = \$ \_\_\_\_\_  
 # travelers  
 \$500,000 Flight Accident Package Plan \_\_\_\_\_ x \$49 = \$ \_\_\_\_\_  
 # travelers  
 \$300,000 Flight Accident Package Plan \_\_\_\_\_ x \$39 = \$ \_\_\_\_\_  
 # travelers

**MULTI-TRIP PLANS** (Please select only one package plan)

\$500,000 Flight Accident Package Plan \$250 = \$ \_\_\_\_\_  
 \$300,000 Flight Accident Package Plan \$213 = \$ \_\_\_\_\_

## Flight Only Plans

**SINGLE TRIP PLANS** (Please select only one plan for all travelers)

\$1 Million Flight Only Plan \_\_\_\_\_ x \$56 = \$ \_\_\_\_\_  
 # travelers  
 \$500,000 Flight Only Plan \_\_\_\_\_ x \$28 = \$ \_\_\_\_\_  
 # travelers  
 \$300,000 Flight Only Plan \_\_\_\_\_ x \$17 = \$ \_\_\_\_\_  
 # travelers

**MULTI-TRIP PLANS** (Please select only one plan)

\$500,000 Flight Only Plan \$106 = \$ \_\_\_\_\_  
 \$300,000 Flight Only Plan \$63 = \$ \_\_\_\_\_

## Total Plan Costs

**Subtotal** (plan cost chosen above) \$ \_\_\_\_\_  
**Processing Fee** (applies to all plans) \$ 5.00  
**Total Amount Due** (and authorized as payment below) \$ \_\_\_\_\_

## Payment Details

Check or Money Order (payable to Travelex Insurance Services)  
Do not send cash

Visa®  MasterCard®  Discover®  American Express®

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ MM / YYYY

Print Full Name \_\_\_\_\_

(As appears on credit card)

Signature \_\_\_\_\_

(Mandatory for all payment types) Date \_\_\_\_\_ MM / DD / YYYY

Plan fees are non-refundable after 10 day free look period.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If you wish to obtain a fraud statement specific to your state of residence, please call 1-800-819-9004. 25932552

# Enrollment Form

Please print clearly for accurate processing.

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## Required for All Plans

Primary Traveler Full Name \_\_\_\_\_

Email \_\_\_\_\_

(Mandatory to receive Confirmation of Coverage)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

(Estate designated if left blank)

Email \_\_\_\_\_

(Provide for Beneficiary to receive Confirmation of Coverage)

Country of Destination \_\_\_\_\_

(For Multi-trip Plans: List country of destination for first trip)

Departure Date MM / DD / YYYY

(For Multi-trip Plans: List departure date of first trip)

## Required for Single Trip Plans

Return Date MM / DD / YYYY

Departure Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Departure City/Airport \_\_\_\_\_

## Optional for Single Trip Plans

For Multi-trip Plans: Please list only 1 traveler per enrollment form.

Second Traveler Full Name \_\_\_\_\_

Third Traveler Full Name \_\_\_\_\_

Fourth Traveler Full Name \_\_\_\_\_

**For questions, quotes or to enroll,  
visit [www.travelexinsurance.com](http://www.travelexinsurance.com)  
or call 1-888-407-5404**

LOCATION NUMBER