

Description of Coverage



Classic Plan

Customer Service, call
1-888-885-7233

To Report a Claim
1-888-411-5378

online at www.travelsafe.com

For Emergency Assistance
During Your Trip, See Page 18



United States Fire Insurance Company
Administrative Office: 5 Christopher Way
Eatontown, NJ 07724
(Hereinafter referred to as "the Company")

DESCRIPTION OF COVERAGE

Classic Plan
Plan # T925C

This Description of Coverage is a summary of the travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our. **Notice:** Provisions may vary by Your state of residence. Contact TravelSafe if You have questions.

Insurance provided by this Description of Coverage is subject to all of the terms and conditions of the Group Policy. If there is a conflict between the Policy and this Description of Coverage, the Policy will govern.

SCHEDULE OF BENEFITS

Benefit	Maximum Benefit Amount
Accidental Death and Dismemberment	\$25,000
Medical Expense/Emergency Assistance	
Accident and Sickness Medical Expense	\$100,000
Emergency Evacuation and Repatriation....	\$1,000,000
One Call 24-Hour Assistance Services	Included
Non-Medical Emergency Evacuation	\$25,000
Trip Cancellation	Trip Cost
Trip Interruption	150% of Trip Cost
Missed Connection	\$2,500
Travel Delay (Up to \$150 Per Day)	\$750
Baggage and Personal Effects	\$2,500
Baggage Delay	\$250

Your Satisfaction Is Important To Us

If You are not satisfied for any reason, You may return Your certificate to TravelSafe within 10 days after receipt. Your plan payment (less any enrollment fees charged) will be refunded, provided You have not filed a claim or departed on Your Trip. When so returned, the certificate is void from the beginning.

SECTION I. Coverages

ACCIDENTAL DEATH AND DISMEMBERMENT

You are eligible for benefits 24 hours a day, up to the Maximum Benefit Amount, when You sustain an Injury during the Trip which results in any of the following losses within 180 days of the date of the Injury causing the Loss.

Benefits will be paid as follows:

Loss:	Percentage of Principal Sum Payable:
Life.....	100%
Both Hands; 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%

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits for Accidental Death and Dismemberment.

ACCIDENT & SICKNESS MEDICAL EXPENSE

For the purpose of this benefit:

"Covered Expense" means expense incurred for services and supplies: (a) listed below; and (b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which is limited to:

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

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount, if You incur a Covered Expense as a result of a Sickness that first manifests itself during the Trip or Injury that occurs during the Trip.

Only Covered Expenses incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.

Benefits will include expenses incurred during the Trip for emergency dental treatment due to Injury not to exceed \$750. Expenses for emergency dental treatment incurred after the Trip are not covered.

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

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

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

MEDICAL EVACUATION AND RETURN OF MORTAL REMAINS

When You suffer a loss of life for any reason or incur a Sickness or Injury during the course of a Trip, the following benefits are payable, up to the Maximum Benefit Amount.

1. **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If You are in the Hospital for more than 7 consecutive days and Your dependent children who are under 18 years of age and accompanying You on the Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the Program Medical Advisor).

If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

2. **Non-Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that it is Medically Necessary for You to return to Your place of permanent residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your permanent residence or to a Hospital or medical facility closest to Your permanent place of residence capable of providing

that treatment via one of the following methods of transportation, as approved, in writing, by the Program Medical Advisor: i) one-way Economy Transportation; ii) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing; or iii) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the Program Medical Advisor. Transportation must be via the most direct and economical route.

3. **Return of Remains:** In the event of Your death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your place of residence or to the place of burial.

Benefits are paid less the value of Your original unused return travel ticket. If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall: a) notify Us of any other insurance; b) help Us exercise the Company's rights in any reasonable way that We may request, including the filing and assignment of other insurance benefits; c) not do anything after the loss to prejudice Our rights; and d) reimburse Us, to the extent of any payment We have made, for benefits received from such other insurance.

HOSPITAL OF CHOICE

Subject to the terms and conditions of this item #2, You may choose a Medical Evacuation to a Hospital in a city within the USA other than Your home city, but the maximum amount payable is limited to the cost of a Medical Evacuation to Your home city.

NON-MEDICAL EMERGENCY EVACUATION BENEFITS

All reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your home, are covered, up to a maximum of \$25,000, if You must leave Your Trip for a Covered Reason.

Evacuation must occur within 10 days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by One Call Worldwide Travel Services Network, Inc.

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

Non-Medical Evacuation Exclusions:

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

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

TRIP CANCELLATION, TRIP INTERRUPTION, MISSED CONNECTION AND TRAVEL DELAY

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

1. Death involving You or Your Traveling Companion or Your or Your Traveling Companion's Business Partner or Your Family Member;
2. A covered Sickness or Injury involving You, Your Traveling Companion or Business Partner, or Your Family Member which necessitates Medical Treatment at the time of cancellation and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents Your participation in the Trip; or
3. For the **Other Covered Reasons** listed below; provided such circumstances occurred after Your Effective Date.

Trip Interruption: Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for land or water Travel Arrangements and the Additional Transportation Cost paid to return home or rejoin the Trip, when You are prevented from completing Your Trip due to:

1. Death involving You or Your Traveling Companion or Your or Your Traveling Companion's Business Partner or Your Family Member;
2. A covered Sickness or Injury involving You, Your Traveling Companion or Business Partner, or Your Family Member which necessitates Medical Treatment at the time of interruption and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents Your continued participation in the Trip; or

3. For the **Other Covered Reasons** listed below; provided such circumstances occurred after Your Effective Date.

Other Covered Reasons means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's principal place of residence or destination being rendered uninhabitable by fire, flood, burglary or other natural disaster within 10 days of departure;
- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You and/or Your Traveling Companion are required to work as a result;
- d. a documented theft of passports or visas;
- e. a permanent transfer of employment of 250 miles or more;
- f. You or Your Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to Your scheduled point of departure;
- g. unannounced Strike that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours;
- h. Inclement Weather that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours;
- i. mechanical breakdown that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours;
- j. You or Your Traveling Companion is in the Military and called to emergency duty for a national disaster other than war;
- k. involuntary employer termination or layoff affecting You or a person(s) sharing the same room with You during Your Trip. Employment must have been with the same employer for at least 1 continuous year;
- l. a Terrorist Incident that occurs in a city listed on the itinerary of Your Trip and within 30 days prior to Your Scheduled Departure Date. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- m. revocation of Your previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;
- n. Bankruptcy or Default of an airline, cruise line, tour operator or travel supplier (other than the tour operator or travel agency from whom You purchased Your Travel Arrangements) causing a complete cessation of travel

services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if the policy has been purchased within 21 days of Your initial payment for the Trip and for the full cost of the Trip;

- o. Your family or friends living abroad with whom You were planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;
- p. You or Your Traveling Companion are required to work during the Trip. A written statement by a company officer and/or the Human Resources department demonstrating revocation of previously approved time off will be required;
- q. mandatory evacuation or public official evacuation advisements where there is no mandatory evacuation issued by local government authorities at Your destination due to adverse weather or natural disaster. In order to cancel Your Trip, You must have 4 days or 50% of Your total Trip length or less remaining on Your Trip at the time the mandatory evacuation ends;
- r. felonious assault of You or Your Traveling Companion within 10 days of the Scheduled Departure Date;
- s. You or Your Traveling Companion are directly involved in the merger of Your employer or the acquisition of Your employer by another company;
- t. a cancellation of Your Trip within 24 hours of Your Scheduled Departure Date and time if Your Trip destination is under a hurricane warning issued by the NOAA National Hurricane Center, provided the cancellation of Your Trip occurs more than 15 days following Your Effective Date of coverage for the Trip Cancellation Benefits;
- u. a cancellation of Your Trip if Your arrival on the Trip is delayed and causes You to lose 50% or more of the scheduled Trip duration due to the reasons covered under the Missed Connection Benefit.

Additional Trip Interruption Benefits: If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and transportation expenses incurred by You to remain with Your Traveling Companion up to \$150 per day, limited to 5 days.

If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and You must extend Your Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights up to \$150 per day, limited to 5 days.

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

For Trip Cancellation or Interruption:

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

Benefits will be paid, up to \$150, for the cost of an airline-imposed change or reissue fee if Your Trip is canceled by a Travel Supplier of land or water Travel Arrangements.

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

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

In the event a cruise/tour supplier makes a change in Your Trip itinerary after Your Scheduled Departure Date, which prevents You from participating in an event/activity prepaid prior to departure and scheduled on Your Trip itinerary, non-refundable prepaid event/activity expenses will be payable up to \$250. Benefits will not be paid if a comparable event/activity of equivalent cost is rescheduled during the course of the Trip.

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

If there is no Trip cost insured, the Trip Interruption Benefit will be limited to a maximum amount of \$1,000.

Missed Connection: If You miss Your cruise or tour departure because Your arrival at Your Trip destination is delayed for 3 or more hours, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for a) the Additional Transportation Cost to join the Trip and b) the unused portion of the prepaid expenses for land or water Travel Arrangements, due to: a) any delay of a Common Carrier (the delay must be certified by the Common Carrier); b) a documented weather condition preventing You from getting to the point of departure; c) quarantine, hijacking, Strike, natural disaster, terrorism or riot.

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

Travel Delay: Benefits will be paid for reasonable accommodation, meal, and local transportation expenses incurred by You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You are delayed for 6 hours or more while en route to or from, or during a Trip, due to: a) any delay of a Common Carrier (the delay must be certified by the Common Carrier); b) a traffic accident in which You or Your Traveling Companion are not directly involved (must be substantiated by a police report); c) lost or stolen passports, travel documents or money (must be substantiated by a police report); d) quarantine, hijacking, Strike, natural disaster, terrorism or riot; e) a documented weather condition preventing You from getting to the point of departure.

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

BAGGAGE AND PERSONAL EFFECTS AND BAGGAGE DELAY

Baggage and Personal Effects: Coverage will be provided to You: (a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects; (b) subject to all Exclusions and Limitations in the policy; (c) up to the Maximum Benefit Amount; and (d) occurring while this coverage is in force.

The lesser of the following amounts will be paid: 1) the actual cash value (cost less proper deduction for depreciation) at the time of loss, theft or damage; 2) the cost to repair or replace the article with material of a like kind and quality; or 3) \$300 per article.

A combined maximum of \$600 will be paid for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment.

A maximum of \$50 will be paid for the cost of replacing a passport or visa. A maximum of \$50 will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.

Baggage and Personal Effects does not include:

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;
- 5) motors;
- 6) aircraft;
- 7) bicycles, except when checked as baggage with a Common Carrier;
- 8) household effects and furnishings;
- 9) antiques and collectors items;
- 10) sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids;
- 11) prosthetic limbs;
- 12) prescribed medications;
- 13) keys, money, credit cards (except as coverage is otherwise specifically provided herein);
- 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 15) professional or occupational equipment or property, whether or not electronic business equipment; or
- 16) telephones, computer hardware or software.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects:

Benefits are not payable for any loss caused by or resulting from: a) breakage of brittle or fragile articles; b) wear and tear or gradual deterioration; c) confiscation or appropriation by order of any government or customs rule; d) theft or pilferage while left in any unlocked vehicle; e) property illegally acquired, kept, stored or transported; f) Your negligent acts or omissions; or g) property shipped as freight or shipped prior to the Scheduled Departure Date.

Baggage Delay: If, while on a Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 12 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Additional Provisions applicable to Baggage and Personal Effects and Baggage Delay:

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

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

SECTION II. Definitions

“Additional Transportation Cost” means the actual cost incurred for one-way Economy Transportation by a Common Carrier reduced by the value of an unused travel ticket.

“Baggage and Personal Effects” means luggage, personal possessions and travel documents taken by You during a Trip.

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

“Business Partner” means an individual who (a) is involved in a legal general partnership with You and/or (b) is actively involved in the day to day management of Your business.

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

“Default” means a material failure or inability to provide contracted services.

“Domestic Partner” means a person who is at least eighteen years of age and 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 continuous cohabitation throughout the 180 day period prior to Your Effective Date of the Plan; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

“Economy Transportation” means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for the Trip.

“Family Member” means any of the following who resides in the United States, Canada, or Mexico: Your or Your Traveling Companion's: legal spouse (or common-law spouse where legal), legal guardian, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, an employed caregiver who lives with You, or a person for whom You are the primary caregiver with whom You have lived for 12 continuous months prior to the effective date of Your Plan, whether or not they travel with You.

“Hospital” means: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

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

“Injury” or “Injuries” means accidental bodily injuries: (a) received while insured under the Policy and any attached coverages; (b) resulting in loss independently of sickness and all other causes; and (c) not excluded from coverage.

“Insured” means the person who purchased the Trip and who has paid the required plan cost for the protection plan provided herein, and also referred to as You and Your.

“Intoxicated” means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

“Legally Qualified Physician” means a physician or a Christian Science Practitioner: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his/her license; and (c) recognized as a physician in the place where the services are rendered.

“Maximum Benefit Amount” means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

“Medical Treatment” means treatment, advice or consultation by a Legally Qualified Physician.

“Medically Necessary” means a service or supply which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

“Pre-Existing Condition” means any injury, sickness or condition (including any condition from which death ensues) of You, Your Traveling Companion, or Your or Your Traveling Companion’s Family Member traveling with You which within the 60 day period prior to the effective date of Your Trip Cancellation coverage under the Policy: (a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

“Program Medical Advisor” means One Call Worldwide Travel Services Network, Inc.

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

“Scheduled Return Date” means the date on which You are originally scheduled to return to the point of origin or the original final destination.

“Sickness” means an illness or disease that is diagnosed or treated by a Legally Qualified Physician after the effective date of insurance and while You are covered under the Policy.

“Strike” means any stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and (b) which interferes with the normal departure and arrival of a Common Carrier.

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

“Third Party” means a person or entity other than You or the Company.

“Transportation Expense” means: (a) the cost of conveyance of You and any medical personnel (if Medically Necessary); and (b) Medically Necessary services or supplies.

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

“Travel Supplier” means any entity or organization that coordinates or supplies travel services for You.

“Traveling Companion” means a person or persons with whom You have coordinated Travel Arrangements and intend to travel with during the Trip.

“Trip” means scheduled trips, tours or cruises for which: (a) coverage is requested; and (b) the required premium is submitted prior to the Scheduled Departure Date.

“Usual and Customary Charges” means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

SECTION III. When Coverage Begins and Ends

Your Term of Coverage:

For Trip Cancellation: Coverage begins on Your “Effective Date” which is at 12:01 a.m. on the date the appropriate cost for this policy for Your Trip is received and ends at the point and time of departure on Your Scheduled Departure Date.

For Travel Delay: Coverage is in force while en route to and from and during the Trip.

For all other coverages: All other benefits begin on 12:01 a.m. on Your Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date.

In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control, Your term of coverage shall be automatically adjusted in accordance with the Travel Supplier’s notice to Us of the delay or change.

SECTION IV. General Limitations and Exclusions

Benefits are not payable for any loss due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only);
2. an act of declared or undeclared war;
3. participating in maneuvers or training exercises of an armed service;
4. riding, driving or participating in races, or speed or endurance contests;
5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. participating as a member of a team in an organized sporting competition;
7. participating in skydiving, hang gliding, bungee cord jumping, or scuba diving if the depth exceeds 130 feet or if You are not certified to dive and a dive master is not present during the dive;
8. piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
10. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
12. dental treatment (except as coverage is otherwise specifically provided herein);
13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or Return of Remains coverage; or
15. a mental or nervous condition, unless hospitalized.

WAIVER OF THE PRE-EXISTING CONDITION EXCLUSION

The exclusion for Pre-Existing Conditions will be waived if this plan is purchased within 21 days of the date Your initial Trip deposit is paid.

WHERE TO PRESENT A CLAIM

Present all claims to the Program Administrator:

Trip Mate, Inc.*
9225 Ward Parkway, Suite 200
Kansas City, Missouri 64114
Tel: 1-888-411-5378

Plan Number: T925C

Claims may also be reported/completed online at:

www.travelsafe.com

*In CA, dba Trip Mate Insurance Agency

SECTION V. General Provisions

Notice of Claim: Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to the Company or designated representative and should include sufficient information to identify You.

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

Excess Insurance: The insurance provided by this Policy (except Accident and Sickness Medical Expense, Medical Evacuation and Return of Mortal Remains) shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

Legal Actions: No legal action for a claim can be brought against Us until 60 days after We receive proof of loss. No legal action for a claim can be brought against Us more than 3 years after the time required for giving proof of loss. This 3 year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

Other Insurance with the Company: You may be covered under only one travel policy with the Company for each Trip. If You are covered under more than one such policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request; not do anything after the loss to prejudice the Company's rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

Additional Claims Provisions Specific to Baggage: Your duties after loss of or damage to property or delay of baggage: In case of loss, theft, damage or delay of baggage or personal effects, You must:

- a) take all reasonable steps to protect, save or recover the property;
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
- c) produce records needed to verify the claim and its amount and permit copies to be made;
- d) provide to the Company, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and
- e) be examined, if requested.

Reductions in the Amount of Insurance: The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this coverage for this Trip.

SECTION VI. Coordination of Benefits

Applicability: The Coordination of Benefits ("COB") provision applies to this Plan when You have health care coverage under more than one Plan.

The Classic Plan is Underwritten By: United States Fire Insurance Company under Form Series TP 401. In KS, LA, SD, TX, and UT Form #'s TP-401 CW. In WA under Form #TP-401-WA. In OR under Form #TP-401 OR.

Notice: If You are a resident of one of the following states (KS, LA, MN, OR, SD, TX, UT, WA) Your coverage is provided on an individual policy form. Your policy number is Your complete name plus T925C. If You live in any other state Your coverage is provided via a certificate. Your policy or certificate (including State Exceptions for AR, FL, GA, ID, IL, KS, LA, ME, MN, MS, MO, MT, NH, NY, OR, SC, SD, TX, UT, VT, WA, WV, WI, and WY) and all General and "COB" Provisions are available at www.tripmate.com. You can also request this information by calling TravelSafe at 1-888-885-7233.



One Call

Worldwide Travel Services Network

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

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

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

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

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

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

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

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

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

One Call Travel Solutions

24-Hour Worldwide Travel Services

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

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

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

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

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

One Call Concierge Services

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

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

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1-800-379-9887 Use Program Code T925C

These Services are Provided by: Global Xpi, Inc.

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

CONTACTING ONE CALL'S 24-HOUR SERVICE CENTER

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

Within U.S.A. & Canada Outside U.S.A. & Canada
1-800-555-9095 1-603-894-4710

YOUR PLAN NUMBER: T925C

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

OPTIONAL BENEFITS

If You have purchased optional Air Flight Accidental Death and Dismemberment, You are covered up to the amount shown in Your Confirmation of Coverage as follows:

ACCIDENTAL DEATH & DISMEMBERMENT

You are eligible for benefits, up to the Maximum Benefit Amount, when You sustain an Injury during the Trip which results in any of the following losses within 180 days of the date of the Injury causing the Loss: a) while riding solely as a passenger in an aircraft on a regularly scheduled airline flight or regularly scheduled charter flight; b) while riding as a passenger in any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this policy; c) while riding as a passenger in a vehicle licensed to carry passengers for hire, but only when going to an airport to board an aircraft on which You are covered by this policy or when leaving an airport after alighting from such an aircraft; or d) while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered by this policy.

Benefits will be paid as follows:

Loss:	Percentage of Principal Sum Payable:
Life.....	100%
Both Hands; 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%

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively.

Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof.

Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is the Maximum Benefit Amount shown in the Schedule of Benefits for Accidental Death and Dismemberment.

If You have purchased optional Rental Car Damage, You are covered up to the amount shown in Your Confirmation of Coverage as follows:

RENTAL CAR DAMAGE

You are eligible for benefits up to the Maximum Benefit Amount if You rent a car while on Your Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in Your control while in Your possession, or the car is stolen while in Your possession and is not recovered.

We will pay the lesser of:

- the cost of repairs and rental charges imposed by the rental company while the car is being repaired;
- the Actual Cash Value of the car; or
- the amount shown on the Schedule.

Coverage is provided to You, provided You are a licensed driver and are listed on the rental agreement.

Coverage is not provided for loss due to:

- any obligation of You, a Traveling Companion or Family Member traveling with You assumed under any agreement (except insurance collision deductible);
- rentals of trucks, campers, trailers, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;
- any loss which occurs if You or anyone traveling with You are in violation of the rental agreement;
- failure to report the loss to the proper local authorities and the rental car company;
- damage to any other vehicle, structure or person as a result of a covered loss;
- any loss as the result of or attributed to driving the rental vehicle: while under the influence of alcohol or any illegal substance or the abuse of a legal substance; while using any medication which recommends abstinence from driving; in a speed competition; for compensation for hire; for illegal trade purposes, or transporting contraband;
- any loss as the result of physical damage or loss attributed to: mechanical failure or breakdown of the rental vehicle; wear and tear, gradual deterioration, corrosion, rust or freezing; any neglect or abuse of the vehicle; any dishonest act or conversion; any consequence of war (declared or otherwise); or contamination by a radioactive material.

“Exotic Vehicles” includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Clenet, Corvette, Cosworth, De Lorean, Excalibre, Ferrari, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Mercedes Benz, MG, Morgan, Pantera, Panther, Pininfarina, Porsche, Rolls Royce, Rover, Stutz, Sterling, Triumph, and TVR, or any other car with a Manufacturers Suggested Retail Price (MSRP) over \$40,000.

ADDITIONAL CLAIMS PROVISIONS SPECIFIC TO RENTAL CAR DAMAGE

The following outlines Your duties in the event of any damage to the vehicle. You must:

- take all necessary and reasonable 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 the Accident, such as name, address, insurance information and driver’s license number;
- provide Us all documentation such as rental agreement, police report and damage estimate.

Coverage is not available to residents of Texas.

If You have purchased optional Extended Personal Property Pac, the Baggage and Personal Effects and Baggage Delay Coverage is amended as follows:

EXTENDED PERSONAL PROPERTY PAC

- the **Baggage and Personal Effects** does not include section is amended to delete the following exclusions:
 - professional or occupational equipment or property, whether or not electronic business equipment; or
 - telephones, computer hardware or software; and
- the Baggage Delay section is amended to read as follows:

If, while on a Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 12 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the actual expenditure for necessary personal effects (including rental of sports equipment to replace delayed sports equipment). You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Coverage on property listed in item #1 above is subject to a \$100 deductible per occurrence.

The maximum limit of liability for: professional or occupational equipment or property, whether or not electronic business equipment; telephones, computer hardware or software; and sports equipment rental is \$1,000.

TRAVEL PROTECTION INSURANCE

State Exceptions to the Certificate of Insurance or Policy

ARKANSAS: The Provision entitled "Legal Actions" is amended so that the "three year" period reads "five years or within the time allowed by law".

FLORIDA: The Provision, Legal Actions is deleted and replaced with the following:

Legal Actions: No legal action for a claim can be brought against us until 60 days after we receive proof of loss. No legal action for a claim can be brought against us more than 5 years after the time required for giving proof of loss. This 5-year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

GEORGIA: Under the General Provisions section, the "Excess Insurance" Provision is deleted in its entirety.

IDAHO: The definition of Hospital is amended to read:

Hospital means a provider that is a short-term, acute, general hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick person by or under supervision of Physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, or place for the aged; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse, place for the provision of hospice care; or d) a place for the treatment of pulmonary tuberculosis.

ILLINOIS:

1. The definition of Pre-existing Condition in the DEFINITIONS section is deleted and replaced with the following:

"Pre-existing Condition" means any disease, illness, sickness, malady or condition of an Insured, or Traveling Companion, or the Insured's and/or Traveling Companion's Family Member, or the Insured's Business Partner for which:

Medical advice, diagnosis, consultation, or treatment was received from a Legally Qualified Physician within 24-months prior to the effective date of coverage; or

Symptoms existed within 12-months prior to the effective date of coverage which, in the opinion of a Legally Qualified Physician, would indicate that the disease, illness, sickness, malady or condition probably began and manifested itself prior to the effective date of coverage and would cause a reasonable person to seek diagnosis, care, or treatment.

2. The following statement is added to GENERAL CLAIM PROVISIONS, the section titled Time of Payment Of Claims:

All claims will be paid within 30-days after receipt of due written proof of loss. If we have not paid the claim within this timeframe, we will pay interest at the rate of 9% from the 30th day after receipt of all necessary proof of loss, to the date of payment. We will not pay interest amounting to less than one dollar.

Except as stated herein, this Amendatory Endorsement does not change coverage in any other way and is subject to all provisions, terms, and conditions of the Policy. If there is a conflict between the Policy and this Amendatory Endorsement, the terms of this Amendatory Endorsement will govern.

KANSAS – Under the General Provisions, "Subrogation" does not apply to reimbursement of medical, surgical, hospital or funeral expenses. "Legal Actions" is amended to read "5-years". The "Excess Insurance" Provision is deleted in its entirety.

"Mental or Nervous Conditions" means disorders specified in the diagnostic and statistical manual of mental disorders, fourth edition, (DSM-IV, 1994) of the American Psychiatric Association but shall not include conditions not attributable to mental disorders that are a focus of attention or treatment (DSM-IV, 1994).

The definition of Usual and Customary means, for charges incurred in the United States:

a) charges and fees for medical services or supplies that are the lesser of: the usual charge by the provider for the service or supply given; or the average charges for the service or supply in the area where the service or supply is received; and b) Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

Usual and Customary charges are calculated using the national database in Ingenix, Inc. or similar provider. Ingenix and similar providers update the data every 6 months.

For Charges incurred outside the United States, payment is based on billed charges that the Company receives proof of the service or supply being given.

The definition of Family Member is amended to delete the reference to Traveling Companion, as the Traveling Companion is not eligible as a Family Member.

The General Limitation and Exclusions section is amended to delete the reference to Traveling Companion as such person is not eligible as a Family Member.

The definition of Physician is amended to read:

Legally Qualified Physician" means a physician: (a) other than You or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

Mental and Nervous Disorders

Subject to the terms, limitations, and conditions of the Policy, the Company will cover the following services. The Company will provide coverage for services for treatment of Mental and Nervous Disorders for inpatient confinement for up to 45 days of such Inpatient Confinement per Calendar Year as long as the insurance is in effect on a day of confinement. Inpatient benefits are limited to the Allowable Expense and subject to any deductibles, co-payments and maximum benefit limitations. In addition, the Company will provide coverage for outpatient services for Mental and Nervous Disorders. Outpatient mental health expenses will be covered at 100% of the first \$100 incurred, 80% of the next \$100 incurred and 50% for the next \$1,640 incurred in a calendar year up to a lifetime maximum of \$7,500. Outpatient benefits are limited to the Allowable Expense and subject to any deductibles, co-payments and maximum benefit limitations.

The expense must be incurred while the policy is in force with respect to the covered person or it is not considered an Allowable Expense. The Mental and Nervous Disorder must first be diagnosed while the policy is in force with respect to the covered person and the purpose of the travel may not be for medical treatment of such Mental and Nervous Disorder. Coverage ends on the date the policy terminates.

Mental and Nervous Disorders means the following: Schizophrenia, schizoaffective disorder, schizophreniform disorder, brief reactive psychosis, paranoid or delusional disorder, atypical psychosis, major affective disorders (bipolar and major depression), cyclothymic and dysthymic disorders, obsessive compulsive disorder, panic disorder, pervasive developmental disorder, including autism, attention deficit disorder and attention deficit hyperactive disorder as such terms are defined in the diagnostic and statistical manual of mental disorders, fourth edition, (DSM-IV, 1994) of the American psychiatric association but shall not include conditions not attributable to a mental disorder that are a focus of attention or treatment.

Diabetes Coverage

Subject to the terms, limitations, and conditions of the Policy, the Company will cover the following services. The Company shall provide coverage for medically necessary equipment and supplies, limited to hypodermic needles and supplies used exclusively with diabetes management and outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin using diabetes if prescribed by Physician. The Company shall also provide coverage for diabetes outpatient self-management training and education when provided by a certified, registered or licensed health care professional with expertise in diabetes. The coverage for outpatient self-management training and education shall be required only if ordered by a Physician legally authorized to prescribe such services and the diabetic: (1) is treated at a program approved by the American diabetes association; (2) is treated by a person certified by the National Certification Board for Diabetes Educators; or (3) is, as to nutritional education, treated by a licensed dietitian pursuant to a treatment plan authorized a Physician.

The service must be rendered while the covered person is covered under the Policy or it is not considered an Allowable Expense. The benefit is subject to any deductible and maximum benefit limitations required by the Policy. Diabetes must first be diagnosed while the Policy is in force with respect to the covered person and the purpose of the travel may not be for medical treatment of diabetes. Coverage ends on the date the Policy terminates.

General Anesthesia for Dental Surgery

Subject to the terms and conditions of the Policy, the Company will cover the following services. The Company shall provide coverage for the medically necessary administration of general anesthesia and Hospital charges for dental care provided to the following Covered Persons:

- a) a child five years of age and under; or
- b) a person who is severely disabled; or
- c) a person has a medical or behavioral condition that requires hospitalization or general anesthesia when dental care is provided.

The service must be rendered while the covered person is covered under this Policy or it is not considered an Allowable Expense. The benefit is subject to any deductible and maximum benefit limitations required by the Policy. The dental work must first be diagnosed while the Policy is in force with respect to the covered person and the purpose of the travel must not be for dental treatment. Coverage ends on the date the Policy terminates.

Off Label Prescription Drugs for Cancer Treatment

Subject to the terms, limitations, and conditions of the Policy, the Company will cover off label prescription drugs as follows. The Company will not exclude coverage of a prescription drug for cancer treatment on the grounds the prescription drug has not been approved by the federal food and drug administration for that covered indication if the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature. The prescribing physician shall submit to the Company documentation supporting the proposed off-label use or uses prior to it being covered.

The service must be rendered while the covered person is covered under this Policy or it is not considered an Allowable Expense. The benefit is subject to any deductible and maximum benefit limitations required by the Policy. The cancer must first be diagnosed while the Policy is in force with respect to the covered person and the purpose of the travel must not be to obtain treatment for such cancer or to obtain off label prescription drugs for such cancer treatment. Coverage ends on the date the Policy terminates.

LOUISIANA - Under the General Provisions section, the "Excess Insurance" Provision is deleted in its entirety.

The provision entitled Concealment and Misrepresentation is amended to read:

Concealment and Misrepresentation: The entire coverage will be void, if when applying for coverage, You made a fraudulent statement or misrepresentation with the intent to deceive. Fraud or misrepresentation with the intent to deceive after coverage is in force

is grounds for cancellation and grounds to deny coverage for benefits related to such fraud, concealment, or misrepresentation. Coverage for other benefits will continue until the cancellation is effective.

The provision entitled Subrogation is amended to read:

Subrogation: If we make any payment under this policy and the person to or for whom payment is made has a right to recover damaged from another, the company shall be subrogated to that right. However, the Company's right to recover is subordinate to Your right to be fully compensated.

The provision entitled Legal Actions is amended to read:

Legal Actions: No legal action for a claim can be brought against us until 45 days after we receive proof of loss. No legal action for a claim can be brought against us more than 3 years after the time required for giving proof of loss. This 3-year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

MAINE: The exclusion related to Terrorist Events is deleted in its entirety.

MINNESOTA: Under the General Provisions section, the "Excess Insurance" Provision is deleted in its entirety.

MISSISSIPPI: The provision entitled "Legally Qualified Physician" is amended to read:

"Legally Qualified Physician" means a health care practitioner or a Christian Science Practitioner (a) other than an Insured, a Traveling Companion or a Family Member: (b) practicing within the scope of his or her license; and (c) recognized as a health care practitioner in the place where the services are rendered.

The provision entitled "Notice of Claim" is amended so that the "20 days" notice reads "30 days".

The provision entitled "Time of Payment of Claims" is amended to read:

Benefits payable for any loss will be paid within 45 days after receipt of due written proof of such loss. Benefits due are overdue if not paid within 45 days after the Company or We receive proof of loss and the necessary information to adjudicate the claim and the necessary medical information and other information essential for Us to administer any coordination of benefits and subrogation provisions. If such information is not supplied as to the entire claim, the amount supported by reasonable proof is overdue if not paid within 45 days after the Company receives such proof. Any part or all of the remainder of the claim that is later supported by such proof is overdue if not paid within 45 days after the Company receives such proof. To calculate the extent to which any benefits are overdue, payment shall be treated as made on the date a draft or other valid instrument was placed in the United States mail to the last known address of the claimant or beneficiary in a properly addressed, postpaid envelope, or if not so posted, on the date of delivery.

If the claim is not denied for valid and proper reasons by the end of such period of 45 days, the Company must pay You interest on accrued benefits at the rate of one and one-half percent (1 ½ %) per month on the amount of such claim until it is finally settled or adjudicated.

In the event the Company fails to pay benefits when due, the person entitled to such benefits may bring action to recover such benefits, any interest that may accrue as provided above and any other damages as may be allowable by law.

The provision entitled "Subrogation" is amended to read:

Subrogation: To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. No subrogation will occur until You have been made whole for your damages.

MISSOURI: The definition of Hospital is amended to read:

Hospital means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides 24 hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

The definition of Pre-existing Condition is amended to read:

Pre-Existing Condition means any injury, sickness or condition of You, an Insured's Traveling Companion an Insured's Family Member booked to travel with him or her for which within the sixty (60) day period prior to the effective date of Trip Cancellation coverage under the Group Policy such person received diagnosis or treatment for such injury, sickness or condition.

The Pre-Existing Conditions exclusion is waived for You if the Insured enrolls You in the Group Policy at the time the Insured pays the deposit required for his or her Trip (or within 15 days of the initial deposit) and the Insured purchases the coverage under the Group Policy for the full cost of their Trip.

The Subrogation provision is deleted in its entirety.

The Legal Actions provision is amended to read:

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

MONTANA: The definition of Sickness is amended to read:

Sickness means an illness or disease, including pregnancy that is diagnosed or treated by a Physician after the effective date of insurance and while You are covered under the Group Policy.

The following provision is added to the General Provisions section:

Conformity with Montana statutes: The provisions of this certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the insured resides on or after the effective date of this certificate.

In the General Limitations and Exclusions section, the exclusion related to pregnancy and childbirth is deleted in its entirety.

NEW HAMPSHIRE: The definition of "Family Member" is amended to read:

"Family Member" means an Insured's or a Traveling Companion's: legal spouse or common-law spouse where legal; legal guardian; son or daughter (adopted, foster or step); child placed for adoption with the Insured or Traveling Companion; son-in-law; daughter-in-law; grandmother; grandmother-in-law; grandfather; grandfather-in-law; grandchild; aunt; uncle; niece; or nephew; brother, step-brother; sister; step-sister; brother-in-law; sister-in-law; mother; father; step-parent.

The definition of "Hospital" is amended to read:

"Hospital" means (a) a place that operates according to law in the state where it is located; and b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Proof of Loss" is amended to read:

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible.

NEW YORK MANDATES: Under New York Law, certain mandated benefits are required to be provided under a medical expense policy.

The Company will pay benefits as applicable to this program for such mandates.

The definition of "Hospital" is amended to read:

"Hospital" means a short-term, acute, general hospital, that:

- (a) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- (b) has organized departments of medicine and major surgery;
- (c) has a requirement that every patient must be under the care of a physician or dentist;
- (d) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (e) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395x(k));
- (f) is duly licensed by the agency responsible for licensing such hospitals; and

Is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

The definition of "Pre-Existing Condition" is amended to read:

"Pre-Existing Condition" means the existence of symptoms in You, Your Traveling Companion Your Family Member booked to travel with him or her that would ordinarily cause a prudent person to seek diagnosis, care or treatment within a 60 day period preceding the effective date of Your coverage, or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 60 day period preceding the effective date of Your coverage.

OREGON: Under the General Provisions section, the "Excess Insurance" Provision is deleted in its entirety.

Under Accident & Sickness Medical Expense the following statement is deleted in its entirety: These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

Under Medical Evacuation and Return of Mortal Remains, the following sections are deleted in their entirety: Section 2. For Non-Emergency Medical Evacuation; and Hospital of Choice.

Under Trip Cancellation & Trip Interruption, the following Other Covered Reasons are deleted: c. You or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You or Your Traveling Companion is required to work as a result; d. a documented theft of passports or visas; e. a permanent transfer of employment of 250 miles or more; i. mechanical breakdown that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours; m. Revocation of Your previously granted leave or reassignment due to war. Official written revocation/reassignment by a supervisor or commanding officer of the appropriate branch of service will be required; n. Your family or friends living abroad with whom You were planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them.

Under Trip Cancellation & Trip Interruption, the following Other Covered Reasons are amended to read as follows: l. Terrorism in a country which is part of the Trip, which causes the United States Department of State to issue a travel warning that an Insured should not travel within that country for a period of time that would include the Trip. Such travel warning must be made after the Effective Date;

Section VI. Coordination of Benefits is deleted in its entirety.

SOUTH CAROLINA: The provision entitled "Legal Actions" is amended so that the "three year" period reads "six years".

The provision entitled "Subrogation" is amended to read:

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right for not more than the amount of insurance benefits that the Company has paid previously in relation to THE Insured's Injury by the liable Third Party.

An Insured shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event an Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss. Attorneys' fees and costs must be paid by the Company from the amounts recovered.

SOUTH DAKOTA – Under the General Provisions section, the "Excess Insurance" Provision is deleted in its entirety.

In the provision entitled "Legal Actions", the 3 year time period is amended to read "6-years". The exclusion that states: "received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advise of a Legally Qualified Physician:" does not apply to South Dakota residents except to the extent that the action is a felony or attempted felony. Regarding any covered emergency dental expenses, "sound natural teeth" means a person's natural teeth that are considered sound prior to the accident. Minor dental work on a tooth, including fillings will not, by itself, cause the tooth to be considered unsound or not natural.

TEXAS - Under the General Provisions section, the The "Excess Insurance" Provision is deleted in its entirety.

The provision entitled "Notice of Claim" is amended by the addition of the following paragraphs:

The Company shall, not later than the 15th day after receipt of such notice of a claim: acknowledge receipt of the claim; commence any investigation of the claim; and request from the Claimant all items, statements, and forms that the Company reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

If the acknowledgement of the claim is not made in writing, the Company shall make a record of the date, means, and content of the acknowledgement.

The Company shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date the Company receives all items, statements, and forms required by the Company, in order to secure final proof of loss. If the company rejects the claim, the Company will inform the Claimant of the reasons for the rejection. If the Company is unable to accept or reject the claim within 15 business days after the date the Company receives all items, statements, and forms required by the Company, the Company shall notify the claimant within such 15 business day period. The notice provided must give the reasons that the Company needs additional time. Not later than the 45th day after the date the Company notifies a Claimant of the need for additional time to investigate a claim, the Company shall accept or reject the claim.

Except as otherwise provided, if the Company delays payment of a claim following its receipt of all items, statements, and forms reasonably requested and required for more than 60 days, the Company shall pay, in addition to the amount of the claim, 18 percent per annum of the amount of such claim as damages, together with reasonable attorney fees. If suit is filed, such attorney fees shall be taxed as part of the costs in the case.

“Business Day” means a day other than a Saturday, Sunday, or holiday recognized by Texas.

The “Proof of Loss” provision is amended to read:

The Claimant must send the Company, or its designated representative, proof of loss within ninety-one (91) days after a covered loss occurs or as soon as reasonably possible.

Section III, INSURING PROVISIONS, is amended by the addition of the following:

Coverage will not end solely because a person becomes an elected official in Texas.

UTAH - Under the General Provisions section, the “Excess Insurance” Provision is deleted in its entirety.

The definition of Family Member is amended to include a child placed for adoption with the Insured.

The provision entitled Proof of Loss is amended to read: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to give notice or file proof of loss does not bar recovery under the policy if the Company fails to show that it was prejudiced by the failure to provide proof in a timely manner.

VERMONT: The following disclosure is added to the certificate as follows:

THIS TRAVEL PROGRAM IS A LIMITED BENEFIT PROGRAM. READ YOUR CERTIFICATE CAREFULLY.

The following provision is added to the General Provisions section:

Vermont law requires that insurance policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must be established in the state of Vermont according to Vermont law.

It is understood that policy definitions and provisions designating

- an insured
- named insured
- who is insured
- who is a named insured
- covered person(s)
- you and/or your
- spouse
- family member

and any other policy or certificate definitions and provisions designating an insured under this certificate, are amended, wherever appearing, where terms denoting a marital relationship or family relationship arising out of a marriage are used, to indicate parties to a civil union and their families under Vermont law.

In the General Limitations and Exclusions section, the exclusion related to racing is amended to include “only when racing in a professional capacity”.

In the General Limitations and Exclusions section, the exclusions relating to mountaineering, skydiving, hang gliding, bungee cord jumping, scuba diving are deleted in their entirety.

WASHINGTON: Under the General Provisions section, the “Excess Insurance” Provision is deleted in its entirety.

There is a Limited Benefit Outline of Coverage available to review.

A FOURTEEN-DAY LOOK provision applies: You may cancel this Policy by giving the Company or the agent written notice within the first to occur of the following: (a) 14 days from the Effective Date of Your Policy; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under this Policy.

Under Accidental Death and Dismemberment, 180 days is amended to read 365 days.

Under Medical Evacuation and Return of Mortal Remains, the following sections are deleted in their entirety: Section 2. For Non-Emergency Medical Evacuation; and Hospital of Choice.

Under Trip Cancellation & Trip Interruption, the following Other Covered Reasons are deleted: c. You or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You or Your Traveling Companion is required to work as a result; d. a documented theft of passports or visas; e. a permanent transfer of employment of 250 miles or more; i. mechanical breakdown that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours; m. Revocation of Your previously granted leave or reassignment due to war. Official written revocation/reassignment by a supervisor or commanding officer of the appropriate branch of service will be required; n. Your family or friends living abroad with whom You were planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them.

Under Trip Cancellation & Trip Interruption, the following Other Covered Reasons are amended to read as follows: b. the 10 day requirement is deleted; g. 12 hours is amended to 48 hours; h. 12 hours is amended to 48 hours; i. Terrorism in a country which is part of the Trip, which causes the United States Department of State to issue a travel warning that an Insured should not travel within that country for a period of time that would include the Trip. Such travel warning must be made after the Effective Date; o. Bankruptcy or Default of an airline, cruise line, or tour operator (other than the travel agency from whom You purchased the travel arrangements) which stops service more than fourteen (14) days following the Effective Date;

Under Trip Cancellation & Trip Interruption, the following Other Covered Reason is added: p. Felonious Assault of the Insured or a Traveling Companion within 10 days of departure or during the Trip;

Under Missed Connection, Section c) is removed in its entirety.

Under Missed Connection, Section b) the unused portion of the prepaid expenses for land or water Travel Arrangements is amended to read as follows; b) reasonable accommodation and hotel expenses.

Under Definitions, Domestic Partner is removed.

Under Definitions, the Pre-Existing Condition exclusion is amended from 60 days to 180 days.

Under General Limitations and Exclusions the following is added to #9: except for Accidental Death and Dismemberment, Accident & Sickness Medical Expense;

Under General Limitations and Exclusions the following exclusion is amended to read as follows: 11. due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;

Under General Limitations and Exclusions the following exclusions are added: 16. for **Accidental Death and Dismemberment, Accident Medical, and Sickness Medical** benefits; due to alcoholism and drug addiction; 17. loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto(except for **Accidental Death and Dismemberment, Accident Medical, and Sickness Medical** benefits.

The following provisions apply: Claim Form, Time of Payment of Claims, Payment of Claims, Physician Examination & Autopsy, Clerical Error, and Conformity with State Statues.

Section VI. Coordination of Benefits is deleted in its entirety.

WEST VIRGINIA: The following exclusions are amended to read as follows:

7. while participating in skydiving, hang gliding, bungee cord jumping, scuba diving if the depth exceeds 130 feet or if the Insured is not certified to dive and a dive master is not present during the dive; or deep sea diving;

14. due to a Pre-existing Condition, as defined in this policy. The Pre-existing Condition Limitation does not apply to: (a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage; or (b) to coverage purchased within 15 days from the time the initial Covered Trip deposit is paid.

WISCONSIN: The provision entitled “Subrogation” is amended to read:

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. An Insured shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event an Insured recovers damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss. No subrogation will take place until the Insured is made whole.

In the General Limitations and Exclusions section, the exclusion related to device, weapon or material employing or involving chemical, biological, radiological or similar agents is deleted in its entirety.

WYOMING: The provision entitled “Legal Actions” is amended so that the “three year” period reads “four years”.