

**Notice to State of Washington Residents:**

This is not Your Description of Coverage.

To obtain Your state-specific insurance policy, call 800-243-3174

**GROUP DELUXE PROTECTION PLAN  
T-4440d (4.6.09)**

**SCHEDULE OF COVERAGE AND SERVICES**

<b>Benefits</b>	<b>Limits per person</b>
<b>Part A- Travel Protection</b>	
Trip Cancellation* .....	Trip Cost**
Trip Interruption* .....	150% of Trip Cost**
Trip Delay/\$150 Day .....	\$750
<b>Part B- Medical Protection</b>	
Emergency Accident/	
Sickness Medical Expense .....	\$50,000
Emergency Evacuation, Medically Necessary Repatriation/	
Repatriation of Remains .....	\$250,000
<b>Part C- Baggage Protection</b>	
Baggage/Personal Effects .....	\$1,500
Baggage Delay .....	\$400
<b>Part D- Travel Accident Protection</b>	
Accidental Death & Dismemberment .....	\$25,000
24 - Hr Assistance Services .....	Included

\*Up to the trip cost protected up to a maximum of \$10,000

\*\* For a \$0 Trip Cost there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only.

**Optional Coverage**

Applicable only when purchased at the time of original plan purchase and the appropriate additional premium has been paid.

**Cancel for Any Reason**

Trip Cancellation coverage up to 48 hours prior to departure; for up to 75% refund. *Not available for residents of Washington State.*

**Part A – TRAVEL PROTECTION**

**Trip Cancellation/Trip Interruption:** The Insurer will pay a benefit, up to the maximum shown on the Schedule of Coverage and Services, if You are prevented from taking or continuing Your Trip due to the following Unforeseen events:

a) Sickness, Accidental Injury, or death of You, Your Traveling Companion, or a Family Member or Business Partner of You or Your Traveling Companion which results in medically imposed restrictions as certified by a Physician at the time of loss, preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.

b) Strike that causes complete cessation of services for at least 24 consecutive hours.

c) Weather which causes complete cessation of services of Your Common Carrier for at least 24 consecutive hours.

d) You or Your Traveling Companion are terminated or laid off from employment subject to three years of continuous employment at the place of employment where terminated.

e) You or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, subpoenaed or required to appear as a witness in a legal action, provided You or a Traveling Companion are not a party to the legal action or appearing as a law enforcement officer, 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 10 days of departure.

f) Bankruptcy or Default of Your Travel Supplier which occurs more than 14 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the travel agent or Travel Supplier that solicited this protection plan and from whom You purchased Your Land/Sea Arrangements. 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. You must purchase Your plan within 14 days of Your initial Trip deposit.

g) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within the territorial limits of the City listed on Your itinerary. The Terrorist Attack must occur after the Effective Date of Your Trip Cancellation coverage.

h) You or Your Traveling Companion who are military personnel, and are called to emergency duty for a disaster other than war or are called to active military duty, have their leave revoked or are reassigned for reasons other than war.

i) You or Your Traveling Companion being directly involved in a traffic Accident substantiated by a police report, while en route to departure.

j) The death or hospitalization of Your Host at Destination.

k) Natural Disaster at the site of Your destination which renders Your destination accommodations uninhabitable.

l) Your normal pregnancy or attending the childbirth of Your Family Member. The pregnancy must occur after the Plan Effective Date and be verified by medical records.

m) The primary or secondary school where You or Your Dependent Children attend must extend operating session beyond the pre-defined school year, due to Unforeseen events commencing during Your plan effective period and the travel dates for Your Trip fall within the period of the school year extension. Extensions due to extra-curricular or athletic events are not covered.

n) Mandatory evacuation ordered by local authorities at Your destination due to hurricane or other Natural Disaster. You must have 50% or less of Your Trip remaining at the time the mandatory evacuation ends, in order for this benefit to be payable.

All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72-hour period, the Company will not pay for additional charges which would not have been incurred had You notified the Travel Supplier in the specified period. If the

event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

**Trip Cancellation:** non-refundable cancellation charges imposed by Your Travel Supplier and/or airfare cancellation charges for flights joining or departing Your Land/Sea Arrangements; or the additional costs You may incur as a result of a change in the per-person occupancy rate of prepaid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for a covered reason and You do not cancel. If Your Travel Supplier cancels Your Trip, You are covered up to the cost of the ticket or the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Trip including the airfare.

**Trip Interruption:** unused, non-refundable land or sea expenses prepaid to Travel Supplier and/or the airfare paid, to return home or rejoin the original Land/Sea Arrangements (limited to the cost of one way Economy Fare by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets) less the value of applied credit from an unused return travel ticket; or the additional costs You may incur as a result of a change in the per-person occupancy rate of prepaid travel arrangements if a person booked to share accommodations with You cancels his/her Trip for a covered reason and You do not cancel. In no event shall the amount reimbursed exceed the lesser of; the amount You pre-paid for Your Trip, or the maximum benefit shown on the Schedule of Coverage and Services.

**Cancel For Any Reason Protection:**

*Applicable only when purchased at the time of original plan purchase and the appropriate additional premium has been paid.*

Not available for residents of Washington State

Be advised that the Company requires You to purchase Cancel for any Reason coverage within 14 days of their initial trip deposit. If after 14 days from initial trip deposit, this coverage is not available.

If You purchase the Cancel For Any Reason protection and You cancel Your Trip for any reason not otherwise covered by this plan, the Insurer will reimburse You for up to 75% of the prepaid, forfeited, non-refundable payments or deposits You paid for Your Trip provided You cancel Your Trip more than forty eight (48) hours prior to Your Scheduled Departure Date.

**Trip Delay:** The Insurer will reimburse You for covered expenses on a one time basis, up to the maximum shown in the Schedule of Coverage and Services, if You are delayed en route to or from the covered Trip for 6 or more hours due to a covered reason. Covered expenses include Your additional transportation cost to join the Trip or return home, including up to \$150 per day for reasonable additional expenses incurred for meals and lodging, or any prepaid, unused, non-refundable land and water accommodations.

Covered Reasons for travel delay are: Any delay of Your Common Carrier (including Inclement Weather); You or Your Traveling Companion being delayed by a traffic Accident while en route to a departure, in which You or Your Traveling Companion is directly or not directly involved; lost or stolen passports, money, or travel documents; quarantine; Hijacking, unannounced Strike, Natural Disaster.

## Part B – MEDICAL PROTECTION

### Emergency Accident and Sickness Medical Expense:

The Insurer will pay benefits up to the maximum shown on the Schedule of Coverage and Services, if You incur Covered Medical Expenses for Emergency Medical Treatment as a result of an Accidental Injury which occurs on the covered Trip or a Sickness which first manifests itself during the covered Trip.

Emergency Medical 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 or Sickness. Covered Medical Expenses are necessary services and supplies which are recommended by the attending Physician. They include, but are not limited to: the services of a Physician; charges for Hospital confinement and use of operating rooms; charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; ambulance service; and drugs, medicines, prosthetic and therapeutic services and supplies. The Insurer 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 Insurer will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip. The Insurer will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth. The Insurer will advance payment to a Hospital, up to the maximum shown on the Schedule, if needed to secure the Insured's admission to a Hospital because of Accidental Injury or Sickness.

**Emergency Medical Evacuation:** The Insurer will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if You suffer an Injury or Emergency Sickness that warrants the Insured's Emergency Evacuation while on a Trip. Benefits payable are subject to the Maximum Amount per person shown on the Schedule of Coverage and Services for all Emergency Evacuations due to all Injuries from the same Accident or all Emergency Sicknesses from the same or related causes. A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Evacuation and must certify that the severity of the Insured's Injury or Emergency Sickness warrants the Insured's Emergency Evacuation to the closest adequate medical facility. In the sole discretion of the Assistance Company, it must be determined that such Emergency Evacuation is required due to the inadequacy of local facilities. The certification and approval for Emergency Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Evacuation Expenses are those for Medically Necessary Transportation, including reasonable and customary medical services and supplies incurred in connection with the Insured's Emergency Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You and (c) reviewed and pre-approved by the Assistance Company.

The Insurer will also pay reasonable and customary charges for escort expenses required by the Insured, if You are disabled during a Trip and an escort is recommended in writing, by the Insured's attending Physician and must be pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Evacuation Expense, the Insurer will pay subject to the limitations set out herein, for expenses:

- 1) To return to where they reside, with an attendant if necessary, any of the Insured's Dependent Children who were accompanying You when the Injury or Emergency Sickness occurred: but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.
- 2) To bring one person chosen by You to and from the Hospital or other medical facility where You are confined if You are traveling alone: but not to exceed the cost of one round-trip economy airfare ticket.

**Medically Necessary Repatriation:** Following a covered Emergency Evacuation expense or a covered medical expense, the Insurer will pay to return You from the location to which You were evacuated or became sick or injured to the Insured's return destination via Common Carrier within one year from the Insured's original Trip completion date.

Commercial airfare costs will be in the same class of service, as the Insured's original airline tickets, or in business or first class as in compliance with the Insured's medical necessities and requirements upon the Insured's discharge, less refunds from the Insured's unused transportation tickets.

In addition to the above covered expenses, if the Insurer has previously evacuated You to a medical facility, the Insurer will pay the Insured's airfare costs from that facility to the Insured's primary residence, within one year from the Insured's original Scheduled Return Date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

**Emergency Evacuation** means the Insured's medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained. Transportation means any land, sea or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

**Emergency Sickness** means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place the Insured's life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Insured's coverage is in force and during the Insured's Trip.

**Repatriation of Remains:** The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. This will not exceed the maximum shown on the Schedule of Coverage and Services. Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation. All Covered Expenses must be approved in advance by the Assistance Company. The Pre-Existing Conditions Exclusion does not apply to Emergency Evacuation and Repatriation of Remains.

**All transportation must be authorized and arranged by the Assistance Company.**

## Part C – BAGGAGE PROTECTION

**Baggage/Personal Effects:** The Insurer will reimburse You up to the maximum shown on the Schedule of Coverage and Services for loss, theft, or damage to Baggage and Personal Effects. The Insurer will pay the lesser of the following: Actual Cash Value at the time of the loss, less depreciation as determined by the Insurer, or the cost of repair or replacement. Per article, there is a limit of \$250. There will also be a combined maximum limit of \$500 for the following: jewelry; watches and cameras, including related equipment; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur. The Insurer will also reimburse You for charges and interest incurred due to unauthorized use of Your credit cards if such use occurs during Your Trip and if You have complied with all credit card conditions imposed by the credit card companies. The Insurer will reimburse You for fees associated with the replacement of Your passport during Your Trip. Receipts are required for reimbursement.

**Baggage Delay (Outward Journey Only):** The Insurer will reimburse You for expenses of necessary Personal Effects, up to the maximum shown in the Schedule of Coverage and Services, if Your checked Baggage is delayed or misdirected by Common Carrier for more than 24 hours from the time You arrive at the destination stated on the ticket, except travel to final destination or Your place of residence. You must be a ticketed passenger of a Common Carrier.

### Excess Insurance Limitation

Benefits provided in Parts A, B and C 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 Insurer shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity.

## Part D - TRAVEL ACCIDENT PROTECTION

**Accidental Death & Dismemberment:** If You sustain an Injury while on the Trip, which results in loss of life; actual severance of limb; or entire and irrecoverable loss of eyesight, speech, or hearing; within 180- days of the date of the Accident, the Insurer will pay the largest applicable amount as follows: the full benefit amount is paid for loss of life, two hands or two feet, speech, and hearing in both ears, one hand, and one foot, sight in both eyes, one hand or one foot, and sight in one eye. One-half of the benefit amount is paid for loss of one hand or one foot, speech, or hearing in both ears, sight of one eye. One-fourth of the benefit is paid for loss of the thumb and index finger of the same hand. In no event will the Insurer pay more than the maximum amount shown on the Schedule of Coverage and Services for all losses due to the same Accident.

**Exposure:** The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an Accident.

**Disappearance:** The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the conveyance in which You were a passenger due to forced landing, stranding, sinking, or wrecking.

## WORLDWIDE ASSISTANCE SERVICES: NON-INSURANCE SERVICES

The Travel Assistance feature provides a variety of travel related services. Services offered include:

- Medical evacuation • Medically necessary repatriation
- Repatriation of remains • Medical or legal referral
- Hospital admission guarantee • Translation service
- Lost Baggage retrieval • Inoculation information
- Passport / visa information • Emergency cash advance
- Prescription drug / eyeglass replacement • Bail bond

Payment reimbursement to the Assistance Company is Your responsibility.

### 24-Hour Emergency Assistance Telephone Numbers

For travel assistance services only:  
**CALL TOLL FREE: 800-494-9907**  
(Within the United States and Canada)  
**OR CALL COLLECT: 603-328-1707**  
(From all other locations)

Be sure to use the appropriate country  
and city codes when calling.  
**- KEEP THESE NUMBERS WITH YOU  
WHEN YOU TRAVEL-**

Travel assistance services are provided by an independent organization and not by Arch Insurance Company or Travel Insured International. There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

## EXCLUSIONS

The following exclusions apply to Parts A, B, and D:

- 1) Suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane (in Missouri, sane only) committed by You or Your Traveling Companion;
- 2) War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- 3) Participation in any military maneuver or training exercise;
- 4) Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; scuba diving, and speed contest;
- 5) Participation as a professional in athletics;
- 6) Piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 7) Being under the influence of drugs or intoxicants unless prescribed by a Physician;
- 8) Commission or the attempt to commit a criminal act by You or Your Traveling Companion;
- 9) Pregnancy and childbirth (except for Complications of Pregnancy);
- 10) Dental treatment except as a result of Accidental Injury to sound, natural teeth;

**11) Pre-Existing Conditions, unless the policy is purchased prior to making the final payment for Your Trip; the booking for the covered Trip must be the first and only booking for this travel period and destination; You purchase this policy for the full non-refundable cost of Your Trip, and You are not disabled from travel at the time You pay the premium;**

**12) Mental or emotional disorders, unless hospitalized. The following exclusions apply to Baggage/Personal Effects Coverage only in Part C:**

**ANY LOSS OR DAMAGE TO:** animals; automobiles and their equipment; boats; trailers, motors; motorcycles; other conveyances and their equipment (except bicycles while checked as Baggage with a Common Carrier); eyeglasses, sunglasses, and contact lenses; artificial teeth and dental bridges; hearing aids; prosthetic limbs; keys, money, securities, and documents; tickets.

**ANY LOSS CAUSED BY OR RESULTING FROM:**

Wear and tear, gradual deterioration; insects or vermin; inherent vice or damage; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; and property shipped as freight or shipped prior to the Scheduled Departure Date.

## DEFINITIONS

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

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

3) "Actual Cash Value" means purchase price less depreciation.

4) "Assistance Company" means the service provider with which the Insurer has contracted to coordinate and deliver emergency travel assistance, medical evacuation, and repatriation.

5) "Baggage" means luggage and personal possessions, whether owned, borrowed, or rented, taken by You on Your Trip.

6) "Bankruptcy" means the filing of a petition for voluntary or involuntary Bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 U.S.C. Subsection 101 et seq.

7) "Bodily Injury" means identifiable physical Injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such Injury, is the direct cause of death or dismemberment of You within twelve months from the date of the Accident.

8) "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.

9) "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

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

11) "Complication of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

12) "Cruise" means any prepaid sea arrangements.

13) "Default" means a material failure or inability to provide contracted services due to financial insolvency.

14) "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 You 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 You for support and maintenance.

15) "Domestic Partner" means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 10 continuous months prior to the Effective Date of coverage.

16) "Economy Fare" means the lowest published rate for a one-way ticket.

17) "Effective Date" means the date and time Your coverage begins, as outlined in the General Provisions section of this policy.

18) "Family Member" means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew.

19) "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.

20) "Host at Destination" means a person with whom You are sharing pre-arranged overnight accommodations at the host's usual principal place of residence.

21) "Inclement Weather" means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

21) "Injury" means Bodily Injury caused by an Accident occurring while this policy is in force, and resulting directly and independently of all other causes in loss covered by the policy. The Injury must be verified by a Physician.

23) "The Insurer" means Arch Insurance Company.

24) "Land/Sea Arrangements" means land and/or sea arrangements booked through the Travel Supplier.

25) "Medically Necessary" means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision, or order.

26) "Natural Disaster" means flood, fire, hurricane, tornado, earthquake, volcanic eruption, blizzard or avalanche that is due to natural causes.

27) "**Pre-Existing Condition**" means any Injury, Sickness or condition of Yourself, a Traveling Companion or a Family Member for which medical advice, diagnosis, care or treatment was recommended or received within the 180-day period ending on the Effective Date. Conditions are not considered pre-existing if the condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

28) "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 Yourself, a Traveling Companion, or a Family Member.

29) "Scheduled Departure Date" means the date on which You are originally scheduled to leave on the Trip.

30) "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.

31) "Sickness" means illness or disease which is diagnosed and treated by a Physician on or after the Effective Date of the protection plan and while You are covered under this plan.

32) "Strike" means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

33) "Terrorist Attack" means an incident deemed an act of terrorism by the U.S. government.

34) "Travel Supplier" means tour operator, Cruise line, hotel, etc., who has made the land and/or sea arrangements.

35) "Traveling Companion" means a person who is sharing travel arrangements with You. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

36) "Trip" means prepaid Land/Sea Arrangements and shall include flight connections to join and depart such Land/Sea

Arrangements, provided such flight connections are scheduled to commence within one (1) day of the Land/Sea Arrangements.

37) "Unforeseen" means not anticipated or expected and occurring after the Effective Date of the policy.

38) "Used" means to avail oneself of, to employ, to expend or consume, or to convert to one's service.

39) "You," "Your," or "the Insured" means a person who has purchased a Trip and who has paid the required plan cost for the protection plan provided herein.

## CLAIMS PROCEDURE

*Please contact your travel supplier to report cancellation of travel plans first, prior to calling Travel Insured International to report your claim.*

To facilitate prompt claims settlement:

**TRIP CANCELLATION CLAIMS:** IMMEDIATELY Call Travel Supplier and Travel Insured International to report Your cancellation and avoid non-Covered Expenses due to late reporting. Travel Insured International will then advise You on how to obtain the appropriate form to be completed by You and the attending Physician.

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

**TRIP DELAY:** Obtain any specific dated documentation, which provides proof of the reason for delay (airline or cruise line forms, medical statements, etc). Submit this documentation along with Your Trip itinerary and all receipts from additional expenses incurred.

**MEDICAL EXPENSES:** Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment: submit these first to other medical plans. Provide a copy of their final disposition of Your claim.

**BAGGAGE:** Obtain a statement from the Common Carrier that Your Baggage was delayed or a police report showing Your Baggage was stolen along with copies of receipts for Your purchases.

TO OBTAIN CLAIM FORMS AND ANY ADDITIONAL INFORMATION ON HOW TO REPORT A CLAIM, CALL OR WRITE:

**Travel Insured International, Inc.®**  
**P.O. Box 280568**  
**East Hartford, CT 06128-0568**  
**800-243-2440**  
**(Weekdays 7:45am – 5:30pm EST)**

## TERM OF COVERAGE

1. The Trip Cancellation Benefit takes effect at 12:01 a.m. the day after the receipt of the appropriate plan cost that covers the full cost of Your Trip.
2. All other coverage take effect at 12:01 a.m. local time at Your location on the departure date of Your Trip.
3. All coverage shall terminate on the earlier of the following dates: (a) Your return to the origination point as specified in

the travel tickets; (b) 11:59 p.m. local time at Your location on the date Your Trip is completed.

4. If You extend the return dates, all coverage will terminate at 11:59 p.m. local time at Your location on the date originally Scheduled Return Date.

**EXTENDED COVERAGE.** All coverage under the policy will be extended, if: (a) Your entire Trip is covered by the policy; and (b) Your return is delayed by covered reasons specified under Trip Cancellation and Interruption or Travel Delay. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date You reach Your return destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

**Notice to State of Washington Residents:** This is not Your insurance policy. To obtain Your state-specific insurance policy, call 800-243-3174. You are entitled to cancel the policy within 14 days of Your purchase date with a full refund provided You have not already departed on Your Trip. Under Accident and Sickness Medical Expense, You are eligible for coverage if You receive any treatment within 365 days of the Accident or 30 days of the onset of the Sickness.

**IMPORTANT NOTICE:** Payments for the plan will not be accepted after Your total tour cost has been paid in full.

*Protection plan fees are non-refundable.*

**BENEFICIARY**  
Your estate, unless written notice of a designated beneficiary is provided to Travel Insured International.

Plan is designed by Travel Insured International



This Insurance, under policy AIC-TRVL-P (2/03) is underwritten by: Arch Insurance Company, with its principal place of business in Jersey City, NJ.



Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy for the Participating Organization on file with Travel Insured International. In the event of any conflict between this Description of Coverage and the Master Policy, the policy will govern.