

DESCRIPTION OF COVERAGE



Schedule of Benefits

Land Cost Trip Cancellation & Interruption	\$10,000 Sickness Medical Expense
\$ 500 Travel Delay (\$100 maximum per day)	\$20,000 Emergency Medical Transportation
\$ 1,000 Baggage & Travel Documents	\$10,000 Accidental Death & Dismemberment
\$ 500 Baggage Delay	TRAVEL GUARD® Assistance
\$10,000 Accident Medical Expense	

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1-888-259-5859. For emergency help while on your trip, see the information and phone numbers on the reverse side.

Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the policy. You should read it with care so you will understand the coverage. The policy is the only contract under which benefits are paid.

PLEASE READ THIS DOCUMENT CAREFULLY!

Insurance Coverage

Underwritten by the National Union Fire Insurance Company of Pittsburgh, PA, with its principal place of business at 70 Pine Street, New York, New York 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

This is only a brief description of the insurance coverage(s) available under, policy series T30253NUFIC. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

- COVERAGE IS VALID ONLY IF PREMIUM HAS BEEN PAID -

PRODUCT NUMBER: 007719

In the event of a claim, please refer to the above Product Number.

DEFINITIONS.

“Baggage” means luggage and personal possessions, whether owned, borrowed, or rented, taken by the Insured on the Trip.

“Business Partner” means an individual who a) is involved with the Insured or the Insured’s Traveling Companion in a legal partnership; and b) is actively involved in the daily management of the business.

“Common Carrier” means any conveyance operated under a license for the transportation of passengers for hire.

“Complication of Pregnancy” means a condition in which the diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy. It does not include any condition associated with the management of a difficult pregnancy not consisting of a classifiably distinct Complication of Pregnancy.

“Default” means any failure of a provider of travel related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

“Destination” means the place where the Insured expects to travel on his/her Trip, as shown on the Enrollment Form.

“Hospital” means a place that: (a) holds a valid license; (b) is run mainly for the care and treatment of sick or injured persons as inpatients; (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 nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another Hospital; and (f) is not mainly a clinic, or facility for nursing, rest or convalescence, or a place for the aged.

“Immediate Family Member” means the Insured’s spouse, child, spouse’s child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward.

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

“Injury” means a bodily Injury, caused by an accident occurring while this Policy is in force as to the Insured whose injury is the basis of a claim, and resulting directly and independently of all other causes of loss covered by the Policy. The injury must be verified by a Physician.

“Insured” means the person named on the individual Enrollment Form.

“Insurer” means National Union Fire Insurance Company of Pittsburgh, PA.

“Medical Expenses” means Reasonable and Necessary expenses of treatment for Injury or Sickness which are provided by a medical Physician, dentist, or professional nurse on an emergency or urgent basis which are actually incurred by the Insured.

“Natural Disaster” means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

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

“Reasonable Additional Expenses” means any expenses for meals and lodging which were necessarily incurred as the result of a Trip Interruption or Travel Delay and which are not provided by the Common Carrier or any other party free of charge.

“Reasonable and Necessary Expenses” means the prevailing charge made by most providers of a given service in the geographic area where the service is received. In no event will the Reasonable and Necessary Expenses exceed the actual amount charged.

“Return Destination” means the place to which the Insured expects to return from his/her Trip.

“Sickness” means an illness, disease, or Injury which requires treatment by a Physician.

“Strike” means a stoppage of work (a) announced, organized, and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strike is work slowdowns and sickouts.

“Travel Agent” means the Travel Agent, tour operator, or other entity from which the Insured purchases his/her coverage or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent or tour operator.

“Traveling Companion” means a person or persons with whom you have coordinated travel arrangements and intend to travel with during the Trip. A group or tour leader is not considered a Traveling Companion, unless you are sharing room accommodation with the group or tour leader.

“Trip” means a period of round-Trip travel away from home to a Destination outside the Insured’s city of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and return dates specified when the Insured applies; the Trip does not exceed 180 days; and the Insured’s Destination is not to another Home; travel is primarily by Common Carrier and only incidentally by private conveyance.

“Trip Completion Date” means the date on which the Insured is scheduled to return to the point where the Trip started, or to a different specified Return Destination.

“Trip Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip.

INDIVIDUAL ELIGIBILITY, EFFECTIVE & TERMINATION DATES

Persons eligible for insurance under the policy are any traveler(s) who is a U.S. or Canadian resident who makes enrollment for coverage and pays the Premium providing they have not already departed on their Trip.

Effective Date: Trip Cancellation Benefit will be effective on the date the Premium is paid.

All other coverages will begin on the latest of: (a) the date the Premium is paid; or (b) the date and time the Insured starts his trip; or (c) the scheduled Trip Departure Date.

Termination Date: All coverage ends on the earlier of: (a) the date the trip is completed; (b) the scheduled Trip Completion Date; (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip; (d) cancellation of the Trip covered by the policy.

The duration of coverage shall be extended under the following conditions: (a) when the Insured commences air travel from his/her origination point within 1 day before commencement of the land/sea arrangements, coverage shall apply from the time of departure from the origination point; and (b) if the Insured returns to the Insured's origination point within 1 day after the completion of the land/sea arrangements, coverage shall apply until the time of return to the origination point. The policy covers Trips up to 180 days in length.

GENERAL EXCLUSIONS

The following exclusions apply to Trip Cancellation & Interruption, Travel Delay, Medical Expense, and Emergency Medical Transportation coverages:

THE INSURANCE DOES NOT COVER ANY LOSS CAUSED BY OR RESULTING FROM: suicide or attempted suicide while sane; intentionally self-inflicted injuries, Sickness, or disease except as provided for in the policy; war or any act of war whether declared or not; civil disturbance or insurrection; civil disorder or riot; while serving as a member of the armed services; while or as a result of riding in any device for aerial navigation other than as provided for in the policy; participation in any professional, semi-professional, or inter-scholastic team sports, motor sports or motor racing, including training or practice for the same; hernia unless resulting from a covered accident; being under the influence of drugs or intoxicants unless prescribed by a duly licensed Physician; participation in any felonious act or attempt thereat; skydiving, scuba or deep sea diving; snowskiing; hang gliding; parachuting; contest of speed; dental treatment except as a result of Injury to sound natural teeth (limited to emergency treatment during the Trip); pregnancy or childbirth, or elective abortion, other than Complications of Pregnancy; mental, psychological or nervous disorders including, but not limited to anxiety, depression, neurosis or psychosis; loss or damage caused by detention, confiscation, or destruction by customs; if the Insured's tickets do not contain specific travel dates (open tickets).

The following exclusions apply to Baggage and Baggage Delay coverage:

ANY LOSS OR DAMAGE TO: animals; automobiles and their equipment; boats; motors; motorcycles; other conveyances and their equipment (except bicycles while checked as Baggage with a Common Carrier); household furniture; eyeglasses and contact lenses; artificial teeth and dental bridges; hearing aids; prosthetic limbs; money and securities; tickets and documents; sporting equipment if loss or damage results from the use thereof.

ANY LOSS CAUSED BY OR RESULTING FROM: breakage of brittle or fragile articles, cameras, musical instruments, radios and similar property; 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; terrorism; theft or pilferage while left unattended in any vehicle; mysterious disappearance; lost or stolen passport, travel documents, or credit cards.

PRE-EXISTING CONDITIONS

The Insurer will not pay under Trip Cancellation and Interruption, Travel Delay, Medical Expense, and Emergency Medical Transportation any claims arising from any Injury, Sickness, or other condition (including any condition from which death ensues) of the Insured, a Traveling Companion, or an Immediate Family Member which: (a) first manifest itself, worsened, became acute, or had symptoms causing a person 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 treatment or treatment that was recommended by a Physician; within the 90 day period before the Insured's trip cancellation coverage began under this insurance plan.

If the Insured has any questions concerning this exclusion, they may call INSURE AMERICA at 1-888-259-5859 for further clarification.

MAXIMUM LIMIT OF LIABILITY: All limits are applied per Trip. The Insurer's maximum limit of liability resulting from the same occurrence will be \$10,000,000 under the TGP policies. If loss for all Insureds from such an occurrence exceeds \$10,000,000 the Insurer will pay each Insured that proportion of the Benefits stated which \$10,000,000 bears to the total loss of all persons the Insurer insure under all travel and flight insurance in force, under the TGP policies. The Insurer will pay no more than \$250,000 per occurrence, under the TGP policies, to or on account of any person insured under the TGP policies.

The policy does not provide duplicate payments, and is therefore secondary, if there are other sources of reimbursement available as follows:

EXCESS INSURANCE PROVISION

THE INSURANCE PROVIDED UNDER LOSS OF BAGGAGE AND TRAVEL DOCUMENTS, BAGGAGE DELAY, MEDICAL EXPENSE, AND EMERGENCY MEDICAL TRANSPORTATION SHALL BE IN EXCESS OF ALL OTHER VALID AND COLLECTIBLE INSURANCE OR INDEMNITY AND SHALL APPLY ONLY WHEN SUCH OTHER BENEFITS ARE EXHAUSTED.

TRIP CANCELLATION AND INTERRUPTION

Insurer will pay benefits, to the Maximum Limit shown on the Schedule of Benefits, in the event the Insured is prevented from taking his/her Trip because: (a) Sickness, Injury, or death of an Insured, Immediate Family Member, Traveling Companion or Business Partner. Injury or Sickness must be so disabling as to reasonably cause a trip to be delayed, canceled or interrupted. (b) The following unforeseen circumstances: subpoenaed, summoned for jury duty, quarantined, has a principal residence made uninhabitable by fire, flood, vandalism, burglary, or Natural Disaster; the Insured or a Traveling Companion has a documented traffic accident while en route to departure, or is hijacked.

This coverage does not cover loss caused by: (i) carrier caused delays; (ii) Inclement Weather; (iii) changes in plans by the Insured, an Immediate Family Member or Traveling Companion, for any reason; (iv) financial circumstances of the Insured, an Immediate Family Member, or a Traveling Companion; (v) any business or contractual obligations of the Insured, an Immediate Family Member or a Traveling Companion; (vi) Default, cancellations or changes, by the airline, tour operator or supplier of travel-related services or lodging; (vii) any government regulation or prohibition; (viii) Strike; (ix) a loss, Injury or Sickness occurring on or before the Insured's coverage effective date.

Trip Cancellation: Non-refundable cancellation charges imposed by the tour operator and/or airfare cancellation charges for amounts commencing within 1 day of land/sea arrangements due to the reasons shown at the beginning of this section. In no event shall the amount reimbursed exceed the amount prepaid for the Insured's Trip.

The additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Trip is canceled due to reasons shown at the beginning of this section, and the Insured's Trip is not canceled.

Special Conditions: The Insured must advise the tour operator as soon as possible in the event of a claim. The Insurer will not pay benefits for any additional charges incurred that would not have been charged if the Insured notified the tour operator of his/her cancellation as soon as reasonably possible.

Trip Interruption: Unused, non-refundable land or sea expenses prepaid to the tour operator and/or the airfare paid, less the value of applied credit from an unused return travel ticket, to return home or rejoin the original land/sea arrangements (limited to the cost of one-way business class or first class, if the Insured's original tickets were business or first class, by scheduled carrier, from the point of Destination to the point of origin shown on the original travel tickets).

TRAVEL DELAY

The Insurer will reimburse benefits for Covered Expenses, up to the Maximum Limit shown on the Schedule of Benefits, if the Insured's trip is delayed for 12 hours or more, due to Inclement Weather, Strike or other job action, or equipment failure of a Common Carrier. The Insurer will reimburse for Reasonable Additional Expenses until travel becomes possible. This benefit is payable for only one delay per Insured, per Trip.

LOSS OF BAGGAGE AND TRAVEL DOCUMENTS

The Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule of Benefits for loss, theft, or damage to Baggage and personal effects during the Trip. The Insurer will pay the lesser of the following: original cash value of the item less depreciation as determined by the Insurer; or cost of repair or replacement (limit per articles - \$250). If receipts are not provided, benefits may be reduced. All items over \$150 must be accompanied by an original receipt. There will be a combined maximum limit of \$500 for the following: jewelry, watches; articles consisting in whole or in part of silver, gold or platinum; furs; and articles trimmed with or made mostly of fur.

BAGGAGE DELAY

The Insurer will reimburse incurred expenses up to the Maximum Limit shown on the Schedule of Benefits for Baggage which is delayed or misdirected more than 24 hours for the cost of necessary personal effects. Incurred expenses must be accompanied by receipts. This does not apply if Baggage is delayed after the Insured reaches his/her Return Destination.

MEDICAL EXPENSE BENEFIT

The Insurer will pay benefits up to the Maximum Limit shown on the Schedule of Benefits if the Insured incurs necessary covered Medical Expenses as a result of an Injury or Sickness. The Injury must occur while the Insured is covered under the policy, and the Sickness must first manifest itself during the Trip. Initial treatment must be received during the Insured's Trip. All services, supplies or treatment must be received within 52 weeks of the date of the accident or the onset of the Sickness.

Covered Expenses are necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician, surgeon, graduate nurse, dentist (Injury only) or osteopath; charges for Hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations or treatments and laboratory tests; ambulance service, drugs,

medicines and therapeutic services and supplies. The Insurer will not pay benefits in excess of the Reasonable and Necessary Expenses commonly used by providers of medical care in the locality in which the care is furnished. The Insurer will not pay for hotel accommodations and extra living expenses for the Insured or the Insured's Traveling Companion incurred while being hospitalized or treated on an outpatient basis.

EMERGENCY MEDICAL TRANSPORTATION

The Insurer will pay benefits for covered expenses up to the Maximum Limit shown on the Schedule of Benefits if any Injury or emergency Sickness commencing during the Trip results in the Insured's necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured's Injury or Sickness warrants an Emergency Evacuation.

Emergency Evacuation means: (a) the Insured's medical condition warrants immediate transportation from the place where he/she is injured or sick to the nearest Hospital where adequate medical treatment can be obtained. The Insurer will arrange and pay: (a) Reasonable and Necessary medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that adequate medical treatment is not locally available; (b) up to \$5,000 for Reasonable and Necessary escort expenses required by the Insured, if the Insured is disabled during a Trip and an escort is recommended, in writing, by a Physician; (c) up to \$5,000 per person for special air transportation costs to return home if the Insured's Physician advises in writing that the Insured's condition require a stretcher, oxygen, or other special medical arrangement; (d) Reasonable and Necessary services for transportation of the Insured's remains to his/her place of residence if he/she dies during a trip. Services must be provided by a provider designated by the Insurer. Timely notification by the Insured to the Insurer's designated provider is required, with regard to Emergency Evacuation.

Covered expenses are Reasonable and Necessary expenses, up to the Maximum Limit shown on the Schedule of Benefits, for transportation, medical services and medical supplies necessarily incurred in connection with the Insured's Emergency Evacuation. All transportation arrangements made for the Insured's evacuation must be by the most direct and economical route possible. Expenses for special transportation must be: (1) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting the Insured; AND (c) must be verified and approved in advance by INSURE AMERICA®. Expenses for medical services and supplies must be recommended by the attending Physician.

Transportation means any land, water or air conveyance required to transport the Insured during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

The Insurer will not cover any expenses provided by another party at no cost to the Insured or already included in the cost of the tour.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if: (a) the Insured is Injured in an accident which happens while he or she is on a Trip and covered under the Policy; and (b) he or she suffers one of the losses listed below, within 180 days of the accident.

The Principal Sum is shown on the Schedule of Benefits.

Loss:	Percentage of Principal Sum Payable
Life	100%
Both hands or feet, or sight of both eyes	100%
One hand and one foot.....	100%
One hand or one foot and sight of one eye	100%
One hand.....	50%
One foot	50%
Sight of One Eye	50%

If the Insured suffers more than one loss from an accident, the Insurer will pay only for the loss with the larger benefit. The Insurer will not pay more than 100% of the Principal Sum for all losses due to the same accident.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. The Insurer will not pay more than 100% of the principal sum for all losses due to the same accident. Loss of sight of an eye means complete and irrecoverable loss of sight.

Disappearance: If the Insured's body is not found within one year of the disappearance, forced landing, stranding, wrecking, or sinking of a conveyance in which he/she was an occupant, he/she will be presumed dead.

Additional Exclusion: In addition to the General Exclusions, the Insurer will not pay for loss caused by or resulting from Sickness or disease of any kind.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e. Medical Expense), the name of the company that arranged the trip (i.e. tour operator, cruise line, or charter operator), the trip dates and the amount that the Insured paid. Travel Guard will complete the claim form and send it to the Insured for his/her review/sig-

nature. The completed form should be returned to Travel Guard Group, Inc., 1145 Clark Street, Stevens Point, Wisconsin 54481 (Telephone: 715-345-0505 or 1-800-826-7791). All California claims will be administered by Mercury Claims Administrator Services, LLC.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Travel Guard no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the coverage must be submitted to Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claim forms within 15 days after the Notice of Claim, other proofs of loss should be sent to the Insurer by the date claims forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name and the policy number.

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of loss and verification of age.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to the beneficiary he/she has chosen. The choice must be in writing and filed with Travel Guard. If the Insured has not chosen a beneficiary, or if there is no beneficiary alive when he/she dies, Insurer will pay the benefit: 1) to his/her spouse, if living; 2) if not, in equal shares to his/her living children; 3) if there are none, in equal shares to his/her living parents; 4) if there are none, in equal shares to his/her living brothers and sisters; 5) if there are none, to his/her estate. If a benefit is payable to the Insured's estate, or to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Insurer makes in good faith fully discharges the Insurer to the extent of that payment. All other benefits will be payable to the Insured. However, if he/she has assigned his/her benefits, the Insurer will honor the assignment, if the Insurer has a signed copy of the assignment. A payment made pursuant to such an assignment shall discharge the Insurer from further liability to the extent of such payment. Under no circumstances shall the Insurer be responsible for the validity or sufficiency of any such assignment.

Benefits for Medical Expense/Emergency Medical Transportation Services may be payable directly to the provider of the services. However, the provider: a) must comply with the statutory provision for direct payment, and b) must not have been paid from any other sources.

Problems with your insurance? If so, do not hesitate to contact Travel Guard to resolve your problem at 1145 Clark Street; Stevens Point, WI 54481 or call 1-888-259-5859.

GENERAL PROVISIONS

Acts of Agents - No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on our behalf nor to alter, modify or waive any of the provisions of the policy.

Autopsy - The Insurer at its own expense, may require an autopsy where permitted by law.

Insurer's Recovery Rights - In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm our rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment. The provision does not apply in North Carolina.

Legal Actions - No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater) after the date claim forms are due.

Payment of Premium - Coverage is not effective unless all premium due has been paid to Travel Guard prior to a date of loss or insured occurrence.

Termination of the Policy - Termination of the policy will not affect a claim for loss which occurs while the policy is in force.

Transfer of Coverage - Coverage under the policy cannot be transferred by the Insured to anyone else without prior written consent.

Notice to California residents: The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your covered trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Notice to Florida residents: The benefits of the policy providing your coverage are governed by the law of a state other than Florida.

Notice to North Carolina residents: In North Carolina, insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, PA., on Policy series 52735MO.

Notice to Texas residents: The policy may provide a duplication of coverage already provided by your personal auto insurance, homeowner's, personal liability policy, or other source of coverage.

Notice to Washington residents: Under Trip Cancellation and Interruption, the following is also considered a covered reason for trip cancellation or trip interruption: A Terrorist Incident committed by an organized terrorist group (recognized as such by the US State Department) that results in property damage, injury or loss of life. The incident must take place in a foreign (meaning outside the US and

its territories) City in which the Insured is scheduled to arrive within the 14 days following the incident. The Insured's Tour Operator (if applicable) must not have offered a substitute itinerary. Coverage for travel to or through countries in which such a documented reported incident has occurred in the 6 months prior to purchase of the insurance is excluded. Losses resulting due to the issuance of travel advisories, bulletins or alerts; war or acts of war; civil disorder, riot or unrest; bomb scares or threats of terrorist activity; or terrorist activity against any Common Carrier (e.g., airline or cruise line) are not covered.



American International Companies®

Insurance Provided by Members of American International Group, Inc.

TRAVEL GUARD® ASSISTANCE

All benefits provided are service benefits, not financial benefits. Any costs associated with benefits not purchased will be paid by the named Insured.

24-HOUR MEDICAL ASSISTANCE

24-Hour Medical Monitoring: Physicians monitor the Insured's condition by maintaining close contact with the attending Physicians, his/her family Physician, and Immediate Family Members.

Medical Evacuation: Arrangements for any and all means necessary to transport the Insured back home when medically necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance: Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents: In the event of hospitalization, arrangements will be made for unattended minors traveling with the Insured to be flown home.

Family Visit: If the Insured is hospitalized for ten or more days, Travel Guard will arrange transportation for an Immediate Family Member or close friend to visit him/her.

Transportation of Mortal Remains: In the event of death while traveling, arrangements for the return of remains to the place of burial.

24-HOUR LEGAL ASSISTANCE

In a legal emergency, referral to a local legal advisor, and advance of funds for bail and legal fees.

24-HOUR TRAVEL ASSISTANCE

Travel Documents Assistance: Travel Guard will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: Travel Guard will, whenever possible, coordinate with the Insured and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center: Transmission of emergency messages to family and business associates.

Interpretation Services: Travel Guard provides emergency language support or referral to the appropriate local services.

Non-insurance services through Travel Guard® Assistance are provided by Travel Guard®.

Concealment or Fraud - The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.



WHAT TO DO IF A PROBLEM OCCURS

24 HOUR EMERGENCY ASSISTANCE TELEPHONE NUMBERS

Continental USA: **1-888-259-5859**

International: **1-715-345-0505**

Be sure to use the appropriate country and city codes when calling.

Services are payable up to the amount of coverage in the insurance policy provided by TRAVEL GUARD® and/or INSURE AMERICA®. Failure to call TRAVEL GUARD® Assistance may invalidate any payments applicable on your claim. TGA shall not be responsible for the availability, quality, or results of any medical treatment or the failure of the insured person to obtain medical treatment.