# Travel Max

## Travel Protection Plan
## Description of Coverage

Travelex worldwide money

Insurance Services

TTM-0814

## DESCRIPTION OF COVERAGE

**Policyholder: Travelex**
**Schedule: Travel Max**
**Plan Number: TTM-0814**
**Version: 0916**

**Schedule of Coverages & Services**

| Plan Benefits | Maximum Coverage Per Person |
|---|---|
| Trip Cancellation† | Up to 100% of Insured Trip Cost |
| Trip Interruption† | Up to 150% of Insured Trip Cost |
| Trip Delay | $1,000 |
| Missed Cruise Connection | $1,000 |
| Baggage & Personal Effects | $2,500 |
| Professional Business Property | $500 ($150 Deductible) |
| Recreational Sporting Equipment Rental | $600 |
| Baggage Delay | $600 |
| Emergency Medical & Dental Expense | $100,000 |
| Emergency Evacuation & Repatriation | $1,000,000 |
| Accidental Death & Dismemberment<br>24 Hour<br>Common Carrier | <br>$25,000<br>$50,000 |
| Flight Accidental Death & Dismemberment | $200,000 |
| Rental Car Damage | $50,000 |
| Travel Assistance & Concierge Services* | Included |
| Nurse Assist* | Included |

Coverages listed are up to the limits shown above and underwritten by Transamerica Casualty Insurance Company.



†Trip Cancellation coverage is for a Trip Cost, not to exceed $200,000 in aggregate trip cost for all covered persons for the same Covered Trip. Trip Interruption coverage up to $1,000 is included if a Trip Cost is not insured.

Additional Upgrades may have been included, please refer to your Confirmation of Coverage.

*Travel Assistance & Concierge Services and Nurse Assist are provided by the designated provider as listed within this Description of Coverage.

**Please read this Description of Coverage in its entirety for a summary of your terms and conditions.**

| Optional Cancel for Any Reason Pak | |
|---|---|
| **Pak Benefits** | **Maximum Coverage Per Person** |
| Cancel for Any Reason | Up to 75% of Insured Trip Cost |
| Cancel for Trip Delay Reasons | Up to 100% of Insured Trip Cost |

Optional Cancel for Any Reason is not available if the Covered Trip cost per person is greater than $10,000.

## IMPORTANT NOTES

This program is effective only when the appropriate plan cost has been received by the Policyholder. Please keep this document as your record of coverage.

**Ten Day Free Look Period**
If you are not completely satisfied within 10 days of purchasing this plan, the Policyholder will refund your plan cost, if you have not departed on your trip or filed a claim.

After this 10-day review period, the payment for this plan is non-refundable, except in the following circumstances:

- The supplier cancels or changes the dates of your Covered Trip and all penalties are waived; or
- You cancel your Covered Trip before any cancellation penalties are in effect; or
- You have duplicate coverage for this Covered Trip or due to your death.

## TERMS OF COVERAGE

**Who Is Eligible For Coverage**
A person who has arranged to take a Covered Trip, pays the required plan payment, and is a citizen or resident of the United States of America.

**When Coverage Begins**
All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of 1) the date the plan payment has been received by the Policyholder; 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.

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your plan payment is received by the Policyholder. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date.

**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.



## 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.

**Business Partner** means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

**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.

**Deductible** means the amount, which must be incurred by you before benefits are paid under the plan. The Deductible is equal to the amount shown in the Schedule for each person insured.

**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.



**Exotic Vehicle** includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Cosworth, Citroen, Clenet, De Lorean, Excalibre, Ferrari, Fiat, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Morgan, Opel, Pantera, Panther, Pininfarina, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR, Yugo, Corvette, Mercedes Benz, Porsche and MG.

**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.

**Financial Insolvency** means complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services other than the person, organization, agency or firm from whom you directly purchased or paid for your Covered Trip provided the Financial Insolvency occurs more than 14 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

**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 and pays any required plan payment.

**Insurer** means Transamerica Casualty Insurance Company.

**Payments or Deposits** means the amount actually paid for the Insured's Covered Trip. Payments or Deposits may be made by cash, check, credit card, prepaid vouchers, incurred change fees, administrative fees, and Currency Units. Payments made in the form of a non-paid certificate, non-paid voucher or discount are not Payments or Deposits as defined herein.

**Physician** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts, including a chiropractor an Christian Science practitioner. 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.

**Pre-existing Condition** means an illness, disease, or other condition during the 60 day period immediately prior to the date the plan payment has been received by the Policyholder for which you or your Traveling Companion, Domestic Partner, Business Partner or Family Member is scheduled or booked to travel with you:

1. received or received a recommendation for a diagnostic test, examination, or medical treatment; or
2. took or received a prescription for drugs or medicine.



Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this Policy.

**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.

**Terrorist Act** means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

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

A group or tour leader is not considered a Traveling Companion unless you are sharing room accommodations with the group or tour leader.

**Trip Cost** means all prepaid trip costs that are subject to cancellation penalties or restrictions including the cost of any subsequent arrangements added to the Insured's Covered Trip.

**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 MDR (Medical Data Research) schedule of fees valued at the 100th percentile.



## SUMMARY OF COVERAGES

### Pre-Departure Trip Cancellation Benefits

If you are prevented from taking your Covered Trip for one of the Covered Reasons, we will reimburse you, up to the amount in the Schedule for the amount of forfeited, and prepaid, non-refundable, and unused Payments or Deposits that you paid for your Covered Trip.

We will pay your additional cost as a result of a published change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is canceled due to a covered reason and your Covered Trip is not canceled.

If the travel supplier cancels your Covered Trip, you are covered up to $200 for the reissue fee charged by the airline for the tickets or up to $200 for the cost charged to retain your frequent traveler awards/points if you used them to purchase the airline ticket in conjunction with this Covered Trip. You must have covered the entire cost of the Covered Trip including the airfare.

### Post-Departure Trip Interruption Benefits

If you are unable to continue your Covered Trip for one of the Covered Reasons, we will reimburse you, less any refund paid or payable, for unused travel arrangements, plus the following:

1. the additional transportation expenses by the most direct route from the point you interrupted your Covered Trip: (a) to the next scheduled destination where you can catch up to your Covered Trip; or (b) to the final destination of your Covered Trip; or
2. the additional transportation expenses incurred by you by the most direct route to reach your original Covered Trip destination if you are delayed and leave after the Scheduled Departure Date; and
3. your additional cost as a result of a published change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is interrupted for a Covered Reason and your Covered Trip is continued; and
4. accommodations and transportation expenses up to $150/day for 5 additional days, not to exceed the maximum benefit amount shown on the Schedule, when a) your Traveling Companion is hospitalized or

Injury or Sickness to you not requiring hospitalization prevents you from continuing travel; and b) you must extend your Covered Trip with additional hotel nights due to medically imposed restriction by a Physician.

However, the benefit payable under (1) and (2) above will not exceed the cost of a one-way economy air fare (or first class, if the original tickets were first class) by the most direct route less any refunds paid or payable for your unused original tickets.

We will also reimburse you for the cost incurred up to $250 to drive or transport your Covered Vehicle to your Home if: 1) you are using your Covered Vehicle on the Covered Trip; 2) the Covered Vehicle is with you at the place where the Covered Trip is interrupted; 3) the place where the Covered Trip is interrupted is 100 miles or more away from your Home, and 4) you are unable to drive Home.

Covered Vehicle means a private passenger vehicle owned by or under long term lease (1 year or more) to you.

**Trip Cancellation and Interruption Covered Reasons**
Coverage is provided for the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy if there is a change in plans by you, a Family Member traveling with you, or Traveling Companion:

1. Sickness, Injury or death of you or your Traveling Companion and/or you or your Traveling Companion's Family Member, or Business Partner. The Sickness must commence while coverage is in effect, require the examination of a Physician, in person, at the time of Trip Cancellation or Trip Interruption and, in the written option of the treating Physician, be so disabling as to prevent you from taking or continuing your Covered Trip.
2. you become pregnant after the effective date of coverage (Trip Cancellation coverage only);
3. Common Carrier delays resulting from inclement weather, or mechanical breakdown or organized labor strikes that affect public transportation;
4. arrangements canceled by an airline, cruise line, motor coach company, or tour operator, resulting from inclement weather, mechanical breakdown or organized labor strikes that affect public transportation;
5. arrangements canceled by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services, resulting from Financial Insolvency;
6. being directly involved in a documented traffic accident while en route to departure;
7. being hijacked, kidnapped, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, Family Member traveling with you or a Traveling Companion is not 1) a party to the legal action, or 2) appearing as a law enforcement officer;
8. your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
9. your destination made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
10. mandatory evacuation ordered by local authorities at your destination due to hurricane or other natural disaster;
11. being called into active military service to provide aid or relief in the event of a natural disaster;
12. a documented theft of passports or visas;
13. a Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Covered Trip provided the Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Covered Trip or during your Covered Trip;
14. a cancellation of your Covered Trip if your arrival on the Covered Trip is delayed and causes you to lose 50% or more the scheduled Covered Trip duration due to the reasons covered under the Covered Trip Delay Benefit;
15. a transfer of employment of 250 miles or more;
16. your involuntary termination of employment or layoff and was not under your control. You must have been continuously employed with the same employer for 1 year prior to the termination or layoff. This provision is not applicable to temporary employment, independent contractors or self-employed persons;
17. your host at destination is hospitalized or dies, provided you made previous arrangements to stay at the host's personal residence during the Covered Trip;
18. you or your Traveling Companion is required to work during the Covered Trip. A notarized written statement by a company officer and/or the Human Resources department demonstrating revocation of previously approved time off will be required. If employed as a contractor, you will need to provide proof of new contract signed or extended contract for coverage to apply. If self-employed, verification of self-employment and scheduled work related activities will need to be provided at time of claim;
19. you or your Traveling Companion's place of employment is rendered unsuitable for business due to burglary, fire, flood, volcano, earthquake, hurricane, or other natural disaster and the Insured or Traveling Companion is required to work as a result;
20. you or your Traveling Companion is directly involved in the merger of his or her employer or the acquisition of his or her employer by another company;
21. you or your Traveling Companion have a previously approved military leave revoked or experience a military re-assignment.

*Items #18 through #21 are subject to the following condition: the protection plan must be purchased prior to or within 30 days of initial payment for the Covered Trip.*

**Trip Delay Benefits**
If your Covered Trip is delayed for 5 hours or more, we will reimburse you, up to the amount shown in the Schedule for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

**Items Subject to Special Limitations**
If your Covered Trip is delayed for 5 hours or more, we will reimburse you for the following covered expenses.

1. up to $25 for expenses incurred, that are directly related to internet usage fees during the time you are experiencing a Common Carrier delay;
2. up to $25 for airline club admission expenses incurred at a sponsored airline club at the airport;
3. up to $25 per day, up to the amount shown in the Schedule for additional kennel expenses. You must have placed your cat or dog in a licensed commercial kennel for the duration of the Covered Trip and you are unable to collect you cat or dog on the original pick-up date. For this benefit, you must provide the following documentation when presenting a claim:

(1) written confirmation of the reasons for the delay from the Common Carrier whose delay resulted in the loss, including, but not limited to, scheduled departure and return times and actual departure and return times; (2) written confirmation from the licensed commercial kennel advising the original pick-up date and the actual pick-up date.

Receipts for the expenses incurred must be submitted for reimbursement.

**Trip Delay must be caused by or result from:**

1. any Common Carrier delay; or
2. permanent loss or theft of your passport(s), travel documents or money, due to a reason not within your control; or
3. quarantine; or hijacking; or a civil disorder; or
4. natural disaster or closure of public roadways by government authorities; or
5. a documented traffic accident while you are en route to departure; or
6. unannounced strike.

**Missed Cruise Connection Benefits**

We will reimburse you for Covered Expenses, up to the amount shown in the schedule, should you miss your cruise departure as the result of the cancellation or delay of 3 or more hours of all regularly scheduled airline flights due to inclement weather.

For this benefit, **Covered Expenses** means additional transportation expenses incurred to join the departed cruise, reasonable additional accommodation and meal expenses incurred en route to catch up to the cruise, and non-refundable cruise payments for the unused portion of the Insured's land and water or air travel arrangements. This coverage is excess of any coverage provided by a Common Carrier or another party at no cost to the Insured.

**Baggage and 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. For items without receipts, payment of loss will be calculated based upon 100% of the Actual Cash Value at the time of loss. 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 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.



**Professional Business Property Benefits**

The Company will reimburse you up to a maximum of $500, subject to a $150 Deductible per occurrence for loss, theft or damage to a laptop, PDA (Personal Digital Assistant), cell phone or other professional equipment provided you have taken all reasonable measures to protect, save and/or recover your property at all times. The laptop, PDA, cell phone or other professional equipment must accompany you during the Covered Trip.

In case of loss, theft, or damage to your laptop, PDA, cell phone or other professional equipment you must report the incident to the airline, airport, local police or other such local authorities and obtain their written report of your loss.

**Recreational Sporting Equipment Rental Benefits**

We will reimburse you, up to the amount stated the Schedule, for expenses to rent sporting equipment if your sporting equipment is lost, stolen, damaged or delayed for 12 hours or more, while on a Covered Trip. Receipts for the expenses incurred must be submitted for reimbursement, along with written proof that your sporting equipment was lost, stolen, damaged or delayed.

**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.

**Emergency Medical & Dental 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;
2. expenses for emergency dental treatment incurred by you during a Covered Trip.

Please refer to the Definitions for an explanation of Pre-Existing Conditions which are excluded under the Medical Expense Benefits.

If your cat or dog accompanies you on your Covered Trip and as a result of sickness or injury that first manifests itself or first occurs during the Covered Trip, we will pay a benefit up to $1,000, subject to a $50 deductible, for Emergency Medical Treatment if your cat or dog incurs Covered Medical Expenses.

Benefits amounts are payable on an aggregate limit for all cats or dogs accompanying you on your Covered Trip.

**Emergency 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 of your choice, when you are critically ill or injured and no suitable local care is available, subject to the Travel 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 Travel 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 Home, 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 Travel 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, if you die while outside the United States of America.

If your cat or dog is left unattended as a result of your hospitalization, we will pay the cost to transport your cat or dog to your Home, up to $10,000. Covered Expenses are for transportation expenses only. Expenses to kennel the cat or dog are not reimbursable under this benefit.

Benefits amounts are payable on an aggregate limit for all cats or dogs accompanying you on your Covered Trip.

**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.

**Accidental Death & Dismemberment Benefits (Common Carrier & 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 losses listed below within 180 days (365 days in WA) of the Accident. The Principal Sum is the benefit amount shown on the Schedule.

| 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% |

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.

**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 losses listed below within 180 days (365 days in WA) of the Accident. The Principal Sum is the benefit amount shown on the Schedule.

| 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% |

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.



**Rental Car Damage Benefits**
If you rent a car while on your Covered 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 not recovered, we will pay you the lesser of: a) the cost of repairs and rental charges imposed by the rental company while the car is being repaired; or b) the Actual Cash Value of the car, up to the amount shown on the Schedule.

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

**Coverage is not provided for loss due to:**
1. Any obligation of you or Travel Companion assume under any agreement (except insurance collision deductible).
2. Rentals of campers, trailers, off-road or motor bikes motorcycles, recreational vehicles or Exotic Vehicles.
3. Any loss which occurs if you or Travel Companion are in violation of the rental agreement.
4. Failure to report the loss to the proper local authorities and the rental car company.
5. Damage to any other vehicle, structure or person as a result of a covered loss.

**Your Duties In The Event of a Loss:**
1. Take all reasonable, necessary steps to protect the vehicle and prevent further damage to it;
2. Report the loss to the appropriate local authorities and the rental company as soon as possible;
3. Obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number;
4. Provide us all documentation such as rental agreement, policy report and damage estimate.



## GENERAL PLAN EXCLUSIONS

**The following exclusion applies to the Accidental Death & Dismemberment coverage:**
We will not pay for loss caused by or resulting from Sickness of any kind.

**The following exclusion applies to the Emergency Medical & Dental Expense, Trip Cancellation, Trip Interruption, Trip Delay and Missed Cruise Connection coverages:**
We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses for emergency medical evacuation or repatriation of remains of the Emergency Evacuation and Repatriation coverage.

**Waiver of the Pre-Existing Condition Exclusion**
The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:
1. the payment for this plan is received within 30 days from the date you paid the initial Covered Trip deposit/payment for your Covered Trip;
2. you are not disabled from travel at the time you makes your plan payment; and
3. you insure all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions and also insure the cost of any subsequent arrangements added to your Covered Trip within 30 days of the payment for those arrangements.

**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 as specifically provided under Trip Cancellation) or elective abortion;

5. participation as a professional in athletics while on your Covered Trip;
6. riding or driving in any motor competition;
7. declared or undeclared war, or any act of war;
8. civil disorder (does not apply to Trip Delay), 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. scuba diving, 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 and the loss occurs at a time when the plan is not in effect for you;
17. a diagnosed sickness from which no recovery is expected and which only palliative treatment is provided and which carries a prognosis of death within 12 months of your Effective Date; Sickness, Injury or Death if insurance is purchased after entering a hospice facility or receiving hospice treatment.

**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.



## OPTIONAL CANCEL FOR ANY REASON BENEFITS

This benefit is not available if the Covered Trip cost per person is greater than $10,000.

**Cancel For Any Reason**
If you cancel your Covered Trip for any reason not otherwise covered by this plan, we will reimburse you for 75% of the prepaid, forfeited, nonrefundable Payments or Deposits you paid for your Covered Trip provided:
1. the payment for this plan is received within 30 days of the date your initial deposit/payment for your Covered Trip; and
2. you insure 100% of all prepaid Covered Trip costs that are subject to cancellation penalties or restrictions and also insure the cost of any subsequent arrangements added to your Covered Trip within 30 days of the payment for those arrangements; and
3. you cancel your Covered Trip 2 days or more before your scheduled Covered Trip departure date.

**Trip Cancellation & Trip Interruption Benefits**
If you are prevented from taking or continuing your Covered Trip for the following unforeseeable event or its consequences which occur while coverage is in effect under this Policy, we will reimburse you, up to the amount in the Schedule for the benefits outlined in the Trip Cancellation and Trip Interruption areas of this Description of Coverage.
1. a cancellation of your Covered Trip if your arrival on the Covered Trip is delayed and causes you to lose 30% or more the scheduled Covered Trip duration due to the reasons covered under the Covered Trip Delay Benefit.

## GENERAL PROVISIONS

**Beneficiary:** Your estate, unless written notice of a designated beneficiary is provided to the Plan Administrator.

**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.



## CLAIM 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.

## TRAVEL ASSISTANCE & CONCIERGE SERVICES

**Provided by On Call International**

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:** TTM-0814

### MEDICAL SERVICES

**Nurse Assist Services**
On Call International shall provide you with clinical assessment, education and general health information. This service shall be performed by a registered nurse counselor to assist in identifying the appropriate level and source(s) of care for you (based on your symptoms reported and/or health care questions asked by or on behalf of you). Nurses shall not diagnose your ailments.

**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 Travelex's designated provider. 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

While the assistance company strives to provide help and advice for unfortunate situations encountered by travelers, immediate resolution may not be possible due to the availability and circumstances beyond their control. The assistance company will make every reasonable effort to refer you to an appropriate medical and legal provider. Neither the Insurer, assistance company nor Travelex may be held responsible for the availability, quality, quantity or results of any medical treatment or service you may receive or your failure to obtain or receive medical treatment.

## CLAIMS PROCEDURES

To facilitate prompt claims settlement:

**Trip Cancellation: IMMEDIATELY call your Travel Supplier and the Claims Administrator, as listed within this Description of Coverage, to report your cancellation and avoid non-covered expenses due to late reporting.** The Claims Administrator will then advise you on how to obtain the appropriate form to be completed by you and the attending Physician.

If you fail to notify the appropriate Travel Supplier and the Claims Administrator of your cancellation within 72 hours of becoming aware of the need to cancel, we will pay only the cancellation penalties you were subject to at the time of becoming aware of the need to cancel. If you are medically unable to notify the appropriate Travel Supplier and the Claims Administrator within 72 hours, you must notify them as soon as medically possible.

**Trip Interruption:** Obtain medical statements from the doctors in attendance in the country where Sickness or accident occurred. These statements should give complete diagnosis, stating that the Sickness or accident prevented traveling on dates contracted. Provide all unused transportation tickets, official receipts, etc.

**Trip Delay/Missed Cruise Connection:** Obtain receipts for any additional expenses (i.e.: meals, lodging, etc.) and submit with written documentation from the source which caused the delay for verification (i.e.: Common Carrier, police report, etc.).

**Baggage:** In case of loss, theft, or damage to personal belongings, immediately contact the hotel manager, tour manager or representative, transportation official, or local police; report occurrence and obtain a written statement. If loss is the responsibility of a common carrier, submit claim first to party responsible; i.e., airline, cruise line, train etc. Provide a copy of the outcome of your claim, along with the written loss statements, receipts, etc.

**Medical Expenses:** Obtain receipts from the providers of service, etc., stating the amount paid and an incident report listing the diagnosis and treatment. Submit your insurance information to the Claims Administrator so we may recover funds from any medical or other valid and collectible insurance plan, in which you may be enrolled.



Travel Insurance is underwritten by Transamerica Casualty Insurance 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, OH, OR, 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. To view your state-filed form, please visit www.travelexinsurance.com/SBPlans.aspx or call 1-800-819-9004 to obtain your Individual Policy in the following states: IL, IN, KS, LA, OH, OR, 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. Coverage will not be provided if you encountered an event that resulted in a claim prior to purchasing the Travel Protection Plan.

This plan provides insurance coverage for a covered trip. The purchase of travel insurance is not required to purchase any other product or service from the travel retailer. You may already have coverage that provides similar benefits and you may wish to compare the terms of this coverage with your existing coverage. If you have questions about your current coverage, call your insurer or agent. The travel retailer is not qualified to answer questions about the benefits, exclusions or conditions of the travel insurance. Travelex Insurance Services, Inc. 9140 West Dodge Road, Suite 300, Omaha, NE 68114. Toll free 1-800-819-9004.
Email: customersolutions@travelexinsurance.com.

California Residents: California Insurance Department: Toll free consumer hotline is 1-800-927-7357. Travelex CA Agency License #0D10209

Maryland Residents: To file a complaint with the Maryland Department of Insurance, call 1-800-492-6116 or visit www.mdinsurance.state.md.us

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 producer's expenses or volume of business. The purchaser may request and obtain information about the producer's compensation except as otherwise provided by law.

Any payments under the plan will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the plan. For more information, you may consult the OFAC website at http://www.treasury.gov/resource-center/sanctions/ or contact Travelex.



## Plan Questions

1-800-819-9004
8:00am - 7:00pm CST, M-F

## Emergency Travel Assistance & Concierge Services

Within U.S.A. & Canada: 1-855-892-6495
Outside U.S.A. & Canada: 603-328-1373
24 Hours a Day, 7 Days a Week

## Claim Questions & Status Inquiries

1-866-968-2061
7:30am - 7:00pm CST, M-F

Refer to your Plan Number: **TTM-0814**

To Download a Claim Form Visit:
http://www.travelexinsurance.com/SBClaims/

Completed Claim Forms May Be Sent To:
Transamerica Claims Administration
Travelex Claims Department
4600 Witmer Industrial Estates, Suite 6
Niagara Falls, NY 14305
Fax: 1-877-367-2496

Travelex worldwide money

Insurance Services

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