

Questions? Call us toll  
free at 1-888-407-3854

# Annual

## Multi-trip Travel Protection

Does your medical insurance plan cover you while traveling abroad?

What if you require medical care while overseas?

What if you have a medical emergency and require medical evacuation?

What if your baggage or travel documents are lost or stolen while traveling?

It's important to consider these questions before you depart on your trip to ensure you are covered in the event of the unexpected.

The Travelex Annual Trip Protection plan is ideal for business travelers or frequent travelers who make multiple trips throughout the year.

Our Annual Plan offers affordable coverage, protecting travelers regardless of the number of trips they take during the year and providing peace of mind to both them and their families. Available benefits include:

- Accidental Death & Dismemberment coverage
- Coverage for emergency medical and medical evacuation expenses
- Coverage for lost or stolen baggage and baggage delay
- Worldwide coverage
- Travel assistance services available 24/7

In addition, travelers choose the level of flight accident coverage that best fits their needs. Plans offering only flight accident coverage are also available.

### IMPORTANT

Certain capitalized words are defined terms within this document.

### INDIVIDUAL COVERAGE PERIOD

"Effective Date" is the later of the date and time of departure of the first Covered Trip or: i) the date the enrollment is deposited in an airport kiosk; ii) the Postmark of Your enrollment form; iii) the date You phone in the enrollment; iv) the date Your enrollment form is received by facsimile or v) the date You submit the enrollment via the internet, provided that in all cases the proper plan cost has been paid.

**Flight Accident Plan** begins on the departure date of each Covered Trip or the Effective Date whichever is later. The Flight Accident Plan ends when each trip is completed or after 180 days, whichever comes first.

**All Other Coverages** begin at 12:01 a.m. on Your Scheduled Departure Date of each Covered Trip or Your Effective Date, whichever is later, and end at the point and time of return, on or before Your Scheduled Return Date of each Covered Trip.

**Note:** Coverage ends 365 days following the Effective Date of your Protection Plan, unless renewed.

### EXTENSION OF COVERAGE

If the duration of Your Covered Trip is prolonged and not completed during the policy period because of the delay (beyond the control of any person insured hereunder) of the means of transport by which You are traveling or are due to travel provided that such transportation was due to arrive at Your destination within the policy period and provided that the Covered Trip is completed with reasonable dispatch, the insurance is extended automatically beyond the expiration date without additional premium for a period of 72 hours. Should You be Hospitalized, coverage will be automatically extended for the period of the Hospital confinement and, in addition, 5 days after release for both You and one insured Traveling Companion.

### FLIGHT ACCIDENT

You are covered for the amount purchased for accidental death, dismemberment or loss of sight as the result of an accident while a passenger on:

- a regularly scheduled airline flight or regularly scheduled charter operated: (i) in scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board; (ii) by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or (iii) by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline;
- any aircraft, other than a single-engine jet, which at the time is making a flight for the principal purpose of transporting passengers and not for any other operational, tactical or test purposes, and which is operated by: (i) the Military Airlift Command of the United States; (ii) the Royal Canadian Air Force Air Transport Command; or (iii) the Royal Air Force Air Transport Command of Great Britain;
- any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this plan;
- a vehicle licensed to carry passengers for hire, but only:
  - when going to an airport to board an aircraft on which You are covered by this plan; or
  - when leaving an airport after alighting from such an aircraft;
- received while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered by this plan.

When You sustain covered Injuries resulting on any of the following losses within 180 days from the date of the accident, benefits will be paid as follows:

- Loss of life, both feet, both hands, both eyes, one hand and one foot, one hand and one eye or one foot and one eye — Maximum Benefit Amount;
- Loss of one hand, one foot or one eye — one half the Maximum Benefit Amount.

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Loss of hand or hands, or foot or feet, means complete and permanent severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for the Injuries resulting from one accident. The benefit for loss of: a) two limbs; b) both eyes; or c) one limb and one eye is payable only when such loss results from the same accident.

If, while covered by this benefit, You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this benefit, such loss will be covered. If, while covered by this benefit, You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this benefit, and Your body has not been found within 52 weeks from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.

The Flight Accident Plan also includes a medical expense feature that pays You up to \$50 for each \$1,000 of Your chosen benefit amount. If medical expense occurs within 52 weeks of a covered accident, You will be paid for: treatment by a Legally Qualified Physician or surgeon; care or service from a Hospital; services and supplies provided by an ambulatory medical-surgical facility; home health care from a licensed home health agency, but only if continued Hospital care would otherwise have been required; attendance of a registered graduate nurse; x-ray examination; or, use of an ambulance. Loss must occur within 100 days of the accident. To receive benefits, the loss must be independent of Sickness and all other causes.

## MEDICAL EXPENSE

### BENEFITS

You are covered up to the Maximum Benefit Amount for:

- 1) Covered Expenses incurred as a result of an Injury which occurs or a Sickness which first manifests itself during the Covered Trip. You must receive initial Medical Treatment for the Injury or Sickness within 30 days after the date of the accident that caused the Injury or the onset of the Sickness. All treatment and Covered Expenses must be received within 52 weeks following the date of the accident or onset of the Sickness.
- 2) Benefits will include expenses for emergency dental treatment for injury to sound natural teeth not to exceed \$750.
- 3) Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission to a Hospital because of a covered Sickness or Injury which first occurs during the course of the Covered Trip.

The authorized travel Assistance Company will coordinate advance payment to the Hospital. In all cases, benefits will not be paid in excess of the Usual and Customary Charges.

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

## MEDICAL EVACUATION/REPATRIATION

### BENEFITS

- You are covered up to the Maximum Benefit Amount purchased for:
- 1) Medical Evacuation which is determined by a Legally Qualified Physician and the authorized Assistance Company's medical director that an Injury or Sickness is acute or life threatening and adequate treatment is not available at a local Hospital. Transportation will be to the closest Hospital or medical facility capable of providing adequate treatment.
  - 2) Medical Repatriation when it is deemed Medically Necessary by a Legally Qualified Physician and the authorized Assistance Company for You to return home or to a Hospital near Your home for continued treatment. Transportation Expense incurred will be paid for You; a) to return to Your permanent residence or b) to be moved to a Hospital or medical facility closest to Your permanent place of residence capable of providing that treatment; via one-way, Economy Transportation; or commercial upgrade, based on Your condition as recommended by the local attending Legally Qualified Physician and the authorized Assistance Company;
  - 3) Repatriation of Remains: In the event of Your covered death, occurring during the Covered Trip, the Company will pay either the cost of the actual expense incurred for preparation, standard container and transportation of Your body or ashes to the outbound point of departure or for the reasonable cost for burial or cremation abroad, in either case not to exceed \$5,000.
  - 4) Transportation for the return trip home via Economy Transportation for any dependent children under age 18 who are accompanying You if You are confined to a Hospital for more than seven (7) consecutive days. If You are traveling alone and are confined to a Hospital for more than seven (7) consecutive days, this benefit will provide, upon request by You or next of kin, one round-trip Economy Transportation for a person of Your choice to visit You in the Hospital.

These benefits provide Economy Transportation which must be by the most direct route. Covered land or air transportation includes, but is not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre approved and arranged by the authorized Assistance Company.

Benefits are paid less the value of an unused return travel ticket. If benefits are payable under this coverage and You have other insurance that may provide benefits for this same loss, the Company reserves the right to recover from such other insurance.

Note: The Pre-existing Condition limitation is automatically waived for Medical Evacuation / Repatriation.

## CONDITIONS

If benefits are payable under Medical Evacuation/Repatriation and You have other insurance that may provide benefits for this same loss, the Company reserves the right to recover benefits from such other insurance. You shall:

- a) notify the Company of any other insurance;
- b) cooperate with the Company to exercise the Company's rights in any reasonable way that the Company may request, including the filing and assignment of other insurance benefits;
- c) not do anything after the loss to prejudice the Company's rights; and
- d) reimburse to the Company, to the extent of any payment the Company has made, for benefits received from such other insurance.

## BAGGAGE & BAGGAGE DELAY

### BAGGAGE AND PERSONAL EFFECTS

You are covered up to the Maximum Benefit Amount for lost, stolen, or damaged baggage or personal items with a maximum reimbursement of up to \$300 per article. A combined maximum of \$600 will be paid for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment. In addition, the following reimbursements will apply:

- 1) lost or stolen passport or visa (\$50 maximum);
- 2) lost or stolen credit cards (\$50 maximum for the cost associated with unauthorized use subject to verification that You have complied with all conditions of the credit card company).

The lesser of the following amounts will be paid:

- a) the actual cash value (cost less proper deduction for depreciation) at the time of loss, theft or damage;
- b) the cost to repair or replace the article with material of a like kind and quality; or
- c) \$300 per article.

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

### BAGGAGE DELAY

If Your checked baggage is delayed or misdirected by a Common Carrier while on Your Covered Trip for more than 24 hours from Your time of arrival at the destination other than Your residence, You are covered for the expense of necessary purchases of personal items up to the Maximum Benefit Amount as long as the expense is substantiated by receipts for purchases. The Common Carrier must certify the delay.

## ACCIDENTAL DEATH & DISMEMBERMENT

### 24 HOUR

You are covered 24 hours a day, up to the Maximum Benefit Limit, when You sustain covered Injuries resulting in any of the following losses within 180 days from the date of the accident.

Benefits will be paid as follows:

- loss of life, both feet, both hands, both eyes, one hand and one foot, one hand and one eye or one foot and one eye — Maximum Benefit Amount;
- loss of one hand, one foot or one eye — one half of the Maximum Benefit Amount.

Loss of hand or hands, or foot or feet, means complete and permanent severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for the Injuries resulting from one accident. The benefit for loss of: a) two limbs; b) both eyes; or c) one limb and one eye is payable only when such loss results from the same accident.

If, while covered by this benefit, You are unavoidably exposed to the elements because of a covered accident and suffer a loss for which benefits are payable under this benefit, such loss will be covered. If, while covered by this benefit, You are in an accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this benefit, and Your body has not been found within 52 weeks from the date of the accident, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.

## TRAVEL ASSISTANCE

You can access a wide-range of valuable services, through a toll-free telephone call, 24-hours a day, 7 days a week. Travel Assistance provides a variety of travel related services, including:

- Medical evacuation/repatriation\* • Repatriation of remains\* • Medical or legal referral • Hospital admission guarantee\* • Emergency cash transfer\*\* • Translation service • Prescription drug-eyeglass replacement\*\* • Passport/visa information • Bail bond\*\* • Lost baggage retrieval • Inoculation information

\* Only available with the Annual Package Plan

\*\* Benefit reimbursement to the Assistance Company is your responsibility.

## TRAVEL ASSISTANCE CARD

For 24 hour emergency assistance while on Your trip, please use the following numbers:

Within the U.S. & Canada — 1-(800) 231-5857  
Elsewhere — call collect — 1-(905) 523-7066

To initiate or inquire about a claim, please call  
1-888-322-6776

## DEFINITIONS

"Baggage and Personal Effects" means goods being used by an Insured during a Covered Trip. (See Exclusions on p.5)

"Common Carrier" means any public land, air or water conveyance operating under a valid license providing for the transportation of passengers for hire.

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**“Confirmation of Coverage”** means the coverage confirmation provided to You following enrollment and the payment of the applicable plan cost.

**“Covered Expense”** means expense incurred for services and supplies: a) listed below; and b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which are limited to: the services of a Legally Qualified Physician; Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery of an Injury or Sickness); transportation furnished by a professional ambulance company to and/or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

**“Covered Trip”** means any trip that exceeds 150 miles from Your permanent residence, is no more than 180 days in length and when the applicable rate and fee is paid prior to the first scheduled departure.

**“Economy Transportation”** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for the Covered Trip, reduced by the value of an unused return travel ticket.

**“Eligible Person”** means a resident of the United States or a person who purchases this insurance within the United States.

**“Family Member”** means You or Your Traveling Companion's: legal spouse or common-law spouse (where legal), legal guardian, legal ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece, nephew or Key Person, provided the Family Member resides in the United States, Canada or Mexico.

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

**“Injury”** or **“Injuries”** mean accidental bodily Injuries received while protected under this coverage and resulting in loss independently of Sickness and all other causes and certified by a Legally Qualified Physician.

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

**“Key Person”** means a) an employed caregiver of a dependant of the Insured or the Insured's traveling companion or b) a person to whom the Insured or the Insured's traveling companion is not married and with whom the Insured or the Insured's traveling companion has cohabited for 12 continuous months.

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

**“Maximum Benefit Amount”** means the maximum amount payable for each coverage as shown on the Confirmation of Coverage.

**“Medical Treatment”** means treatment, advice or consultation by a Legally Qualified Physician.

**“Medically Necessary”** means a service or supply which: a) is recommended by the attending Legally Qualified Physician; b) is appropriate and consistent with the diagnosis in accordance with accepted standards of community practice; c) could not have been omitted without adversely affecting Your 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 service or supplies is required by law.

**“Postmark”** means the U.S. Postal Service mark that records the date and place of mailing to the addressee on the Protection Plan enrollment form.

**“Pre-existing Condition”** means any Injury, Sickness or condition (including any condition from which death ensues) of You or Your Traveling Companion, You and/or Your Traveling Companion's Family Member or Your Business Partner which within the sixty (60) day period prior to the Effective Date of the Your Protection Plan coverage under this plan; a) manifested itself, became acute 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 Legally Qualified Physician. (Note, In California, part “a” is not applicable.)

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

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

**“Sickness”** means an illness or disease which is diagnosed or treated by a Legally Qualified Physician after the Effective Date of Your plan and while You are covered under this plan.

**“Terrorist Incident”** means the unsanctioned and illegal use of violence which caused destruction of property, Injury, or death by an individual or group for the express or implied purpose of achieving a political, ethnic, or religious goal or result. A Terrorist Incident does not include general civil disturbance, rioting, an act of war (declared or undeclared) or the intentional release of a biological material. The Terrorist Incident must be documented in a travel warning issued by the United States Department of State advising that one should not travel to the Insured's country of destination or, for U.S. cities, reported by the major news media.



Insurance Services

“**Transportation Expense**” means: a) the cost of the conveyance of You and any medical personnel (if Medically Necessary); and b) Medically, Necessary services and supplies.

“**Traveling Companion**” means a person or persons with whom You have coordinated Travel Arrangements and intend to travel with during the Covered Trip (to a maximum of four persons including You). Note: a group or tour leader is not considered a Traveling Companion, unless You are sharing room accommodation with the group or tour leader.

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

“**You or Your**” means the individual(s) named on the enrollment form.

### FILING A CLAIM IS SIMPLE

To receive a claim form: Contact us within 30 days of Your loss at 1-888-322-6776, or send Your name, address, travel dates, confirmation number (provided on Your confirmation of coverage), and details of Your loss to:

**Old Republic Insurance Company  
Travelers Claims Department  
4600 Witmer Industrial Estates, Suite 6  
Niagara Falls, NY 14305**

**IMPORTANT:** To facilitate prompt claims settlement, You will be asked to provide proof of Your loss within 90 days after the date of loss or as soon as is reasonably possible. Proof must, however be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity. Therefore, be sure to obtain as applicable: **for medical claims:** detailed medical statements from treating physicians where and when the accident or Sickness occurred; receipts for medical services and supplies; **for baggage and baggage delay claims:** reports from parties responsible (i.e. airline, cruiseline, etc.) for loss, theft, damage or delay. If applicable, a police report will be required. Please obtain receipts for lost or damaged items. The company will investigate and negotiate any claim on your behalf.

Benefits under any coverage will not be paid for expenses reimbursed or services provided by any other source. Benefits cannot be duplicated under this Protection Plan.

Unless You otherwise designate a beneficiary, or in the event the designated beneficiary predeceases You, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: Your spouse; child or children, jointly; parents, jointly if both are living, or the surviving parent, if only one survives; brothers and sisters jointly; or Your estate.

### GENERAL EXCLUSIONS & LIMITATIONS

Benefits are not payable for Sickness, Injuries or losses of You and Your Traveling Companion:

- a) resulting from suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane (in Missouri, sane only);
- b) resulting from a Terrorist Incident, hostilities or an act of declared or undeclared war;
- c) while participating in maneuvers or training exercises of an armed service;
- d) while riding, driving or participating in races, or speed or endurance contests;

- e) while mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes or other special equipment);
- f) while participating as a member of a team in an organized sporting competition;
- g) while participating in skydiving, hang gliding, bungee cord jumping, scuba diving or deep sea diving;
- h) while piloting or learning to pilot or acting as a member of the crew of any aircraft;
- i) received as a result or consequence of being Intoxicated or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
- j) to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
- k) resulting from a governmental regulation or prohibition;
- l) unless medically fit to travel at the time of purchase of coverage;
- m) relating to a diagnosed Sickness from which no recovery is expected and for which only palliative treatment is provided and which carries a prognosis of death within 12 months of the policy Effective Date;
- n) resulting from non-physical Sickness such as mental, nervous, emotional or personality disorders in any form whatsoever unless the affected person is hospitalized for 3 consecutive days or more after the policy Effective Date;
- o) due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
- p) for dental treatment (except as coverage is otherwise specifically provided herein);
- q) due to a Pre-existing Condition.
- r) where coverage has been purchased for travel to or through countries for which travel warnings have been issued by the United States Department of State at the time this insurance is purchased; or S) resulting from the intentional release of a biological material. For Residents of California, benefits are not payable if during the 60 days prior to Your Effective Date, a Legally Qualified Physician advised You or Your Traveling Companion not to travel due to a Sickness or Injury.

### EXCLUSIONS FOR BAGGAGE & BAGGAGE DELAY ONLY

Benefits are not payable for:

- a. animals;
- b. automobile and automobile equipment, boats or other vehicles or conveyances, trailers, motors,
- c. aircraft, bicycles (except when checked as baggage with a Common Carrier);
- d. household effects and furnishings, antiques and collector's items;
- e. sunglasses (prescription or non-prescription), contact lenses;
- f. artificial teeth, dental bridges;
- g. hearing aids;
- h. prosthetic limbs;
- i. prescribed medications;
- j. keys;
- k. money, credit cards, tickets and documents (except as coverage is otherwise specifically provided herein), securities;
- l. stamps;
- m. professional or occupational equipment or property whether or not electronic business equipment, telephones, computer hardware or software.



**Maximum Limit of Liability:** All limits are applied per trip. The Company's maximum limit of liability resulting from the same occurrence will be \$10,000,000. If the loss for all Insureds from such an occurrence exceeds \$10,000,000 the Company will pay each Insured that proportion of the benefits stated which \$10,000,000 bears to the total loss of all persons insured under all travel and flight insurance in force under this policy. The Company will pay no more than \$500,000 per occurrence to or on account of any person insured.

### GENERAL POLICY PROVISIONS

**Plan costs and fees:** All protection plan costs and fees are non-refundable. In the event the plan cost paid for coverage is less than the required plan cost for coverage, benefits will be paid in direct proportion of the actual amount paid to the required plan cost due.

**Medical Records:** In the event of a claim, the Company reserves the right to review any and all of Your medical records, whether or not the contents of such records were made known to You.

**Duplicate Coverage:** If You have two or more Protection Plans underwritten by the Company that duplicate benefits, You will be paid up to the highest benefit amount under only one plan for each Covered Trip. Maximum Flight Accident is \$500,000 for any one person at any one time under this coverage.

**Subrogation:** The Company, upon making any payment or assuming liability thereon under this policy, shall be subrogated to all rights of Your recovery against any person or corporation and may bring action in the name of the covered person to enforce such rights.

**Coordination of Benefits:** If an Insured is entitled to similar benefits through any other insurer the benefits payable under this insurance shall be coordinated so that total benefits from all insurers shall not exceed the actual loss insured.

**Errors or Mis-payments:** If any benefit is paid in error or payment is made in excess of the amount allowed under the provisions of this policy, the Company reserves the right to recover the excess or ineligible payment from You, Your estate, any institution, insurer or person to whom the payment was made.

**Currency:** All monies described in this policy are expressed in United States of America currency.

**Limitations of Time for Bringing Suit:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within two years from the expiration of the time within which proof of loss is required by the policy.

**Limitations Controlled by Statute:** If any time limitation of this policy with respect to giving notice of claim or furnishing proof of loss is less than permitted by the laws of the jurisdiction of the United States in which the Insured resides at the time this policy is issued, such limitation is extended to agree with the minimum period permitted by such law.

**Notice to Residents of Florida:** The Benefits of the Plan providing Your coverage are governed primarily by the law of a state other than Florida. Your homeowners policy, if any, may provide coverage for loss of personal effects provided by the Baggage and Personal Effects coverage. This insurance is not required in connection with the purchase of Your travel arrangements.

**Note:** This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during the 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 provider.

### Individual Travel Policy

Underwritten by:

Old Republic Insurance Company • 414 West Pittsburgh Street • Greensburg, PA 15601 (called "the Company")

Administered by:

Old Republic Insurance Company • 4600 Witmer Industrial Estates - Suite 6 • Niagara Falls, NY 14305

### Limited Benefit Short Term Travel Policy

This is a legal contract between Old Republic Insurance Company and You. This Policy is issued in consideration of the Application, Confirmation of Coverage, this evidence of coverage and the payment of the appropriate premium.

### POLICY NUMBER

Your Policy number for this individual Policy is the number found on Your Confirmation of Coverage. Use this number to identify Yourself and coverage in all correspondence with the Company.

### State Exceptions:

#### Oregon -

Clerical Error: Clerical Error on the Company's part or that of a Travel Supplier in keeping records or furnishing information will not void coverage if it is otherwise validly in force; nor will it continue coverage if it is otherwise validly terminated under the terms of this Policy.

Conformity with State Statutes: The provisions of this Policy must conform to the laws of the state in which it was issued. If they do not, they are hereby amended to conform.

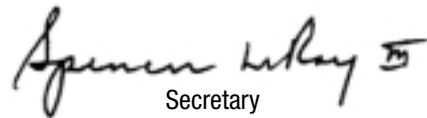
**Kansas -** Under the General Policy Provisions, "Subrogation" does not apply to reimbursement of medical, surgical, hospital or funeral expenses.

**New York -** Under General Exclusions and Limitations the following apply: 1) "while sane or insane" is deleted; 2) add "professional" in front of "mountaineering"; 3) replace "scuba diving and deep sea diving" with "professional scuba diving (any diving that requires more than an "Open Water 1" certification from PADI, NAUI, or other recognized diving certification organization."; 4) delete "due to normal childbirth, normal pregnancy (except complications of pregnancy). Under Insuring Provisions — Subrogation does not apply to Accident & Sickness Medical Expense or AD&D.

Signed for the Company



President



Secretary



Insurance Services

## ENROLLMENT

### ENROLL BY MAIL OR KIOSK

1. Fill out all information on the Enrollment Form. Please print legibly. Make sure You calculate the number of days of coverage correctly. Miscalculation will result in Your Enrollment Form being returned to You and there will be no coverage.
2. Select either a Package Plan or Flight Only Coverage and complete the appropriate information on the Enrollment Form (see p.8).
3. Complete the "Payment Details" section of the Enrollment Form. The complete credit card number, expiration date, and cardholder's signature are required for credit card payments. Check or money order payments, made payable to **Travellex Insurance Services, Inc.** should be placed in an envelope. **Do not send cash.**
4. Fold, seal, and drop the envelope in this Travellex airport kiosk, or affix postage and mail to the following address:

Travellex Insurance Services  
PO Box 641070  
Omaha, NE 68164-7070

5. Please allow 14 days for payment and enrollment to be processed. If the payment received is insufficient or your check or credit card payment is declined, or if for any reason the payment is not received by Travellex Insurance Services, your coverage will be null and void.

### ENROLL BY PHONE

Simply call 1-888-407-5404. Please have a major credit card ready and the "Location Number" (located on p.8).

Location number  
23-8795

### ENROLL BY FAX

Fax both pages of the enrollment form to: 1-800-867-9531.

### ENROLL ONLINE

For fast enrollment, enter your location number (see p.8) into the Quick Enrollment box and click "Go" at: [www.travellex-insurance.com](http://www.travellex-insurance.com)

You can only be covered under one travel protection plan underwritten by Old Republic Insurance Company for each Covered Trip. Maximum allowable Flight Accident coverage is \$500,000 per traveler per Covered Trip.

For Easy Enrollment and Immediate Confirmation, call

**1-888-407-5404**

Monday-Friday, 8:00 am-8:00pm Central Time

Location number  
23-8795

## PACKAGE PLAN

Benefits (per person)	Amount of Coverage
Flight Accident	Select level of coverage below
Accident Medical Expense	\$10,000
Sickness Medical Expense	\$10,000
Medical Evacuation/Repatriation	\$25,000
Baggage	\$1,000
Baggage Delay	\$500 (\$100/Day)
24-hour AD&D	\$25,000
Travel Assistance Services	Included

## PACKAGE PLAN RATES

Benefit (max. \$500,000)	Plan Rate Per Person
\$500,000	\$250
\$400,000	\$233
\$300,000	\$213

OR

## FLIGHT ONLY PLAN

Benefit (max. \$500,000)	Plan Rate Per Person
\$500,000	\$106
\$400,000	\$85
\$300,000	\$63
\$250,000	\$53
\$200,000	\$43

Note: A non-refundable \$4.00 processing fee will be added to all enrollments.

Maximum allowable Flight Accident Coverage is \$500,000 per traveler per covered trip.



**ENROLLMENT FORM**

Please print clearly. Be sure to include date of birth.  
Only **one individual** per enrollment form please.

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Birth Date: (MM/DD/YYYY)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

City

ST. ZIP

\_\_\_\_\_

Daytime Phone

\_\_\_\_\_

Fax

\_\_\_\_\_

Destination Country of First Trip

\_\_\_\_\_

Beneficiary

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

City

ST. ZIP

\_\_\_\_\_

Would You like the confirmation mailed to:

Your address

or

Beneficiary

LOCATION NUMBER:

23-8795

PRODUCT NUMBER: **A32 08/02**

**PACKAGE PLAN**

(please select one option only)

\$500,000 Protection for \$250 = \$ \_\_\_\_\_

\$400,000 Protection for \$233 = \$ \_\_\_\_\_

\$300,000 Protection for \$213 = \$ \_\_\_\_\_

Non-refundable processing fee = \$ \_\_\_\_\_ **4.00**

Total Amount Due and authorized as payment below = \$ \_\_\_\_\_

**OR**

**FLIGHT ONLY PLAN**

\$500,000 Protection for \$106 = \$ \_\_\_\_\_

\$400,000 Protection for \$85 = \$ \_\_\_\_\_

\$300,000 Protection for \$63 = \$ \_\_\_\_\_

\$250,000 Protection for \$53 = \$ \_\_\_\_\_

\$200,000 Protection for \$43 = \$ \_\_\_\_\_

Non-refundable processing fee = \$ \_\_\_\_\_ **4.00**

Total Amount Due and authorized as payment below = \$ \_\_\_\_\_

**PAYMENT DETAILS**

Visa®  MasterCard®  Discover®  American Express®

Account Number:

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ (MM/YYYY)

Full Name: \_\_\_\_\_  
(Print as it appears on credit card)

Check or Money Order (payable to Traveler Insurance Services)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Signature: \_\_\_\_\_  
(Mandatory for all payment options) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan costs and fees are non-refundable. Rates are subject to change.  
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