

Plan Documents for



BOOK.PROTECT.ENJOY.
A Safer Way to Travel



Travel Protection Plus

Please Note: This Plan may not be purchased after You have made final payment for Your Trip.



IMPORTANT CONTACT INFORMATION

Plan Number: N430i

Please review these Plan Documents as they provide complete details. Have questions? You can call us toll-free at the number listed below. You can also view many Frequently Asked Questions at www.tripmate.com.

Customer Service

1-833-297-2261

To Report A Claim Under Part A

If you need to cancel your trip, please contact your travel agent. In the event that it is after hours and your travel agent is not available, you ****must**** call our hot line at 1-800-284-0022 EX 2904 with your name, booking number and date of travel prior to your original flight departure time, or fax to 1-631-845-5205. Please keep all original travel documents.

To Report A Claim Under Part B

Present all claims to the Program Administrator:

Online at: www.travelclaimsonline.com

Plan Number: N430i

Trip Mate, Inc.

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

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.

Part A

The Pre-Departure Penalty Waiver and other Non-Insurance Services are provided by Travel Impressions.

PART A - PRE-DEPARTURE PENALTY WAIVER PROGRAM DETAILS

Cancellation For Any Reason Waiver:

You may cancel your vacation for ANY reason prior to departure and receive a full refund for your vacation, including non-refundable airfares booked through Travel Impressions. Non-refundable hotel rates are not included. Your refund is made in the original form of payment unless at the time of purchase you elected to receive a portion or all of your refund in the form of Travel Impressions travel credits.

The protection provided by Part A is not transferable or refundable.

Price Guarantee (provided by Travel Impressions):

Guarantees the lowest price on the vacation booking! If the price of the hotel on your Travel Impressions vacation drops after booking the reservation, just let us know and we'll adjust the reservation to the lower price.

- Scheduled Air² and Hotel-Only Vacations: Price Guarantee applies on the hotel portion of the vacation.
- Exclusive Nonstop Vacation Flight Vacations: ¹Price Guarantee applies on the air and hotel portion of the vacation.
- Price Guarantee not available on groups booked through our group department.
- The price guarantee applies to Mexico, Caribbean, Hawaii and Central America vacations. The price adjustment must be made to the reservation while the lower Travel Impressions vacation rate is available in the system.
- If the price does decrease on your Travel Impressions vacations, please contact your travel advisor or Travel Impressions at 1-800-284-0022.

No Change Fees (provided by Travel Impressions):

Need to make a change? Any Travel Impressions fees for the FIRST instance are automatically waived with no charge or reactivation.

- If you need to revise any portion of your vacation prior to departure date that has supplier-imposed fees such as airline and hotel revision penalties, reactivation is required for continued coverage on the booking.
- Any additional fees incurred from changes made to your vacation after the FIRST revision are not waived.

IMPORTANT NOTE: If the traveler chooses to decline repurchasing the Travel Protection Plus after a supplier-imposed fee is waived, the travelers will be subject to any subsequent fees for any further revisions or cancellations and will lose all of the benefits available with the Travel Protection Plus Plan. To repurchase Travel Protection Plus at the reduced rate, contact your travel advisor or Travel Impressions at 1-800-284-0022.

Hurricane Guarantee (provided by Travel Impressions):

The Hurricane Guarantee applies for vacations departing June through November. If your Travel Impressions trip is disrupted, you will receive a refund in the original form of payment for your Missed Vacation Nights plus a "Fresh Start" certificate for a future vacation. A qualifying disruption occurs when customers are displaced from their hotel room for 24 hours or more due to the result of a Category One or greater hurricane and does not apply to hurricane warnings or tropical storms.

- Missed Vacation Nights shall mean the nights you are displaced from your hotel or if you are displaced from your hotel and a comparable hotel or equal or greater hotel rating is not provided.
- "Fresh Start" Certificates will be in the amount of \$100 per adult, \$50 per child for Exclusive Nonstop Vacation Flight Vacations¹ and \$25 per person for Scheduled Air Vacations². "Fresh Start" certificates are non-transferable and are not redeemable for cash and can be used on a Travel Impressions for travel any time (excluding holidays) for one year from the original departure date.

¹The following may be considered Exclusive Nonstop Vacation Flight air: Allegiant Air, Frontier Airlines, Icelandair, TUI Airlines Belgium N.V., Sun Country Airlines, Swift Air, Viva Aerobus, Volaris in the designated classes of service of F, S, L, C, Z or Y.

²Scheduled Air Vacations: include all published and bulk airfares in classes of services not listed under Exclusive Nonstop Vacation Flight Vacations (flights are designated as published air or bulk air in the electronic booking tool).

Clients who believe they are eligible for the Hurricane Guarantee as stated above will need to send a written request with their name, hotel and a description of their displacement to:

Travel Impressions
Attention: Customer Services
8969 N Port Washington Rd
Milwaukee, WI 53201-1460

Refund Procedure - Part A

Please contact your travel advisor if you need assistance with your existing booking, help with a price guarantee or to cancel your reservation.

- Refunds for cancellation will come from Travel Impressions.
- Travel Impressions must be notified of the cancellation prior to departure in order to be eligible for a refund. Contact your travel advisor or Travel Impressions at 1-800-284-0022.

The following items are not covered under the Pre-Departure Penalty Waiver:

- "No Show" situations where the traveler does not check in.
- Non-refundable hotel rates.
- Where the traveler is denied boarding under any situation.
- Air not purchased from Travel Impressions.
- If the number of individuals occupying a room decreases, the remaining travelers will be responsible for additional costs incurred as a result of a change in the per person occupancy rate.
- Non-refundable travel agent fees may be included in your package price. Please consult your travel advisor.

Once the cancellation is made prior to travel, a written request must be submitted to:

Travel Impressions
Attention: Refunds
8969 N Port Washington Rd
Milwaukee, WI 53201-1460

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Please Note: This Plan may not be purchased after You have made final payment for Your Trip.



IMPORTANT CONTACT INFORMATION

Plan Number: N430i

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 www.tripmate.com.

Customer Service

1-833-297-2261

To Report A Claim

Present all claims to the Program Administrator:

Online at: www.travelclaimsonline.com

Plan Number: N430i

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

1-877-288-7128

Collect Outside the US

1-954-334-8142

ops@gga-usa.com

Plan Number: N430i

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

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Nationwide®
is on your side

Nationwide Mutual Insurance Company
One Nationwide Plaza
4-06-101
Columbus, Ohio 43215

Part B

The Travel Insurance Benefits of this Part B are provided by Nationwide Mutual Insurance Company.

SCHEDULE/CONFIRMATION OF COVERAGE

| Benefit | Maximum Benefit Amount |
|--|------------------------|
| Trip Interruption | Up to Trip Cost |
| Single Occupancy | Included |
| Missed Connection | \$500 |
| Trip Delay | \$3,000 |
| Accidental Death and Dismemberment | \$10,000 |
| Medical Expense/Emergency Evacuation | |
| Emergency Accident or Sickness Medical Expense | \$50,000 |
| Emergency Dental Treatment Sublimit..... | \$750 |
| Emergency Evacuation | \$75,000 |
| Repatriation of Remains..... | \$50,000 |
| Baggage/Personal Effects | \$1,000 |
| Per Article Limit | \$300 |
| Combined Maximum Limit..... | \$600 |
| Baggage Delay | \$300 |



Nationwide®
is on your side

Allied Property Casualty Insurance Company
One Nationwide Plaza
Columbus, OH 43215

This Policy describes all of the travel insurance benefits, underwritten by Allied Property Casualty Insurance Company and herein referred to as the Company, and assistance services provided by Generali Global Assistance. Please refer to the accompanying Confirmation of Coverage as it provides You with specific information about the program You purchased. Please contact the Plan Administrator immediately if You believe that the Confirmation of Coverage is incorrect.

This Policy is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to void insurance, reduce benefits or defend a claim.

All premium is non-refundable after a 10 day review period. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.

NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.

The President and Secretary of Allied Property Casualty Insurance Company witness this Policy.

Secretary

President

Relt W. [Signature] *Mark Buxen*

Licensed Resident Agent
(where required by law)

**TRAVEL PROTECTION POLICY
EXCESS INSURANCE**

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LIMITATIONS AND EXCLUSIONS

**Allied Property Casualty Insurance Company
TRAVEL PROTECTION POLICY**

GENERAL DEFINITIONS

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

"Accidental Injury" means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss.

"Actual Cash Value" means purchase price less depreciation.

"Additional Expense" means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a Hazard and which were not provided by the Common Carrier or other party free of charge.

"Bodily Injury" means identifiable physical injury which: is caused by an Accident and is independent of disease or bodily infirmity.

Business Partner means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day-to-day management of the business.

"Checked Baggage" means a piece of baggage for which a claim check has been issued to You by a Common Carrier.

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

"Company" means Allied Property Casualty Insurance Company.

"Covered Expenses" shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Confirmation of Coverage, under each stated benefit.

"Covered Trip" means any class of scheduled trips, tours or cruises You request coverage and remit the required premium.

"Cruise" means any prepaid sea arrangements made by the Travel Supplier.

"Dependent Child(ren)" means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on the Insured for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on the Insured for support and maintenance.

“Domestic Partner” means a person who is at least 18 years of age with whom the Insured resides and can show evidence of cohabitation and shared financial assets and obligations for at least the previous six months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which the Insured resides.

“Economy Fare” means the lowest published rate for a one-way economy ticket.

“Effective Date” means 12:01 A.M. local time, at the location of the Insured, on the day after the required premium for such coverage is received by the Company or its authorized representative.

“Family Member” means the Insured's or Traveling Companion's legal or common law spouse, ex-spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, Business Partner, or Domestic Partner.

“Hazard” means:

- (a) Any delay of a Common Carrier (including Inclement Weather).
- (b) Any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved.
- (c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot.
- (d) A closed roadway causing cessation of travel to the destination of the Covered Trip (substantiated by the department of transportation, state police, etc.

“Hospital” means a facility that:

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

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

“Insured” means the person who has enrolled for and paid for coverage under this Policy.

“Land/Sea Arrangements” means land and/or sea arrangements made by the Travel Supplier.

“Loss” means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

“Maximum Benefit” means the largest total amount of Covered Expenses that the Company will pay for Your covered losses.

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

“Payments or Deposits” means the cash, check, or credit card amounts actually paid for the Insured's Covered Trip. Payments made in the form of a certificate, voucher or discount are not Payments or Deposits as defined herein.

“Physician” means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion or a Family Member.

“Pre-Existing Condition” means any injury, sickness or condition of the Insured, Traveling Companion Family Member booked to travel with the Insured for which within the sixty (60) day period prior to the Effective Date under this Policy/Certificate (a) first manifested itself or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Physician.

The Pre-Existing Conditions exclusion is waived if the Insured enrolls in this Policy/Certificate at the time the Insured pays the deposit required for his or her Trip (or within 14 days of the initial Trip deposit) and the Insured purchases this Policy/Certificate for the full cost of his or her Trip.

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

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

“Sickness” means an illness or disease of the body which: 1) requires a physical examination and medical treatment by a Physician and 2) commences while the Insured's coverage is in effect. An illness or disease of the body which begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by the policy unless it suddenly worsens or becomes acute after the Effective Date.

“Strike” means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

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

“Traveling Companion” means a person or persons with whom the Insured has coordinated travel arrangements and intends to travel with during the Covered Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

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

“Travel Supplier” means ALG Vacations Corp. DBA Travel Impressions.

“Trip” means any class of scheduled trips, tours or cruises for which You request coverage and remit the required plan payment.

“You or Your” refers to all persons listed on the Confirmation of Coverage under the program purchased by the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

WHEN AN INSURED'S COVERAGE BEGINS – Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

all coverage (except Trip Cancellation) will begin on the Scheduled Departure Date when the Insured departs for the first Travel Arrangement (or alternate travel arrangement if he/she must use an alternate travel arrangement to reach his/her Covered Trip destination) for his/her Covered Trip. If coverage is purchased on the Scheduled Departure Date, such coverage will take effect at 12:01 A.M. local time, at the location of the Insured, on the day after the Scheduled Departure Date.

Trip Cancellation coverage will begin on the Insured's Effective Date.

WHEN YOUR COVERAGE ENDS – Your coverage will end at 11:59 P.M., local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to his/her origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy);
- (d) If the Insured extends the return date, Your coverage will terminate at 11:59 P.M., local time, at the location of the Insured on the Scheduled Return Date;
- (e) The date the Insured cancels the Covered Trip;

EXTENDED COVERAGE - Coverage will be extended under the following conditions:

- (a) If You are a passenger on a scheduled common carrier that is unavoidably delayed in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination.
- (b) If the Insured is unavoidably delayed in traveling on the Scheduled Return Date due to a reason covered under this policy/certificate, benefits will be extended for the period of time needed to arrive at the point of origin or to a different final destination.
- (c) If: (a) the Insured's entire Covered Trip is covered by the policy/certificate; and (b) the Insured's return is delayed by an event specified under Trip Cancellation and Interruption or Trip Delay. This extension of coverage will end on the earlier of: (a) the date the Insured reaches his/her return destination; or (b) ten (10) days after the date the Covered Trip was scheduled to be completed.

In no event will coverage be extended for unscheduled extensions to Your Covered Trip for which premium has not been paid in advance.

ARBITRATION - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. Any arbitration will be by mutual agreement by all parties. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

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

CONTROLLING LAW - Any part of this Policy that conflicts with the state law where this Policy is issued is changed to meet the minimum requirements of that law.

SUBROGATION - To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

The following provisions will apply to Trip Interruption, Trip Delay, Missed Connection, Accidental Death & Dismemberment, Emergency Sickness Medical Expense, Emergency Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

PAYMENT OF CLAIMS - The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Insured's 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 claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

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

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM - Written notice of claim must be given by the Claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and this Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of this Policy, or to the Company's designated representative.

PROOF OF LOSS - The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs or as soon as reasonably possible.

PHYSICAL EXAMINATION AND AUTOPSY- The Company, or its designated representative, at their own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

NOTICE OF LOSS - If Your property covered under this Policy is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS - You must furnish the Company, or its designated representative, with proof of loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date of loss. Failure to comply with these conditions shall invalidate any claims under this Policy.

SETTLEMENT OF LOSS - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to the Company.

VALUATION - The Company will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

DISAGREEMENT OVER SIZE OF LOSS: If there is a disagreement about the amount of the loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

TRIP INTERRUPTION

The Company will pay a benefit, up to the maximum shown on the Confirmation of Coverage, if You are unable to continue on Your Covered Trip due to:

- a) Sickness, Accidental Injury or death of You, a Traveling Companion, or Family Member which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip;
- b) You or a Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault within 10 days of departure; or having Your principal place of residence made uninhabitable by fire, flood or other natural disaster; or burglary of Your principal place of residence within 30 days of departure;
- c) You or a Traveling Companion being directly involved in a traffic accident substantiated by a police report, while en route to departure;
- d) The Insured, Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war;
- e) The Insured or Traveling Companion is delayed or has arrangements canceled by a Common Carrier due to delays resulting from inclement weather, mechanical breakdown, or organized labor strikes that affect public transportation, provided:
 - a) the scheduled carrier connecting times must be no less than thirty (30) minutes; and
 - b) the scheduled time between arrival at the scheduled Covered Trip departure city and the scheduled Covered Trip departure is four (4) hours or longer;
- f) An Insured is terminated, or laid off from employment subject to one (1) year of continuous employment at the place of employment where terminated;
- g) Natural disaster at the site of Your destination that renders the destination accommodations uninhabitable;

- h) A Terrorist Attack (or Attacks) occurs in the Insured's departure city or in a city which is still a scheduled destination for the Insured's Covered Trip, provided: the Terrorist Attack (or Attacks) occurs within thirty (30) days of the scheduled departure date for the Insured's Covered Trip or during the Insured's Covered Trip;
- i) A transfer of the Insured by the employer with whom the Insured is employed on their Effective Date which requires Your principal residence to be relocated;
- j) The Insured's or Traveling Companion's company being made unsuitable for business by fire, flood, burglary, vandalism or other natural disaster and the Insured or Traveling Companion is responsible for policy and decision making with the company and is directly involved as a member of the disaster recovery team;
- k) The Insured or Traveling Companion has a previously approved military leave revoked or experience a military re-assignment.

The Company will reimburse the Insured for the following:

- a) unused, non-refundable land or sea expenses prepaid to the Participating Organization and/or Travel Suppliers;
- b) the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Land/Sea Arrangements limited to the cost of one-way economy airfare or similar quality as originally issued ticket by scheduled carrier.

The Company will pay for reasonable additional accommodation and transportation expenses incurred by Insured (up to \$100 a day) if a Traveling Companion must remain hospitalized or if You must extend the Trip with additional hotel nights due to a Physician certifying that You cannot fly home due to an Accident or a Sickness but does not require hospitalization.

In no event shall the amount reimbursed exceed the amount You prepaid for the Covered Trip.

SINGLE OCCUPANCY COVERAGE: The Company will reimburse You, up to the maximum shown on the Confirmation of Coverage, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has Your Trip delayed, canceled, or interrupted for a covered reason and You do not.

MISSED CONNECTION

This benefit covers missed Cruise departures that result from cancellation or delay (for three or more hours) of all regularly scheduled airline flights due to Inclement Weather or any Common Carrier caused delay. Maximum benefits of up to the amount shown in the Confirmation of Coverage are provided to cover additional transportation expenses needed for You to join the departed Cruise, reasonable accommodation and meal expenses (up to the per day amount shown in the Confirmation of Coverage) and nonrefundable trip payments for the unused portion of Your Cruise. Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to individuals who are able to meet their scheduled departure but cancel their Cruise due to Inclement Weather.

TRIP DELAY

The Company will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the Confirmation of Coverage, if You are delayed en route to or from the Covered Trip for six (6) or more hours due to a defined Hazard.

Covered Expenses include:

- a) Any reasonable additional expenses incurred.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss.

The Principal Sum is shown on the Confirmation of Coverage. The maximum benefits for any one single Accident is limited to \$15,000,000 for all persons insured under this Policy. If more than one loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

TABLE OF LOSSES

| LOSS OF: | PERCENTAGE OF PRINCIPAL SUM: |
|---|------------------------------|
| Loss of Life..... | 100% |
| Loss of both hands..... | 100% |
| Loss of both feet..... | 100% |
| Loss of both eyes..... | 100% |
| Loss of one hand and one foot..... | 100% |
| Loss of one hand and one eye..... | 100% |
| Loss of one foot and one eye..... | 100% |
| Loss of one hand..... | 50% |
| Loss of one foot..... | 50% |
| Loss of Sight of one eye..... | 50% |
| Loss of Speech and hearing in both ears..... | 100% |
| Loss of Speech..... | 50% |
| Loss of Hearing in both ears..... | 50% |
| Loss of Thumb and index finger of same hand | 25% |

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered losses that result from You being unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for loss of life if Your body cannot be located within one year after Your disappearance due to an Accident.

EMERGENCY ACCIDENT MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses for Emergency Treatment of an Accidental Injury that occurs during the Covered Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Accidental Injury.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include, but are not limited to:

- a) the services of a Physician;
- b) charges for Hospital confinement and use of operating rooms;
- c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- d) ambulance service; and
- e) drugs, medicines, prosthetic and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

The Company will advance payment to a Hospital, up to the maximum shown on the Confirmation of Coverage, if needed to secure Your admission to a Hospital because of Accidental Injury.

If You are hospitalized due to an Accidental Injury which first occurred during the course of the scheduled Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under this Policy have been paid.

EXCESS INSURANCE LIMITATION: The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

EMERGENCY SICKNESS MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that first manifests itself during the Covered Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include but are not limited to:

- a) the services of a Physician;
- b) charges for Hospital confinement and use of operating rooms;
- c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- d) ambulance service; and
- e) drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges mean charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are hospitalized due to a Sickness which first occurred during the course of the scheduled Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under this Policy have been paid.

EXCESS INSURANCE LIMITATION: The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Confirmation of Coverage, if an Accidental Injury or Sickness commencing during the course of the Covered Trip results in the necessary Emergency Evacuation of You. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the Hospital of Your choice where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants transportation to the United States where the Insured resides, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation of the Insured. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If the Insured is in the Hospital for more than seven (7) days following a covered Emergency Evacuation, the Company will return Your dependents, who are under 18 years of age and accompanying him/her on the scheduled Trip, to the domicile of a person nominated by the Insured or Your next of kin with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside provided that repatriation is not imminent.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Trip.

EXCESS INSURANCE LIMITATION: The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

Hospital of Choice: You may choose a non-emergency medical evacuation to a Hospital in a city within the U.S. or Canada other than Your city of residence, but the maximum amount payable is limited to the cost of a medical evacuation to Your home city of residence.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary place of residence if You die during the Covered Trip. This will not exceed the maximum shown on the Confirmation of Coverage.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse the Insured, up to the maximum shown on the Schedule, for loss, theft or damage to baggage and personal effects, provided the Insured has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured during the Covered Trip.

This coverage is secondary to any coverage provided by a Common Carrier.

SRTC 2000 CW FL

There will be a per article limit shown on the Confirmation of Coverage.

There will be a combined maximum limit shown on the Confirmation of Coverage for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by the Company; or
- (b) the cost of repair or replacement.

EXTENSION OF COVERAGE

If You checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

BAGGAGE DELAY (Outward Journey Only)

The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on the Confirmation of Coverage, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than eight (8) hours, while on a Covered Trip, except for travel to final destination or place of residence.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Interruption, Missed Connection, Trip Delay, Accidental Death & Dismemberment, Emergency Accident Medical Expense, Emergency Sickness Medical Expense, Emergency Evacuation, and Repatriation of Remains:

Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains) unless the insurance is purchased within 14 days of the initial Trip deposit;

The Pre-Existing Conditions exclusion is waived if the Insured enrolls in this Policy/Certificate at the time the Insured pays the deposit required for his or her Trip (or within 14 days of the initial Trip deposit) and the Insured purchases this Policy/Certificate for the full cost of his or her Trip.

2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only) unless results in the death of a non-traveling immediate Family Member;
3. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4. participation in any military maneuver or training exercise or any loss starting while the Insured is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to the Insured pro-rata any premium paid, less any benefits paid, for any period during which the Insured is in such service;
5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. mental or emotional disorders, unless hospitalized;
7. participation as a professional in athletics;
8. being under the influence of drugs or intoxicants, unless prescribed by a Physician unless results in the death of a non-traveling immediate Family Member;

9. commission or the attempt to commit a criminal act;
10. participating in skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races); scuba diving unless the Insured is certified to dive or if the depth exceeds 130 feet; deep sea diving; spelunking or caving; heliskiing; extreme skiing;
11. dental treatment except as a result of an injury to sound natural teeth;
12. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
13. pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
14. traveling for the purpose of securing medical treatment;
15. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
16. care or treatment that is not medically necessary;
17. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
18. Injury or Sickness when traveling against the advice of a Physician.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishings;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. prosthetic limbs;
15. prescribed medications;
16. keys, money, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. telephones, computer hardware or software;
21. sporting equipment if loss or damage results from the use thereof.

Any loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;

9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

INSURANCE WITH OTHER INSURERS: If there be other valid coverage, not with this Company, providing benefits for the same loss on a provision of service basis or on an expense incurred basis and of which this Company has not been given written notice prior to the occurrence or commencement of loss, the only liability under any expense incurred coverage of this policy shall be for such proportion of the loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same loss of which this insurer had notice bears to the total like amounts under all valid coverages for such loss, and for the return of such portion of the premiums paid as shall exceed the pro-rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken as the amount which the services rendered would have cost in the absence of such coverage.



Nationwide®
is on your side

Rev. 5/2017

| FACTS WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION? | |
|---|---|
| Why? | Financial companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
| What? | The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number, government issued identification, and contact information • Policy, account, and contract information and contact information • Credit reports and other consumer reports |
| How? | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing. |

| Reasons we can share your personal information | | Does Nationwide share? | Can you limit this sharing? |
|--|---|------------------------|-----------------------------|
| For our everyday business purposes—such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | | Yes | No |
| For our marketing purposes—to offer our products and services to you | | Yes | No |
| For joint marketing with other financial companies | | Yes | No |
| For our affiliates' everyday business purposes— information about your transactions and experiences | | Yes | No |
| For our affiliates' everyday business purposes— information about your creditworthiness | | Yes | Yes |
| For our affiliates to market to you | | Yes | Yes |
| For our nonaffiliates to market to you | | Yes | Yes |
| To limit our sharing | <ul style="list-style-type: none">• Call us toll free at 1-866-280-1809 and our menu will prompt you through your choices• If you have previously opted out, your preference remains on file and you do not need to opt out again.• Please have your account or policy number handy when you call. <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p> | | |
| Questions? | 1-833-297-2261 | | |
| Who we are | | | |
| Who is providing this notice? | Nationwide Life Insurance Company | | |

| What we do | |
|---|--|
| How does Nationwide Protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state law. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job. |
| How does Nationwide collect my personal information? | We collect your personal information, for example, when you: <ul style="list-style-type: none"> • Apply for insurance • Make a payment or file a claim • Conduct business with us We also collect your personal information from others, such as credit bureaus, affiliates, or other companies. |
| Why can't I limit all sharing? | Federal and state law gives you the right to limit only: <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes information about your creditworthiness; • Affiliates from using your information to market to you; and • Sharing for nonaffiliates to market to you. State laws and individual companies may give you additional rights to limit sharing. See below for more information. |
| What happens when I limit sharing for an account I hold jointly with someone else? | Your choices will apply to everyone on your account. |

| Definitions | |
|------------------------|--|
| Affiliates | Companies related by common ownership or control. They can be financial and nonfinancial companies. These companies include Nationwide Life Insurance Company, Nationwide Bank, and Nationwide Property and Casualty Insurance Company. Visit nationwide.com for a list of affiliated companies. |
| Nonaffiliates | Companies not related by common ownership or control. They can be financial and nonfinancial companies. |
| Joint marketing | A formal agreement between nonaffiliated financial companies that together market financial products or services to you. |

| Other important information |
|---|
| California Residents: We currently do not share information we collect about you with affiliated or nonaffiliated companies for their marketing purposes. Therefore, you do not need to opt out. |
| Nevada Residents: You may request to be placed on our internal Do Not Call list. Send an email with your phone number to privacy@nationwide.com . You may request a copy of our telemarketing practices. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; Phone number: 1-702-486-3132; email: BCPINFO@ag.state.nv.us . |
| Vermont Residents: For Vermont customers only. We will not share your personal information for marketing purposes with the Nationwide family of companies or third parties without your authorization, except as permitted by law. |
| AZ, CA, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA Residents: The Term "Information" means information we collect during an insurance transaction. We will not use your medical information for marketing purposes without your consent. We may share information with others, including insurance regulatory authorities, law enforcement, consumer reporting agencies, and insurance-support organizations without your prior authorization as permitted or required by law. Information we obtain from a report prepared by an insurance-support organization may be retained by that insurance-support organization and disclosed to others. |
| Accessing your information You can ask us for a copy of your personal information. Please send your request to the address below and have your signature notarized. This is for your protection so we may prove your identity. Please include your name, address, and policy number. You can change your personal information at Nationwide.com or by calling your agent. We can't change information that other companies, like credit agencies, provide to us. You'll need to ask them to change it. |
| Trip Mate, Inc. Attn: Privacy Officer 9225 Ward Parkway, Suite 200 Kansas City, MO 64114 |



NATIONWIDE® HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the “Notice”) applies to Nationwide¹ and describes the legal obligations of Nationwide, and your legal rights regarding your protected health information held by Nationwide under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Among other things, this Notice describes how your Protected Health Information (“PHI” as that term is defined below) may be used or disclosed to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law.

Nationwide is required by HIPAA and certain state laws to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice so long as it remains in effect. Nationwide reserves the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by us, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice by mail to your last-known address on file.

Protected Health Information (PHI) includes individually identifiable health information that is created or received by Nationwide and that relates to: (1) your past, present, or future physical or mental health or condition, (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on the authorization. Once we receive your written revocation, it will only be effective for future uses and disclosures.

Disclosures for Treatment, Payment or Health Care Operations. We may use or disclose your PHI as permitted by law for your treatment, payment, or health care operations. For instance, for your treatment, a doctor or health facility involved in your care may request information we hold in order to make decisions about your care. For payment, we may disclose your PHI to our pharmacy benefit manager for administration of your prescription drug benefit. For health care operations, we may use and disclose your PHI for our health care operations, which include responding to customer inquiries regarding benefits and claims.

Family and Friends Involved in Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care.

If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. For example, we may disclose your PHI to a business associate to administer claims or to provide support services. In all cases, we require these business associates by contract to appropriately safeguard the privacy of your information.

Other Health-Related Products or Services. We may, from time to time, use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products, or services which may be available to you as a member of the health plan. For example, we may use your PHI to identify whether you have a particular illness, and advise you that a disease management program to help you manage your illness better is available to you. We will not use your information to communicate with you about products or services which are not health-related without your written permission.

Plan Administration. We may release your PHI to your plan sponsor for administrative purposes, provided we have received certification that the information will be maintained in a confidential manner and not used in any other manner not permitted by law.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. We may release your PHI for any purpose required by law. This may include releasing your PHI to law enforcement agencies; public health agencies; government oversight agencies; workers compensation; for government audits, investigations, or civil or criminal proceedings; for approved research programs; when ordered by a court or administrative agency; to the armed forces if you are a member of the military; and other similar disclosures we are required by law to make.

OTHER PRIVACY LAWS AND REGULATIONS

Certain other state and federal privacy laws and regulations may further restrict access to and uses and disclosures of your personal health information or provide you with additional rights to manage such information. If you have questions regarding these rights, please send a written request to your designated contact as explained in the “Contact Information” section, below.

RIGHTS THAT YOU HAVE

Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain on your behalf. All requests for access must be made in writing and signed by you or your personal representative. We may charge you a fee if you request a copy of the information. The amount of the fee will be indicated on the request form. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Amendments to Your PHI. You have the right to request that the PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. If the information is incorrect or incomplete and we decide to make an amendment or correction, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. A request form can be obtained by writing to your designated contact at the address provided in the “Contact Information” section.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI. Requests must be made in writing and signed by you or your personal representative. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on some of our uses and disclosures of your PHI. We will consider, but are not required to agree to, your restriction request. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Request for Confidential Communications. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your PHI information from us by alternative means or at alternative locations. A request form can be obtained by writing your designated contact at the address provided in the “Contact Information” section.

Right to be Notified of a Breach. You have the right to be notified in the event we discover a breach of your unsecured PHI.

¹ Nationwide Life Insurance Company®, National Casualty Company and the area within Nationwide Mutual Insurance Company® that performs healthcare functions.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice, even if you have requested such copy by e-mail or other electronic means.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with your designated contact as explained in the “Contact Information” section, below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

If you have any questions about this Notice, need copies of any forms or require further assistance with any of the rights explained above, contact us by calling 1-833-297-2261 or mail your request to:

Trip Mate, Inc.
Attn: Privacy Officer
9225 Ward Parkway, Suite 200
Kansas City, MO 64114

EFFECTIVE DATE

This Notice is effective 9/15/2015

Nationwide, the Nationwide framework, and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company.

NH-0524-J-09152015



GENERAL DISCLOSURES

This policy provides coverage only related to Your Trip. You may have coverage from other sources that provides you with similar benefits subject to different restrictions. 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. Your travel retailer may not be licensed to sell insurance in all states, and therefore cannot answer technical questions about the benefits, exclusions, and conditions of this insurance and cannot evaluate the adequacy of your existing insurance. This policy may not provide coverage for or may limit coverage related to pre-existing conditions. The purchase of travel insurance is not required in order to purchase any other product or service. In addition to your policy, the product you are purchasing may contain other non-insurance services and/or cancellation fee waivers offered by companies other than Nationwide.

- **Maryland Residents:** The offered insurance coverage may duplicate certain provisions of insurance coverage already provided by the purchaser's homeowner's insurance, renter's insurance, health insurance, or similar insurance coverage. The Commissioner may be contacted to file a complaint at: Maryland Insurance Administration, ATTN: Consumer Complaint Investigation (Property/Casualty), 200 St. Paul Place, Suite 2700, Baltimore, MD 21202.
- **Delaware Residents:** The offered insurance coverage may duplicate certain provisions of insurance coverage already provided by the purchaser's homeowner's insurance, renter's insurance, health insurance, or similar insurance coverage. The purchase of travel insurance would make the travel insurance coverage primary to any other duplicate or similar coverage.
- **California Residents:** For additional information, contact the California Department of Insurance Consumer Hotline, 800-927-4357 or 213-897-8921.
- **New York Residents:** The licensed producer represents the insurer for purposes of the sale of the insurance. Compensation paid to the producer may vary depending on the policy selected, the producer's expenses, volume of business, or the profitability of the insurance contracts. Except as otherwise provided by law, the purchaser may request and obtain information about the producer's compensation based on the sale or any alternative quotes by requesting such information from the producer.



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 next page for detailed service Information.

Contact Us for Help 24/7

+1 954-334-8142
(Collect outside the US)

+1 877-288-7128
(Toll-free in the US and Canada)

ops@gga-usa.com

Plan Number: N430i



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.

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 or call, toll free:

1-800-379-9887

Use Program Code: N430i

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.