

**Administered By:****Trip Mate, Inc.**(In CA & UT, dba Trip Mate Insurance Agency)  
9225 Ward Parkway, Kansas City, MO 64114

# Program Protector

## Summary of Plan Benefits

**Important**

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

**Customer Service**

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

**Customer Service or to Report A Claim**  
**1-833-297-2258**

**Satisfaction Guarantee**

If You are not satisfied for any reason, You may return Your Plan Documents to MH Ross within 14 days after receipt. Your plan payment (less any enrollment fees charged, where applicable) will be refunded, provided You have not filed a claim or departed on Your Program. When so returned, the Plan Documents are void from the beginning.

**Time Sensitive Provisions**

If You have purchased this Plan with or before the final payment for Your Program, then: 1) the Plan exclusion for Pre-Existing Conditions will be waived, provided You are not disabled from travel at the time Your plan payment is paid; and 2) there is coverage for 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 Program Arrangements) causing a complete cessation of travel services more than 14 days following Your Effective Date.

**Insure The Full Cost of Your Program**

If You have insured an amount less than 100% of the cost of all Your Prepaid Program costs that are subject to cancellation penalties or restrictions, the maximum benefit for Program Cancellation and Program Interruption will be limited to the amount of coverage You purchased.

**Generali Global Assistance**

Generali Global Assistance provides: medical, legal and travel assistance services available 24 hours a day/365 days a year. A complete list of these services is available at [programprotector.mhross.com](http://programprotector.mhross.com). To contact Generali:

**Within U.S. & Canada**  
**1-855-205-1232**

**Collect Worldwide**  
**1-954-370-3251**

**Plan Information**

Product:	Standard Plan
Plan #:	F530S

**Schedule of Benefits - T210 - IPAO**

Plan Benefits	Maximum Benefit Amount
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Accident & Sickness Medical Expense .....	\$25,000
Emergency Medical Evacuation, Medical Repatriation and Return of Remains .....	\$100,000

**Schedule of Benefits - T210 - IPPO**

Plan Benefits	Maximum Benefit Amount
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Program Cancellation .....	Program Cost
Program Interruption .....	Program Cost
Missed Connection .....	\$500
Program Travel Delay (Up to \$100 Per Day) .....	\$500
Baggage/Personal Effects .....	\$1,000
Baggage Delay .....	\$100
Non-Medical Emergency Evacuation .....	\$25,000

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

**Non-Insurance Services**

**Generali Global Assistance**  
**Global Xpi Medical Records Service**

## Plan Documents



**BOOK.PROTECT.ENJOY.**  
A Safer Way to Travel

**For Customer Service Call:  
1-833-297-2258**



## IMPORTANT CONTACT INFORMATION

### Plan Number: F530S

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

#### Customer Service

1-833-297-2258

#### To Report A Claim

Present all claims to the Program Administrator:

Online at: [programprotector.mhross.com](http://programprotector.mhross.com)

#### Standard Plan

Plan Number: F530S

#### Trip Mate, Inc.

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

#### Generali Global Assistance

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

#### To Contact Generali Global Assistance During Your Trip:

##### Toll-Free in the US and Canada

1-855-205-1232

##### Collect Outside the US

1-954-370-3251

[ops@gga-usa.com](mailto:ops@gga-usa.com)

Plan Number: F530S

The 24-Hour Assistance Services are provided by:  
Generali Global Assistance

**NOTICE:** This Policy does not apply to the extent any prohibited by any applicable law or regulation, including any United States, United Nations or European Union economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any United States, United Nations or European Union economic or trade sanctions, or other laws or regulations, shall be null and void.

This Policy expressly excludes any insurance coverage, related services, or loss: (i) occurring in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) or their territorial waters; (ii) incurred by persons or entities located or resident in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba); or (iii) resulting in, or involving activities that directly or indirectly involve or benefit the government, entities or residents of any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) except where (a) expressly permitted by applicable law or regulation and (b) we have confirmed coverage for the risk in writing.

## INDIVIDUAL TRAVEL INSURANCE POLICY

### Please Read This Document Carefully!

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

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

### FOURTEEN DAY LOOK:


If You are not satisfied for any reason, You may cancel insurance under this Policy by giving the Company or the agent written notice within the first to occur of the following: (a) 14 days from the Effective Date of Your Insurance; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under this Policy.

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

Signed for United States Fire Insurance Company By:



Marc J. Adee  
Chairman and CEO



James Kraus  
Secretary

## TABLE OF CONTENTS

SECTION I.	Effective Date And Termination Date
SECTION II.	Coverages
SECTION III.	Definitions
SECTION IV.	General Exclusions And Limitations
SECTION V.	Payment Of Claims
SECTION VI.	General Provisions

## SECTION I. EFFECTIVE DATE AND TERMINATION DATE

### When Coverage For Your Program Begins – Coverage Effective Date:

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

### When Coverage For Your Program Ends – Coverage Termination Date:

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

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

## SECTION II. COVERAGES

### ACCIDENT & SICKNESS MEDICAL EXPENSE

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

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

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

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

For the purpose of this benefit:

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

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

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

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



EMERGENCY MEDICAL EVACUATION,  
MEDICAL REPATRIATION AND RETURN OF REMAINS

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

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

If You are traveling alone and will be hospitalized for more than 3 consecutive days and Emergency Medical Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

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

2. **Medical Repatriation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the Program Medical Advisor:

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

Hospital Of Choice

Subject to the terms and conditions of item # 2, You may choose to be transported to a Hospital in a city within the United States of America other than Your primary place of residence, but the maximum amount payable is limited to the cost of transportation to Your primary place of residence.

**Dispatch of a Physician:** If the local attending Legally Qualified Physician and the Program Medical Advisor cannot adequately assess Your need for Medical Evacuation or Transportation, and a Physician is dispatched by the Program Medical Advisor to make such assessment, benefits will be paid for the travel expenses incurred and medical services provided by the dispatched Physician.

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

Benefits are paid less the value of Your original unused return travel ticket.

If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall:

- a. notify Us of any other insurance;
- b. help Us exercise Our rights in any reasonable way that We may request, including the filing and assignment of other insurance benefits;
- c. not do anything after the loss to prejudice Our rights; and
- d. reimburse to Us, to the extent of any payment We have made, for benefits received from such other insurance.

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

SECTION III. DEFINITIONS

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

**“Bankruptcy or Default”** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by an airline, cruise line, tour operator or other travel provider provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date for the Program Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency or firm from whom You purchased Program Arrangements supplied by others.

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

**“Caregiver”** means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

**“Child Caregiver”** means an individual providing basic childcare service needs for Your minor children under the age of 18 while You are on the Program without the minor children. The arrangement of being the Child Caregiver while You are on the Program must be made 30 or more days prior to the Scheduled Program Departure Date.

**“Common Carrier”** means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**“Complications of Pregnancy”** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

**“Confirmation of Benefits”** means a written confirmation specifying the coverages and amounts You have purchased and which is delivered to You.

**“Domestic Partner”** means an opposite or same sex partner who, for at least 6 consecutive months, has resided with You and shared financial assets/obligations with You. Both You and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which You both reside; and (3) be mentally competent to contract. Neither You nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. We may require proof of the Domestic Partner relationship in the form of a signed and completed affidavit of domestic partnership.

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

**“Elective Treatment and Procedures”** means any medical treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.

**“Family Member”** means any of the following: Your or Your Traveling Companion’s legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, Caregiver, or Child Caregiver.

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

**“Injury” or “Injuries”** means bodily harm caused by an Accident which: (1) occurs while Your coverage is in effect under the Policy; and (2) requires examination and treatment by a Legally Qualified Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**“Insured”** means a person(s) who is booked to travel on a Program, completes the enrollment form and for whom the required premium is paid, also referred to as You and Your.

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

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

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

**“Medically Fit to Travel”** means based on assessment a Legally Qualified Physician has advised You, a Traveling Companion, Family Member or Business Partner booked to travel with You in writing that there is no medical condition, illness, Injury or Sickness that would likely interfere with a Program at the time of purchase of Coverage for a Program.

**“Medically Necessary”** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

**“Medical Treatment”** means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment while coverage is in effect.

**“Natural Disaster”** means a flood, hurricane, tornado, earthquake, mudslide, tsunami, avalanche, landslide, volcanic eruption, fire, wildfire or blizzard that is due to natural causes.

**“Payments or Deposits”** means the cash, check, or credit card amounts, actually paid for Your Program. Certificates, vouchers, discounts, credits, frequent traveler or frequent flyer rewards, miles or points applied (in part or in full) towards the cost of Your Program Arrangements are not Payments or Deposits as defined herein.

**“Pre-Existing Condition”** means an illness, disease, or other condition during the 60 day period immediately prior to the date Your coverage is effective for which You or Your Traveling Companion, Business Partner or Family Member scheduled or booked to travel with You: (1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) took or received a prescription for drugs or medicine.

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

**“Prepaid”** means Payments or Deposits paid by You for Program Arrangements for Your Program prior to Your actual or Scheduled Program Departure Date. Payments or Deposits for shore excursions, theater, concert or event tickets or fees, or sightseeing, if such arrangements are made during Your Program and are to be used prior to the Scheduled Return Date of Your Program, are not considered Prepaid as defined herein.

**“Program”** means a scheduled trip for which coverage for Program Arrangements is requested and the premium is paid prior to Your actual or Scheduled Program Departure Date of Your Program.

**“Program Arrangements”** means: (a) transportation; (b) accommodations; and (c) other specified services arranged for Your Program. Air arrangements covered for Program Cancellation or Interruption also include any direct round trip air flights booked by others, to and from the Scheduled Program Departure and return cities, provided the dates of travel for the air flights are within 7 total days of the scheduled Program dates.

**“Program Fees”** means the cash, check, or credit card amounts actually paid for the Program fees and/ or tuition and any Prepaid air or land transportation expenses to and from the Program Participant’s home to attend the Program session. Discounts and/or credits applied (in part or in full) towards the cost of Your Program Arrangements are not Program Fees as defined herein.

**“Program Medical Advisor”** means Generali Global Assistance.

**“Program Participant”** means a person who enrolls in a Program, completes any required enrollment form, and pays any required premium, also referred to as You and Your.

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

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

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

**“Sickness”** means an illness or disease of the body which: 1) requires examination and treatment by a Legally Qualified Physician; and 2) commences while Your coverage is in effect.

**“Third Party”** means a person or entity other than You or Us.

**“Transportation Expense”** means the cost of Medically Necessary conveyance, personnel, and services or supplies.

**“Traveling Companion”** means a person or persons whose names appear with Yours on the same Program Arrangements and who, during Your Program, will accompany You. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.

**“Us”, “We”, “Our”** means United States Fire Insurance Company.

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

## SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

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

1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;
2. an act of declared or undeclared war;
3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;
4. riding or driving in races, or speed or endurance competitions or events;
5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. participating as a professional in a stunt, athletic or sporting event or competition;
7. participating in skydiving or parachuting except parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, any race, speed contests, spelunking or caving, or scuba diving if the depth exceeds 120 feet (40 meters) or if You are not certified to dive and a dive master is not present during the dive;
8. piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician;
10. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion;
12. dental treatment (except as coverage is otherwise specifically provided herein);
13. 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;
14. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
15. a loss or damage caused by detention, confiscation or destruction by customs;
16. Elective Treatment and Procedures;
17. medical treatment during or arising from a Program undertaken for the purpose or intent of securing medical treatment;
18. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Bankruptcy or Default;
19. a loss that results from a Sickness, Injury, disease or other condition, event or circumstance which occurs at a time when the Policy is not in effect for You; or
20. an assessment from a Legally Qualified Physician advising You in writing that You, a Traveling Companion, Family Member or Business Partner booked to travel with You are not Medically Fit to Travel, as defined in the Policy, at the time of purchase of Coverage for a Program.

#### Waiver of the Pre-Existing Condition Exclusion

The exclusion for Pre-Existing Condition will be waived provided:

- (a) Your payment for this Policy and enrollment form are received with or before the final payment for Your Program; and
- (b) You are not disabled from travel at the time Your premium is paid.

**Economic or Trade Sanctions:** Any payments under this Policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Policy. For more information, You may consult the OFAC internet website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).

## SECTION V. PAYMENT OF CLAIMS

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

**Claim Procedures: Claim Forms:** When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

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

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other Benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) an Insured's estate, We may pay any amount due under the Policy to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

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



## SECTION VI. GENERAL PROVISIONS

**Entire Contract: Changes:** This Policy, Confirmation of Benefits, enrollment form and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

**Beneficiary Designation and Change:** Your beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us or Our administrator with a written request for change. When the request is received, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

**Misstatement of Age:** If premiums for are based on age and You have misstated Your age, there will be a fair adjustment of premiums based on Your true age. If the benefits for which You are insured are based on age and You have misstated Your age, there will be an adjustment of said benefit based on Your true age. We may require satisfactory proof of age before paying any claim.

**Physician Examination and Autopsy:** We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

**Legal Actions:** All policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

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

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

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

**Payment of Premium:** Coverage is not effective unless all premium has been paid to Us or Our administrator prior to a date of loss or insured occurrence.

**Termination of This Policy:** Termination of this Policy will not affect a claim for Loss which occurs while the Policy is in force.

**Transfer of Coverage:** Coverage under this Policy cannot be transferred by You to anyone else.

**Controlling Law:** Any part of this Policy that conflicts with the state law where this Policy is issued is changed to meet the requirements of that state's law.

## Plan Documents



**BOOK.PROTECT.ENJOY.**  
A Safer Way to Travel

**For Customer Service Call:  
1-833-297-2258**



## IMPORTANT CONTACT INFORMATION

### Plan Number: F530S

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

#### Customer Service

1-833-297-2258

#### To Report A Claim

Present all claims to the Program Administrator:

Online at: [programprotector.mhross.com](http://programprotector.mhross.com)

#### Standard Plan

Plan Number: F530S

#### Trip Mate, Inc.

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

#### Generali Global Assistance

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

#### To Contact Generali Global Assistance During Your Trip:

##### Toll-Free in the US and Canada

1-855-205-1232

##### Collect Outside the US

1-954-370-3251

[ops@gga-usa.com](mailto:ops@gga-usa.com)

Plan Number: F530S

The 24-Hour Assistance Services are provided by:  
Generali Global Assistance

**NOTICE:** This Policy does not apply to the extent any prohibited by any applicable law or regulation, including any United States, United Nations or European Union economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made involving travel or travel related services that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any United States, United Nations or European Union economic or trade sanctions, or other laws or regulations, shall be null and void.

This Policy expressly excludes any insurance coverage, related services, or loss: (i) occurring in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) or their territorial waters; (ii) incurred by persons or entities located or resident in any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba); or (iii) resulting in, or involving activities that directly or indirectly involve or benefit the government, entities or residents of any fully embargoed or comprehensively sanctioned countries or territories (including but not limited to Iran, Syria, North Korea, Crimea, or Cuba) except where (a) expressly permitted by applicable law or regulation and (b) we have confirmed coverage for the risk in writing.



## INDIVIDUAL TRAVEL INSURANCE POLICY

### Please Read This Document Carefully!

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

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

### FOURTEEN DAY LOOK:

If You are not satisfied for any reason, You may cancel insurance under this Policy by giving the Company or the agent written notice within the first to occur of the following: (a) 14 days from the Effective Date of Your Insurance; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under this Policy.

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

Signed for United States Fire Insurance Company By:



Marc J. Adey  
Chairman and CEO



James Krause  
Secretary

## TABLE OF CONTENTS

SECTION I.	Effective Date And Termination Date
SECTION II.	Coverages
SECTION III.	Definitions
SECTION IV.	General Exclusions And Limitations
SECTION V.	Payment Of Claims
SECTION VI.	General Provisions

## SECTION I. EFFECTIVE DATE AND TERMINATION DATE

### When Coverage For Your Program Begins – Coverage Effective Date:

**Program Cancellation:** Coverage begins at 12:01 a.m. on the day after the date the appropriate premium for this Policy for Your Program is received; or 2) if mailed, at 12:01 a.m. on the day after the postmark date the appropriate premium for this Policy for Your Program is received. This is Your "Effective Date" and time for Program Cancellation.

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

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

### When Coverage For Your Program Ends – Coverage Termination Date:

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

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

## SECTION II. COVERAGES

### PROGRAM CANCELLATION

Benefits will be paid, up to the Maximum Benefit Amount shown in the Confirmation of Benefits, to reimburse You for the amount of the unused non-refundable Prepaid Payments or Deposits You paid for Program Arrangements when You are prevented from taking Your Program due to:

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

provided such circumstances occur while coverage is in effect.

"Other Covered Reasons" means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's primary place of residence or destination being rendered uninhabitable by fire, flood, burglary or other Natural Disaster.
- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other Natural Disaster and You and/or Your Traveling Companion are required to work as a result;
- d. a documented theft of passports or visas;
- e. a permanent transfer of employment of 250 miles or more;
- f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your

scheduled point of departure;

- g. unannounced Strike, that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- h. Inclement Weather that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- i. mechanical breakdown that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- j. 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 Traveling Companion. Employment must have been with the same employer for at least 1 continuous year;
- l. a Terrorist Incident that occurs within 30 days of Your Scheduled Program Departure Date in a city listed on the itinerary of Your Program. Benefits are not provided if the Program Supplier offers a substitute itinerary;
- m. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;
- n. Bankruptcy or Default of an airline, cruise line, tour operator or other travel provider (other than the Program Supplier from whom You purchased Program 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 Your payment for this Policy and enrollment form are received with or before the final payment for Your Program.
- o. the primary or secondary school that You, Your Family Member or Traveling Companion attends continues classes beyond the predefined school year, due to unforeseeable events which: 1) occur after Your Effective Date for Program Cancellation; and 2) cause the classes to extend beyond the Scheduled Program Departure Date of Your Program. Extensions due to extra-curricular or athletic events are not covered.

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

### Single Supplement

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

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

### PROGRAM INTERRUPTION

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

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

Program Interruption must be due to:

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

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

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

provided such circumstances occur while coverage is in effect.

**"Other Covered Reasons"** means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's primary place of residence or destination being rendered uninhabitable by fire, flood, burglary or other Natural Disaster;
- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other Natural Disaster and You and/or Your Traveling Companion are required to work as a result;
- d. a documented theft of passports or visas;
- e. a permanent transfer of employment of 250 miles or more;
- f. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
- g. unannounced Strike that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- h. Inclement Weather that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- i. mechanical breakdown that causes complete cessation of services for at least 12 consecutive hours of the Common Carrier on which You are scheduled to travel;
- j. 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 Traveling Companion. Employment must have been with the same employer for at least 1 continuous year;
- l. a Terrorist Incident that occurs within 30 days of Your Scheduled Program Departure Date in a city listed on the itinerary of Your Program. Benefits are not provided if the Program Supplier offers a substitute itinerary;
- m. revocation of Your previously granted military leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;
- n. Bankruptcy or Default of an airline, cruise line, tour operator or other travel provider (other than the Program Supplier from whom You purchased Program 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 Your payment for this Policy and enrollment form are received with or before the final payment for Your Program.
- o. the primary or secondary school that You, Your Family Member or Traveling Companion attends continues classes beyond the predefined school year,

due to unforeseeable events which: 1) occur after Your Effective Date for Program Cancellation; and 2) cause the classes to extend beyond the Scheduled Program Departure Date of Your Program. Extensions due to extra-curricular or athletic events are not covered.

#### **Additional Program Interruption Benefits:**

If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and local transportation expenses incurred by You to remain with Your Traveling Companion up to \$150 per day, to a maximum of \$750.

If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization and You must extend Your Program due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights, meal(s) and local transportation expenses up to \$150 per day, to a maximum of \$750.

#### **Single Supplement**

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

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

#### **MISSED CONNECTION**

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

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

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

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

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

#### **PROGRAM 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 Confirmation of Benefits, if You are delayed for 12 hours or more while en route to or from, or during Your Program, due to:

- a. any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b. lost or stolen passports, travel documents or money (must be substantiated by a police report);
- c. quarantine, hijacking, Strike, Natural Disaster, terrorism or riot;
- d. a documented weather condition preventing You from getting to the point of departure.

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

#### **BAGGAGE AND PERSONAL EFFECTS**

Benefits will be provided to You, up to the Maximum Benefit Amount shown in the Confirmation of Benefits: (a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects; (b) subject to all General Exclusions and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the Policy; and (c) occurring while coverage is in effect.

**Valuation and Payment of Loss:** The lesser of the following amounts will

be paid:

- 1) the Actual Cash Value at the time of loss, theft or damage, except as provided below;
- 2) the cost to repair or replace the article with material of a like kind and quality; or
- 3) \$300 per article.

We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, We will:

- 1) repair or replace any part to restore the pair or set to its value before the loss; or
- 2) pay the difference between the value of the property before and after the loss.

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

A maximum of \$50 will be paid for the cost of replacing a passport or visa.

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

#### **Baggage and Personal Effects does not include:**

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

#### **BAGGAGE DELAY**

We will reimburse You, up to the amount shown in the Confirmation of Benefits, for the cost of reasonable additional clothing and personal articles purchased by You, if Your Baggage is delayed for 24 hours or more during Your Program.

We will also reimburse You up to \$50 for expenses incurred during Your Program to expedite the return of Your delayed Baggage. This coverage terminates upon Your arrival at the return destination of Your Program.

#### **Additional Limitations and Exclusions Specific to Baggage and Personal Effects:**

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or custom's rule;
- d) theft or pilferage while left in any unlocked vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) Your negligent acts or omissions;



- g) Your property shipped as freight or shipped prior to the Scheduled Program Departure Date;
- h) electrical current, including electric arcing that damages or destroys electrical devices or appliances.

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

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Program Supplier.

#### **Additional Claims Provisions Specific to Baggage**

##### **Your Duties After Loss of or Damage to Property or Delay of Baggage:**

In case of loss, theft, damage or delay of baggage or personal effects, and You must:

- a) take all reasonable steps to protect, save or recover the property;
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss;
- c) produce records needed to verify the claim and its amount, and permit copies to be made;
- d) send proof of loss as soon as reasonably possible after date of loss, providing date, time, and cause of loss, and a complete list of damaged/lost items; and
- e) allow Us to examine baggage or personal effects, if requested.

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

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

You are eligible for benefits, up to the Maximum Benefit Amount shown in the Confirmation of Benefits, for all reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your primary place of residence, if You must leave Your Program for a Non-Medical Emergency Evacuation Covered Reason, as defined below.

Non-Medical Emergency Evacuation must occur within 14 days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by Generali Global Assistance.

**Non-Medical Emergency Evacuation Covered Reasons:** We will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on Your Program, a formal recommendation in the form of a Travel Advisory or Travel Warning from the U.S. State Department, is issued for You to leave a country You are visiting on Your Program 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 Program.

**Non-Medical Emergency Evacuation Exclusions:** We do not cover:

- 1) loss or expense recoverable under any other insurance or through an employer;
- 2) loss or expense arising from or attributable to:
  - (a) fraudulent or criminal acts committed or attempted by You;
  - (b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent, or
  - (c) failure to maintain required documents or visas;
- 3) loss or expense arising from or attributable to:

- (a) debt, insolvency, business or commercial failure;
- (b) the repossession of any property; or
- (c) Your non-compliance with a contract, license or permit;

- 4) loss or expense arising from or due to liability assumed by You under any contract.

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

### **SECTION III. DEFINITIONS**

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

**“Actual Cash Value”** means current replacement cost for items of like kind and quality.

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

**“Baggage and Personal Effects”** means luggage, personal possessions and travel documents taken by You on Your Program.

**“Bankruptcy or Default”** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by an airline, cruise line, tour operator or other travel provider provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date for the Program Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency or firm from whom You purchased Program Arrangements supplied by others.

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

**“Caregiver”** means an individual employed for the purpose of providing assistance with activities of daily living to You or to Your Family Member who has a physical or mental impairment. The Caregiver must be employed by You or Your Family Member. A Caregiver is not a babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living or skilled nursing personnel.

**“Child Caregiver”** means an individual providing basic childcare service needs for Your minor children under the age of 18 while You are on the Program without the minor children. The arrangement of being the Child Caregiver while You are on the Program must be made 30 or more days prior to the Scheduled Program Departure Date.

**“Common Carrier”** means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**“Complications of Pregnancy”** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

**“Confirmation of Benefits”** means a written confirmation specifying the coverages and amounts You have purchased and which is delivered to You.

**“Domestic Partner”** means an opposite or same sex partner who, for at least 6 consecutive months, has resided with You and shared financial assets/obligations with You. Both You and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which You both reside; and (3) be mentally competent to contract. Neither You nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. We may require proof of the Domestic Partner relationship in the form of a signed and completed affidavit of domestic partnership.

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

**“Elective Treatment and Procedures”** means any medical treatment or surgical procedure that is not medically necessary, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.

**“Family Member”** means any of the following: Your or Your Traveling Companion’s legal spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, Caregiver, or Child Caregiver.

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

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

**“Injury” or “Injuries”** means bodily harm caused by an Accident which: (1) occurs while Your coverage is in effect under the Policy; and (2) requires examination and treatment by a Legally Qualified Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**“Insured”** means a person(s) who is booked to travel on a Program, completes the enrollment form and for whom the required premium is paid, also referred to as You and Your.

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

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

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

**“Medically Fit to Travel”** means based on assessment a Legally Qualified Physician has advised You, a Traveling Companion, Family Member or Business Partner booked to travel with You in writing that there is no medical condition, illness, Injury or Sickness that would likely interfere with a Program at the time of purchase of Coverage for a Program.

**“Medically Necessary”** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

**“Medical Treatment”** means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment while coverage is in effect.

**“Natural Disaster”** means a flood, hurricane, tornado, earthquake, mudslide, tsunami, avalanche, landslide, volcanic eruption, fire, wildfire or blizzard that is due to natural causes.

**“Payments or Deposits”** means the cash, check, or credit card amounts, actually paid for Your Program. Certificates, vouchers, discounts, credits, frequent traveler or frequent flyer rewards, miles or points applied (in part or in full) towards the cost of Your Program Arrangements are not Payments or Deposits as defined herein.

**“Pre-Existing Condition”** means an illness, disease, or other condition during the 60 day period immediately prior to the date Your coverage is effective for which You or Your Traveling Companion, Business Partner or Family Member scheduled or booked to travel with You: (1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) took or received a prescription for drugs or medicine.

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

**“Prepaid”** means Payments or Deposits paid by You for Program Arrangements for Your Program prior to Your actual or Scheduled Program Departure Date. Payments or Deposits for shore excursions, theater, concert or event tickets or fees, or sightseeing, if such arrangements are made during Your Program and are to be used prior to the Scheduled Return Date of Your Program, are not considered Prepaid as defined herein.

**“Program”** means a scheduled trip for which coverage for Program Arrangements is requested and the premium is paid prior to Your actual or Scheduled Program Departure Date of Your Program.

**“Program Arrangements”** means: (a) transportation; (b) accommodations; and (c) other specified services arranged for Your Program. Air arrangements covered for Program Cancellation or Interruption also include any direct round trip air flights booked by others, to and from the Scheduled Trip Departure and return cities, provided the dates of travel for the air flights are within 7 total days of the scheduled Program dates.

**“Program Fees”** means the cash, check, or credit card amounts actually paid for the Program fees and/ or tuition and any Prepaid air or land transportation expenses to and from the Program Participant’s home to attend the Program session. Discounts and/or credits applied (in part or in full) towards the cost of Your Program Arrangements are not Program Fees as defined herein.

**“Program Medical Advisor”** means Generali Global Assistance.

**“Program Participant”** means a person who enrolls in a Program, completes any required enrollment form, and pays any required premium, also referred to as You and Your.

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

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

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

**“Sickness”** means an illness or disease of the body which: 1) requires examination and treatment by a Legally Qualified Physician; and 2) commences while Your coverage is in effect.

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

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

**“Third Party”** means a person or entity other than You or Us.

**“Transportation Expense”** means the cost of Medically Necessary conveyance, personnel, and services or supplies.

**“Travel Advisory or Travel Warning”** means a U.S. State Department communication advising caution in traveling to specified destinations due to reasons such as armed violence, civil or political unrest, high incidence of crime (specifically kidnapping and/or murder), natural disaster or outbreak of one or more contagious diseases.

**“Traveling Companion”** means a person or persons whose names appear with Yours on the same Program Arrangements and who, during Your Program, will accompany You. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.

**“Us”, “We”, “Our”** means United States Fire Insurance Company.

#### SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

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

1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;
2. an act of declared or undeclared war;
3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;
4. riding or driving in races, or speed or endurance competitions or events;
5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. participating as a professional in a stunt, athletic or sporting event or competition;
7. participating in skydiving or parachuting except parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, any race, speed contests, spelunking or caving, or scuba diving if the depth exceeds 120 feet (40 meters) or if You are not certified to dive and a dive master is not present during the dive;
8. piloting or learning to pilot or acting as a member of the crew of any aircraft;
9. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician;
10. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion;
12. dental treatment (except as coverage is otherwise specifically provided herein);

T210-IPPO

13. 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;
14. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
15. a loss or damage caused by detention, confiscation or destruction by customs;
16. Elective Treatment and Procedures;
17. medical treatment during or arising from a Program undertaken for the purpose or intent of securing medical treatment;
18. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Bankruptcy or Default;
19. a loss that results from a Sickness, Injury, disease or other condition, event or circumstance which occurs at a time when the Policy is not in effect for You; or
20. an assessment from a Legally Qualified Physician advising You in writing that You, a Traveling Companion, Family Member or Business Partner booked to travel with You are not Medically Fit to Travel, as defined in the Policy, at the time of purchase of Coverage for a Program.

#### Waiver of the Pre-Existing Condition Exclusion

The exclusion for Pre-Existing Condition will be waived provided:

- (a) Your payment for this Policy and enrollment form are received with or before the final payment for Your Program; and
- (b) You are not disabled from travel at the time Your premium is paid.

**Economic or Trade Sanctions:** Any payments under this Policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control (“OFAC”). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Policy. For more information, You may consult the OFAC internet website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).

#### SECTION V. PAYMENT OF CLAIMS

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

**Claim Procedures: Claim Forms:** When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

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

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:



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

All other Benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) an Insured's estate, We may pay any amount due under the Policy to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

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

## SECTION VI. GENERAL PROVISIONS

**Entire Contract: Changes:** This Policy, Confirmation of Benefits, enrollment form and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

**Beneficiary Designation and Change:** Your beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us or Our administrator with a written request for change. When the request is received, whether You are then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

**Misstatement of Age:** If premiums for are based on age and You have misstated Your age, there will be a fair adjustment of premiums based on Your true age. If the benefits for which You are insured are based on age and You have misstated Your age, there will be an adjustment of said benefit based on Your true age. We may require satisfactory proof of age before paying any claim.

**Physician Examination and Autopsy:** We, at Our expense, may have You examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

**Legal Actions:** All policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

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

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

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

**Payment of Premium:** Coverage is not effective unless all premium has been paid to Us or Our administrator prior to a date of loss or insured occurrence.

**Termination of This Policy:** Termination of this Policy will not affect a claim for Loss which occurs while the Policy is in force.

**Transfer of Coverage:** Coverage under this Policy cannot be transferred by You to anyone else.

**Controlling Law:** Any part of this Policy that conflicts with the state law where this Policy is issued is changed to meet the requirements of that state's law.

**TEXAS INDIVIDUAL AMENDATORY ENDORSEMENT**

This Amendatory Endorsement is attached to and made a part of the Policy issued to You. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

The Policy is hereby amended for **Texas** as follows:

- A. Item 1) under Valuation and Payment of Loss in **COVERAGE E. BAGGAGE AND PERSONAL EFFECTS**, appearing in **SECTION II. COVERAGES** is deleted and replaced as follows:

1) the Actual Cash Value (stated value for jewelry) at the time of loss, theft or damage, except as provided in 2) and 3) below;

- B. The following will be added to the end of the **Payment of Claims: Notice of Claim:** provision appearing in **SECTION V. PAYMENT OF CLAIMS:**

Not later than the 15th business day after the date We receive notice of a claim, We shall:

- (1) acknowledge receipt of the claim;
- (2) commence any investigation of the claim; and
- (3) request from You all items, statements, and forms that We reasonably believe, at that time, will be required from You.

We may make additional requests for information if during the investigation of the claim the additional requests are necessary. If the acknowledgment of receipt of a claim is not made in writing, We shall make a record of the date, manner, and content of the acknowledgment.

- C. The following provision will be added to **SECTION V. PAYMENT OF CLAIMS:**

**Payment of Claims: Notice of Acceptance or Rejection of Claim:** We shall notify You in writing of the acceptance or rejection of a claim not later than the 15th business day after the date We receive all items, statements, and forms required by the insurer to secure final proof of loss. If We reject the claim, the notice will state the reasons for the rejection. If We are unable to accept or reject the claim within this period, We, within that same period, shall notify You of the reasons that We need additional time. We shall accept or reject the claim not later than the 45th day after the date We notify You under this provision.

- D. **The Payment of Claims: When Paid:** and **Payment of Claims: To Whom Paid:** provisions appearing in **SECTION V. PAYMENT OF CLAIMS** are deleted and replaced as follows:

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim no later than the fifth business day after receipt of acceptable proof of loss. If payment is delayed for more than 60 days, We or Our designated representative is liable to pay You or the beneficiary making the claim under the policy, in addition to the amount of the claim, interest on the amount of the claim at the rate of 18 percent a year as damages, together with reasonable attorney's fees.

In the event of a weather-related catastrophe or major natural disaster, as defined by the commissioner, the claim-handling deadlines imposed under this **SECTION V.** are extended for an additional 15 days.

**Payment of Claims: To Whom Paid:** All Benefits will be paid directly to You unless otherwise directed. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You .

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) an Insured's estate, We may pay up to \$5,000 any amount due under the Policy to Your beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

- E. The following is added as the last sentence in the **Entire Contract: Changes:** provision appearing in **SECTION VI. GENERAL PROVISIONS:**

No change will be made during the Policy term that would reduce coverage without Your agreement.

- F. The last sentence in the **Legal Actions** provision appearing in **SECTION VI. GENERAL PROVISIONS** is deleted and replaced as follows:

No legal action for a claim may be brought against Us after 3 years from the date the cause of action first accrues.

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern.

Signed for United States Fire Insurance Company By:



Marc J. Adee  
Chairman and CEO



James Krause  
Secretary



# Texas Guaranty Notice

## IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

Texas law establishes a system, administered by the Texas Life and Health Insurance Guaranty Association (the "Association"), to protect Texas policyholders if their life or health insurance company fails to or cannot meet its contractual obligations. Only the policyholders of insurance companies which are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.). However, even if a company is a member of the Association, protection is limited and policyholders must meet certain guidelines to qualify.

### BECAUSE OF STATUTORY LIMITATIONS ON POLICYHOLDER PROTECTION, IT IS POSSIBLE THAT THE ASSOCIATION MAY NOT COVER YOUR POLICY IN PART OR MAY NOT COVER YOUR POLICY IN FULL.

#### Eligibility for Protection by the Association

When an insurance company which is a member of the Association is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas at that time (**irrespective of the policyholder's residency at policy issue**)
- Residents of other states, ONLY if the following conditions are met:
  1. The policyholder has a policy with a company domiciled in Texas;
  2. The policyholder's state of residence has a similar guaranty association; and
  3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

#### Limits of Protection by the Association

##### Accident, Accident and Health, or Health Insurance:

For each individual covered under one or more policies:

- up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance;
- \$300,000 for disability or long term care insurance; and
- \$200,000 for other types of health insurance, that are not defined as basic hospital, medical-surgical, major medical, disability, or long-term care insurance.

##### Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on any one life; or
- Death benefits up to a total of \$300,000 under one or more policies on any one life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

##### Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

**Group Annuities:**

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
  - Present value of unallocated benefits up to a total of \$5,000,000 for one contract owner regardless of the number of contracts.

**Aggregate Limit:**

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

**THE INSURANCE COMPANY AND ITS AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE ASSOCIATION FOR THE PURPOSE OF SALES, SOLICITATION, OR INDUCEMENT TO PURCHASE ANY FORM OF INSURANCE.**

**WHEN YOU ARE SELECTING AN INSURANCE COMPANY, YOU SHOULD NOT RELY ON COVERAGE BY THE ASSOCIATION.**

Texas Life, Accident, Health and Hospital  
Service Insurance Guaranty Association  
6504 Bridge Point Parkway, Suite 450  
Austin, Texas 78730  
800-982-6362  
[www.txlifega.org](http://www.txlifega.org)

Texas Department of Insurance  
P.O. Box 149104  
Austin, Texas 78714-9104  
800-252-3439 or  
[www.tdi.state.tx.us](http://www.tdi.state.tx.us)

**INDIVIDUAL TRAVEL PROTECTION POLICY  
TEXAS OUTLINE OF COVERAGE  
Form T210-IPAO**

1. **Read Your Policy Carefully** - This Outline of Coverage provides a very brief description of the important features of the Travel Insurance Benefits in Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and United States Fire Insurance Company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
2. **Individual Travel Insurance Policy – Limited Benefit Health Coverage** - Policies of this category are designed to provide, to persons insured, limited or supplemental coverage while on a Trip.
3. **Benefits** – This travel insurance Policy provides Accident Medical, Sickness Medical & Dental Expense while on a Trip, Emergency Medical Evacuation/Repatriation, Accidental Death & Dismemberment coverage and other ancillary travel benefits while on a Trip of duration of 90 days or less. All ancillary health coverage benefits are limited to trips of 90 days or less. Benefits payable will not exceed the Usual and Customary Charges for similar services in the geographic area in which the services were rendered.
4. **General Exclusions and Limitations** - In addition to any other general limitations described in the Policy, depending upon the coverage included in Your Policy, benefits may not be payable for:
  1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;
  2. an act of declared or undeclared war;
  3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;
  4. riding or driving in races, or speed or endurance competitions or events;
  5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
  6. participating as a professional in a stunt, athletic or sporting event or competition;
  7. participating in skydiving or parachuting except parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, any race, speed contests, spelunking or caving, or scuba diving if the depth exceeds 120 feet (40 meters) or if You are not certified to dive and a dive master is not present during the dive;
  8. piloting or learning to pilot or acting as a member of the crew of any aircraft;
  9. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician;
  10. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
  11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion;
  12. dental treatment (except as coverage is otherwise specifically provided herein);
  13. 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;
  14. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
  15. a loss or damage caused by detention, confiscation or destruction by customs;
  16. Elective Treatment and Procedures;
  17. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
  18. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements for reasons other than Bankruptcy or Default;
  19. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; or
  20. a loss that results from a Sickness, Injury, disease or other condition, event or circumstance which occurs at a time when the Policy is not in effect for You.
5. **Renewability** - This policy is issued for a stated term and is not renewable.



**TEXAS  
IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call the United States Fire Insurance Company's toll-free telephone number for information or to make a complaint at:

**1-800-232-7380**

You may also write to the United States Fire Insurance Company at:

The United States Fire Insurance Company  
Complaint Department  
c/o Fairmont Specialty  
5 Christopher Way  
Eatontown, NJ 07724

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

**1-800-252-3439**

Web: <http://www.tdi.texas.gov>

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

You may write the Texas Department of Insurance:

Consumer Protection (111-1A)  
333 Guadalupe Street  
Austin, Texas 78701

FAX No. 512-475-1771

**PREMIUM OR CLAIM DISPUTES:** Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY.** This Notice is for information only and does not become part of condition of the attached document.

**TEXAS  
AVISO IMPORTANTE**

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de the United States Fire Insurance Company para informacion o para someter una queja al:

**1-800-232-7380**

Usted tambien puede escribir a The United States Fire Insurance Company:

The United States Fire Insurance Company  
Complaint Department  
c/o Fairmont Specialty  
5 Christopher Way  
Eatontown, NJ 07724

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

**1-800-252-3439**

Web: <http://www.tdi.texas.gov>

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Puede escribir al Departamento de Seguros de Texas:

Consumer Protection (111-1A)  
333 Guadalupe Street  
Austin, Texas 78701

FAX No. 512-475-1771

**DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concierne a su prima o a un reclamo, primero debe comunicarse con el agente. Si no se resuelve la disputa, puede entonces comunicarse con el Departamento (TDI).

**ANADA / ADJUNTE UNA ESTE AVISO A SU POLIZA:**

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

When used throughout this document “Company”, “Our”, “We”, or “Us” means:

## **United States Fire Insurance Company**

### **GRIEVANCE PROCEDURES**

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we've made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

### **DEFINITIONS**

A “**Grievance**” is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An “**Adverse Determination**” is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

### **INFORMAL GRIEVANCE PROCEDURE**

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don't have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

### **FORMAL GRIEVANCE PROCEDURE**

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

#### **First Level Review**

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter.

Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

Grievance

- (1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
- (2) A statement of the reviewer's understanding of the Grievance.
- (3) The specific reason(s) for the reviewer's decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
- (4) A reference to the evidence or documentation used as the basis for the decision.
- (5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
- (6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

### **Second Level Review**

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
  - attend the Second Level Review
  - present his/her case to the review panel;
  - submit supporting materials before and at the review meeting;
  - ask questions of any member of the review panel;
  - be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
  - request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:

- (1) were not previously involved in any matter giving rise to the Second Level Review;
- (2) are not employees of the Company or Utilization Review Organization; and
- (3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:

- (1) the name(s), title(s) and qualifying credentials of the members of the review panel;
- (2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
- (3) the review panel's recommendation to the Company and the rationale behind the recommendation;

Grievance

- (4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
- (5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
- (6) the rationale for the Company's decision if it differs from the review panel's recommendation;
- (7) a statement that the decision is the Company's final determination in the matter;
- (8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

### **EXPEDITED REVIEW**

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations.



When used throughout this document "The Company", "Our", "We", or "Us" means:

**United States Fire Insurance Company**

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## **PRIVACY POLICY AND PRACTICES**

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

### **Your Privacy is Our Concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

### **What kind of information do we collect about you and from whom?**

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

### **What do we do with the information collected about you?**

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

### **To whom do we disclose information about you?**

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

### **How to contact Us**

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator  
Fairmont Speciality  
5 Christopher Way, 3<sup>rd</sup> Floor  
Eatontown, New Jersey 07724

## Disclosure Notice:

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

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

### **What A Travel Retailer May Do:**

Employees of a Travel Retailer may transact Travel Insurance on our behalf and under our direction, including:

1. Offering/disseminating information on our behalf, including brochures, buyer guides, descriptions of coverage, and price;
2. Referring specific coverage/feature/benefit questions to us;
3. Disseminating/processing applications for coverage, coverage selection forms, or other similar forms;
4. Collecting premiums on our behalf;
5. Receiving/recording information to share with us;

### **What A Travel Retailer May Not Do:**

The Travel Retailer's employees:

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

### **Definitions**

**"Travel Insurance"** means coverage for personal risks incidental to planned travel, including one or more of the following:

Interruption or cancellation of a trip or event;  
Loss of baggage or personal effects;  
Damage to accommodations or rental vehicles; or  
Sickness, accident, disability, or death occurring during travel.

The following are excluded from the definition of Travel Insurance: Major medical plans, which provide comprehensive medical protection for travelers on trips lasting 6 months or longer (e.g. working overseas, deployed military personnel, etc.). In some States, Damage waiver contracts that are part of a rental company's agreement. The phrase "damage waiver" or "collision damage waiver" cannot be used to describe travel insurance coverage, but the travel insurance contract may otherwise refer to "damage waiver" or "collision damage waiver" provided by a rental company.

**"We, Us or Our"** means Trip Mate, Inc.

**DISCLOSURE TO CALIFORNIA RESIDENTS: [1754(a)(7) & (8)]**

1. Purchasing travel insurance is not required in order to purchase any other product or service offered by the travel retailer.
2. Your travel retailer may not be licensed to sell insurance, and is therefore not qualified or authorized to:
  - a. Answer technical questions about the benefits, exclusions, and conditions of any of the insurance offered by the travel retailer.
  - b. Evaluate the adequacy of your existing insurance coverage.

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

**DISCLOSURE TO DELAWARE RESIDENTS: [1772(2)a.7.]**

The insurance coverage may duplicate existing coverages you may have. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies, and other sources of protection.

**DISCLOSURE TO MARYLAND RESIDENTS: [10-122 (d)(1)(ii)(4)]**

This insurance coverage may duplicate certain provisions of insurance coverage already provided by your homeowner's, renter's or similar coverages or insurances, and that the purchase of travel insurance would make travel insurance primary to any other duplicate or similar coverage.



# Travel Assistance Program Description

## Your Guide to Safe Travel

Emergencies happen, but help is now only a phone call away.

An unexpected illness, tooth ache or lost baggage can ruin a trip. With travel assistance services from Generali Global Assistance, help is only a phone call away. When you are traveling away from home, you have access to Emergency Transportation Services, Travel Support Services and Non-Insurance Personal Assistance Services.

With a local presence in 200 countries and territories worldwide and 35 24/7 assistance centers staffed with multilingual assistance coordinators and case managers as well as medical and security staff, Generali Global Assistance is here to help you obtain the care and attention you need in case of an emergency while traveling.

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact Generali Global Assistance.

## Emergency Transportation Services

- Emergency Medical Evacuation/Medically-Necessary Repatriation
- Repatriation of Mortal Remains
- Transportation after Stabilization
- Visit by Family Member/Friend
- Return of Dependent Children
- Return of Traveling Companion

## Travel Support Services

- Medical Monitoring
- Hotel Arrangements for Convalescence
- Medical and Dental Search and Referral
- Advance of Emergency Medical Expenses
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses
- Transfer of Insurance Information and Medical Records
- Assistance with Emergency Travel Arrangements
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash Advance

*See reverse for detailed service Information.*

## Contact Us for Help 24/7

+1 954-370-3251  
(Collect outside the US)

+1 855-205-1232  
(Toll-free in the US and Canada)

ops@gga-usa.com

Plan Number: F530S



Scan the QR code with your smartphone to automatically add Generali Global Assistance to your contacts

When you call, please be ready to provide:

\* The Plan Number (or Travel Supplier Name/Plan Name)

\*\* A phone number where we may reach you



## Travel Support Services

### Interpretation/Translation

Upon request, GGA will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, GGA will refer you to local translators.

### Locating Lost or Stolen Items

GGA will assist in locating lost luggage, and help you coordinate the replacement of transportation tickets, travel documents or credit cards.

### Medical Monitoring

During the course of a medical emergency resulting from an accident or sickness, GGA will monitor your case to determine whether the care is adequate from a Western Medical perspective.

### Medical and Dental Search and Referral

GGA will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.

### Advance of Emergency Medical Expenses

GGA will advance on-site emergency inpatient medical payments to secure admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or friend. Assignment of benefits allows Insurer to claim with the Insured's primary insurance when hospital refuses admission or discharge.

### Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses

GGA will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. GGA will also arrange for shipment of replacement eyeglasses/corrective lenses or medical devices. You are responsible for payments of all costs related to these services.

### Transfer of Insurance Information and Medical Records

Upon your request, GGA will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.

### Assistance with Vaccine and Blood Transfers

If based upon your physician's prescription, needed vaccines or blood products are not available locally, GGA will coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

## Non-Insurance Personal Assistance Services

**These are Non-Insurance Services provided by Generali Global Assistance:**

### Pre-Trip Information

Upon request, GGA will provide information services such as: visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.

### Interpretation/Translation

If during your Trip you need an interpretation, GGA will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, GGA will refer you to local translators

### Legal Referral/Bail

Upon request, GGA will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, GGA will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, family member or friend. You are responsible for associated fees.

### Emergency Cash Advance

GGA will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

## Concierge Services

**These are Non-Insurance Services provided by Generali Global Assistance:**

- Delivery of foods and beverages
- Event ticketing - sports, concerts, theater
- Flowers and gift baskets
- Golf outings and tee times
- Hotel accommodation assistance
- Meet and greet services
- Personalized shopping assistance
- Restaurant reviews and reservations
- Rental car reservations
- Pet services locator

## Global XPI

**These are Non-Insurance Services provided by Trip Mate, Inc. (in CA & UT, dba Trip Mate Insurance Agency):**

### Access Your Medical Records Online

Your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, wherever internet access is available.

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

**1-800-379-9887**

**Use Program Code: F530S**

## Terms, Conditions and Exclusions

GGA shall provide services to all Participants. On any expenditure for which the Participant is responsible, GGA shall not be obligated to provide services without first securing funds from the Participant in payment of such expenditure. If the Participant pays for covered expenses without receiving an approval or authorization in writing from GGA, then GGA shall not be obligated to reimburse the Participant for any such expenditure. In the event a Participant requests a service not included in a program, GGA may, in its sole and absolute discretion, provide such benefits or services at the sole expense of the Participant, including a reasonable fee to GGA for its efforts on behalf of the Participant.

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 GGA may be held responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.