

DESCRIPTION OF COVERAGE

Please Read This Document Carefully

Preferred Benefits Platinum Plan

Marketed by



TRAVEL INSURANCE
SERVICES

Schedule of Benefits

Benefits (Per Person)	Maximum Limit
Trip Cancellation	Up to Trip Cost*
Trip Interruption	Up to 125% of Trip Cost
Travel Delay (Maximum of \$200 per day)	\$1,000
Baggage & Personal Effects Loss	\$1,000
Baggage Delay	\$100
Medical Expense (Primary)	\$100,000
Emergency Medical Evacuation	\$1,000,000
Accidental Death & Dismemberment (Principal Sum)	\$25,000
Optional Coverages	
Cancel for Any Reason**	Up to 75% of Trip Cost

The following non-insurance services are provided by the Worldwide Assistance Center through Travel Assist:

24-hour Medical Assistance	Included
24-hour Travel Assistance	Included

*Maximum trip cost is \$25,000 per person.

**Not available to New York residents.

Note: Benefits are valid only if plan cost has been paid and appropriate cost has been paid for each upgrade.

Pre-Existing Medical Condition Exclusion (Applicable to Trip Cancellation, Trip Interruption, Travel Delay, and Medical Expense benefits)

The Insurer will not pay for loss or expense incurred as the result of Injury, Sickness or other condition of the Insured, a Traveling Companion, Business Partner, or an Immediate Family Member booked to travel with the Insured, which, within the 60 day period before the Insured's coverage began: (a) first manifested itself, worsened, became acute, or had symptoms which would have prompted a reasonable 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 by a Physician or treatment had been recommended by a Physician.

Pre-Existing Medical Condition Waiver

The Insurer will waive the Pre-Existing Medical Condition Exclusion above if the Insured meets the following conditions:

(a) The Insured purchases the plan within 15 days of making his/her "initial Trip payment"; "Initial Trip payment" means the date the Insured made the first deposit toward the cost of his/her Trip. (b) The amount of Trip Cancellation coverage purchased at that time must equal the full cost of all pre-paid non-refundable Trip arrangements and the cost of any subsequent arrangement(s) added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangement(s); (c) The Insured must be medically able to travel when he/she pays his/her plan cost.

Note: See the General Exclusions as certain medical conditions can still be excluded from coverage.

Blanket Travel Accident Insurance Coverage

Read this document with care. This document describes the benefits and basic provisions of the Policy. The Policy is the only contract under which benefits are paid.

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.

"Children" means unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured's home, under age 19 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (a) otherwise meets the definition of Children and (b) is incapable of self-sustaining employment by reason of mental or physical incapacity.

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

"Complication of Pregnancy" means a condition whose 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 classifiable distinct Complication of Pregnancy.

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

"Contracted Return 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.

"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.

"Domestic Partner" means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (a) resides with the Insured; (b) shares financial assets and obligations with the Insured. The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

"Experimental or Investigative" means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

"Financial Default" means either (a) the complete suspension of operations due to financial circumstances, whether or not a bankruptcy petition is filed; or (b) a partial suspension of the operations following a filing of a bankruptcy petition.

"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 or Traveling Companion's spouse, Domestic Partner, 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 the 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.

"Medically Necessary" means that a treatment, service, or supply: (a) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (b) meets generally accepted standards of medical practice; (c) is ordered by a Physician and performed under his or her care, supervision, or order; and (d) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

"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 including accredited Christian Science Practitioners, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or a Traveling Companion.

"Primary" means the Insurer will pay first.

"Reasonable Additional Expenses" means any expenses for meals, taxi fares, essential phone calls, and lodging which were necessarily incurred as the result of a Travel Delay and which are not provided by the Common Carrier or any other party free of charge.

"Reasonable and Customary Charges" means an expense which: (a) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured's condition; (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges 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 or disease diagnosed or treated 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 are work slowdowns and sickouts.

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

“Traveling Companion” means a person or persons with whom the Insured has coordinated travel arrangements and intend to travel with during the Trip. A group or tour leader is not considered a Traveling Companion, unless the Insured is sharing room accommodations 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; the Insured’s Destination is not to another home; and travel is primarily by Common Carrier and only incidentally by private conveyance.

Individual Eligibility Effective and Termination Dates

Eligibility: Persons eligible for insurance under the Policy are any travelers who purchases insurance through or from a properly licensed agent/agency located in the U.S. or Canada who enrolls for coverage and pays the plan cost up to 24 hours prior to departure, providing they have not already departed on their Trip.

Effective Date: After plan cost is paid by the Insured and the Enrollment Form is completed and signed, the Trip Cancellation benefit will be effective: (a) at 12:01 a.m. on the date after the Enrollment Form is postmarked if coverage is purchased by mail; (b) at 12:01 a.m. on the day after the Enrollment Form is phoned in if coverage is purchased via phone; (c) at 12:01 a.m. on the day after the Enrollment Form is faxed if coverage is purchased by facsimile; or (d) at 12:01 a.m. on the day after the online purchase confirmation date. All other coverages will begin on the later of: (a) the date and time the Insured starts his/her Trip, or (b) the scheduled Contracted Departure Date shown on the Enrollment Form.

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

Extension of Coverage: All coverage under the Policy will be extended, if: (a) the Insured’s entire Trip is covered by the Policy; and (b) the Insured’s return is delayed by unforeseeable circumstances beyond his/her control. If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date the Insured reaches his/her Return Destination; or (b) seven days after the date the Trip was scheduled to be completed.

General Exclusions

These exclusions apply to all benefits. In addition to any exclusions which apply to a particular benefit (called “Additional Exclusions”), the Policy does not cover loss caused by or as a result of: (a) intentionally self-inflicted Injury or any attempt at an intentionally self-inflicted injury, suicide, or attempted suicide by the Insured, Immediate Family Member, Traveling Companion or Business Partner (while sane, in Colorado and Missouri); (b) pregnancy or childbirth, or elective abortion, other than the Complications of Pregnancy; (c) participation in professional, semi-professional, organized or interscholastic team sports, athletic events, motor sport, or motor racing, including training or practice for the same; (d) mountain climbing; (e) war or act of war, whether declared or not, civil disturbance, riot, or insurrection; (f) military duty or service, except for being called into active military service to

provide aid or relief in the event of a Natural Disaster; (g) operating or learning to operate any aircraft, as student, pilot, or crew; (h) air travel on any air-supported device, other than a regularly scheduled airline or air charter company; (i) loss or damage caused by detention, confiscation, or destruction by customs; (j) any unlawful acts, committed by the Insured, Immediate Family Member, or a Traveling Companion, whether insured or not (not applicable to residents of Florida); (k) mental, psychological or nervous disorders including, but not limited to, anxiety, depression, neurosis or psychosis; (l) alcohol or substance abuse or treatment for same; (m) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment or traveling expressly for the purpose of obtaining medical treatment; (n) elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury or Sickness; (o) Experimental or Investigative treatment or procedures; or (p) an Injury or Sickness which occurs at a time when this coverage is not in effect.

Trip Cancellation and Interruption

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits, if a Trip is canceled or interrupted for the Insured due to any of the following unforeseen circumstances: (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 canceled or interrupted. (b) Financial Default of an airline, cruise line, or tour operator resulting in the complete cessation of services. Excluded is the organization from which the Insured purchased his/her Trip or this coverage. Financial Default occurring on or before the Insured’s coverage effective date or less than 14 days after the Insured’s coverage effective date will not be covered. This coverage applies only if insurance was purchased within 15 calendar days of “initial Trip payment.” (c) Inclement Weather causing delay or cancellation of travel; (d) Strike resulting in complete cessation of travel services at the point of departure or Destination; (e) the Insured’s or a Traveling Companion’s principal residence or Destination being made uninhabitable by fire, flood, or similar Natural Disaster, vandalism, or burglary; (f) the Insured or a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined; (g) the Insured or a Traveling Companion being called into active military service to provide aid or relief in the event of a Natural Disaster; (h) a Terrorist Incident in a City listed on the Insured’s itinerary within 30 days of the Insured’s scheduled arrival. “City” means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace; (i) the Insured or Traveling Companion is directly involved in an automobile accident, while en route to departure; (j) a documented theft of the Insured’s or a Traveling Companion’s passports or visas; (k) the Insured or a Traveling Companion is obligated to a transfer of 250 or more miles by the employer with whom the Insured is employed on the effective date of the Insured’s Trip Cancellation coverage which requires the Insured’s principal residence to be relocated; or (l) the Insured or a Travel Companion is terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least 2 years.

Trip Cancellation Benefits: The Insurer will reimburse the Insured for this benefit up to the Maximum Limit shown on the Schedule of Benefits for Trips that are canceled before the scheduled Contracted Departure Date due to the unforeseen circumstances listed at the beginning of this section. The Insurer will reimburse for the following: (a) forfeited, non-refundable prepaid deposits or payments; (b) the charge for a change in the per person occupancy rate for prepaid travel arrangements if a Travel Companion’s trip is canceled and the Insured’s is not.

Trip Interruption Benefits: The Insurer will reimburse the Insured for this benefit up to the Maximum Limit shown on the Schedule of Benefits for Trips that have been interrupted or delayed due to the unforeseen circumstances listed at the beginning of this section. The Insurer will reimburse for the following: (a) forfeited, non-refundable, unused prepaid payments made prior to the Insured’s Contracted Departure Date; or (b) the Insured’s 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

interrupted and the Insured’s Trip is continued; or (c) additional transportation expenses incurred by the Insured, either (i) to the Return Destination; or (ii) from the place that the Insured left the Trip to the place that the Insured may rejoin the Trip; (d) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Contracted Departure Date; or (e) additional transportation expenses incurred by the Insured to join or rejoin the Trip if the Insured’s Common Carrier’s departure is delayed by a mechanical breakdown.

However, the benefit payable under (c), (d) and (e), above will not exceed the cost of economy airfare (or first class if the Insured’s original tickets were first class) by the most direct route, less any refunds paid or payable.

Additional Exclusions: In addition to the General Exclusions, Trip Cancellation and Trip Interruption benefits are not provided for losses caused by or as a result of: (a) travel arrangements canceled by an airline, cruise line, or tour operator, except as provided elsewhere in the Policy; (b) changes by the Insured, an Immediate Family Member, or Traveling Companion, for any reason; (c) financial circumstances of the Insured, an Immediate Family Member, or a Traveling Companion; (d) any business or contractual obligations of the Insured, an Immediate Family Member or a Traveling Companion, for any reason; (e) Default by the person, agency, or tour operator from whom the Insured bought his/her coverage or purchased his/her travel arrangements; (f) any government regulation or prohibition; (g) an event which occurs prior to the Insured’s coverage Effective Date; (h) failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.

Optional Cancel for Any Reason (if purchased)

Cancel for Any Reason Benefit: If the Insured is prevented from taking the Trip for any reason not otherwise covered by the Policy, the Insurer will reimburse the Insured for 75% of the prepaid, forfeited, non-refundable payments or deposits for the insured Trip arrangement(s) up to the Maximum Limit shown on the Schedule of Benefits, provided the following conditions are met: (a) the Insured purchases this Cancel for Any Reason benefit within 15 days of the date the Insured’s “initial Trip payment” or deposit and the cost of any subsequent arrangement(s) added to the same Trip are insured within 15 days of the date of payment or deposit for any subsequent Trip arrangement(s); and (b) this insurance coverage is purchased at that time for the full cost of all prepaid Trip arrangements that are subject to cancellation penalties and/or restrictions; and (c) the Insured cancels the insured Trip not less than 2 days prior to the Contracted Departure Date. **(Not available to New York residents.)**

Requirements in the Event of a Cancellation or Interruption: The Insured must contact the Worldwide Assistance Center at 1-866-221-0578 or 1-715-342-3541 (collect) for assistance as soon as reasonably possible after he/she knows the Trip is going to be canceled or interrupted. Failure to do so may affect coverage. The Insured must provide the Insurer documentation of the cancellation or interruption and proof of the expenses incurred. The Insured must provide proof of payment for the Trip such as canceled check or credit card statements, proof of refunds received, copies of applicable tour operator or Common Carrier cancellation policies, and any other information reasonably required to prove the loss. Claims involving loss due to Sickness, Injury, or death require signed patient (or next of kin) authorization to release medical information and an attending physician’s statement. The Insured must provide the Insurer with all unused air, rail, cruise, or other tickets if he/she is claiming the value of those unused tickets.

Travel Delay

If the Trip is delayed for more than 12 hours the Insurer will reimburse the Insured for Reasonable Additional Expenses incurred up to \$200 a day up to the Maximum Limit shown on the Schedule of Benefits until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay per Insured, per Trip. Travel Delay must be caused by: (a) the Insured being involved in a traffic accident while en route to a departure; (b) carrier-caused delay; (c) lost or stolen passports, travel documents, or money; (d) quarantine; (e) being hijacked; (f) Injury or Sickness of the Insured, Immediate Family Member, Traveling Companion or Business Partner; (g) Inclement Weather which prohibits Common Carrier departure; or (h) Natural Disaster.

Requirements in the Event of a Delay: The Insured must call the Worldwide Assistance Center at 1-866-221-0578 or 1-715-342-3541 (collect) for assistance as reasonably soon as possible after he/she knows his/her Trip is going to be delayed more than 12 hours. Failure to do so may affect coverage.

Loss of Baggage and Personal Effects

The Insurer will reimburse this benefit, up to the Maximum Limit shown on the Schedule of Benefits for loss, theft, or damage to the Insured's Baggage, passports and visas during the Insured's Trip. The Insurer will also pay for loss due to unauthorized use of the Insured's credit cards, if the Insured has complied with all credit card conditions imposed by the credit card companies.

Continuation of Coverage: If the covered Baggage, passports, and visas are in the charge of a Common Carrier, and delivery is delayed, this coverage will continue until such property is delivered to the Insured. This coverage does not include loss caused by the delay.

Property Not Covered: The Insurer will not pay for damage or loss of: (a) animals; (b) bicycles (except when checked with a Common Carrier); (c) motor vehicles, aircraft, and other conveyances; (d) artificial limbs, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids; (e) keys, tickets, money, currency, postal and money orders, notes, securities, stocks and bonds, accounts, bills, deeds, or other evidences of debt, stamps, food stamps, credit cards (except as noted above), and other travel documents (except passports and visas); (f) property used in trade, business or for the production of income. (g) property shipped as freight, or shipped prior to the Contracted Departure Date; or (h) contraband.

Special Limitation: The Insurer will not pay more than \$500 for the first item and thereafter no more than \$250 per item up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will not pay more than \$500 aggregate on all losses to: jewelry, watches, furs, cameras and camera equipment, camcorders, sporting equipment, computers, and other electronic devices. Items over \$150 must be accompanied by original receipts. If receipts are not provided, benefits will be reduced.

Additional Exclusions: In addition to the General Exclusions, the Insurer will not pay this loss caused by or as a result of: (a) defective materials or craftsmanship; (b) normal wear and tear; (c) deterioration; or (d) rodents, animals, or insects.

Requirements in the Event of a Loss: The Insured must: (a) report theft losses to police or other local authorities as soon as possible; (b) take reasonable steps to protect his/her Baggage from further damage and make necessary and reasonable temporary repairs. The Insurer will reimburse the Insured for those expenses. The Insurer will not pay for further damage if the Insured fails to protect his/her Baggage; (c) allow the Insurer to examine the damaged Baggage and/or the Insurer may require the damaged item to be sent in the event of payment; (d) send sworn proof of loss as soon as possible from date of loss, providing amount of loss, date, time, and cause of loss, and a complete list of damaged/lost items; or (e) in the event of theft or unauthorized use of the Insured's credit cards, the Insured must notify the credit card company immediately to reduce his/her loss. Benefits for Baggage and Personal Effects will be the excess of any amount paid or payable by a Common Carrier or other third party responsible for the loss. Excess Insurance Limitation applies.

Baggage Delay

The Insurer will reimburse up to the Maximum Limit shown on the Schedule of Benefits for the cost of necessary personal effects purchased by the Insured during the Trip, if the Insured's Baggage is delayed or misdirected for more than 24 hours. Incurred expenses must be accompanied by receipts. This benefit does not apply if Baggage is delayed after the Insured reaches his/her Return Destination. If the Baggage is delayed after the Insured has reached his or her Destination and the Common Carrier makes a charge for delivery, the Company will reimburse the reasonable cost to deliver the Insured's Baggage to his/her Return Destination or residence, up to \$25.

Requirements in the Event of a Loss: The Insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and receipts for the emergency purchases.

Medical Expense (Primary)

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay for Reasonable and Customary Charges for Medically Necessary expenses incurred by the Insured within one year from the date of Injury or Sickness, provided initial treatment was received during the Trip. The Injury must occur or Sickness must begin while the Insured is covered by the Policy.

Covered Expenses: The Insurer will pay for: (a) medical and surgical services of a Physician; (b) professional nursing care; (c) Hospital charges; (d) X-rays; (e) ambulance services; (f) prosthetic devices; and (g) medication or drugs administered by a Physician. The Insurer will pay emergency dental treatment only during a Trip. Dental coverage does not apply if treatment or expenses are incurred after the Insured has reached his/her Return Destination, regardless of the reason. The treatment must be given by a Physician or dentist. Benefits payable will not exceed Reasonable and Customary Charges for similar services in the geographic area in which the services were rendered.

Additional Exclusions: In addition to the General Exclusions, coverage is not provided for: (a) routine physical examinations; (b) mental health care; (c) replacement of hearing aids, eye glasses, contact lenses, sunglasses, and artificial teeth; (d) routine dental care; (e) any service provided by the Insured, an Immediate Family Member, or Traveling Companion; or (f) amounts paid or awarded under any workers' compensation disability benefit or similar law.

Requirements in the Event of a Loss: The Insured must provide the Insurer with: (a) all medical bills and reports for medical expenses claimed; and (b) a signed patient authorization to release medical information to the Insurer.

Emergency Medical Evacuation

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. The Worldwide Assistance Center will arrange for emergency medical transportation services required by the Insured as the result of any Injury or emergency Sickness during a Trip.

Covered Expenses: The Insurer will pay: (a) Reasonable and necessary charges 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) Reasonable and necessary charges for 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 Worldwide Assistance Center. Timely notification by the Insured to the Worldwide Assistance Center is required, with regard to emergency evacuation.

Additional Benefits: In addition to the above covered expenses, the Insurer will pay the following benefits:

(a) Return Airfare: If the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original Contracted 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.

(b) Bedside Visit: If the Insured is hospitalized for more than 7 days following a covered emergency evacuation, the Insurer will pay (subject to the limitations set out herein) expenses to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is alone. Such expenses shall not exceed the cost of one round-trip economy airfare ticket.

(c) Return of Children: If the Insured is unable to travel due to a covered emergency evacuation, the Insurer will pay (subject to the limitations set out herein) to return any of the Insured's Children who were accompanying the Insured when the Injury or emergency Sickness occurred back to the Insured's residence in the United States or Canada, including the cost of an attendant, if necessary. Such expenses shall not exceed the cost of a one-way economy airfare ticket for each person, less the value of any applied credit from any unused return travel tickets.

Requirements in the Event of a Loss: The Insured must call the Worldwide Assistance Center at 1-866-221-0578 or 1-715-342-3541 (collect) prior to arranging emergency medical transportation. Failure to do so may affect coverage.

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/she is on a Trip and covered under the Policy; and (b) he/she suffers one of the losses listed below, within 365 days of the accident. The Principal Sum is shown on the Schedule of Benefits. The Insurer will not pay more than the Principal Sum for all losses due to the same accident.

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%

In no event will the Insurer pay more than the Maximum Limit shown on the Schedule of Benefits for all losses due to the same accident. If the Insured suffers more than one loss from an accident, the Insurer will pay only for the loss with the larger benefit.

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.

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 Procedure - Notice of Claim: The Insured must call the Claims Department as soon as reasonably possible, and be prepared to provide: (a) the benefit provision(s) that are the basis of the claim (i.e. Medical Expenses), (b) the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), (c) the Trip dates and (d) the amount that the Insured paid for the Trip. A claim form will be completed for the Insured to review and sign along with a list of items the Insured must attach to substantiate the loss. The completed form and any attachments should be returned to: Claims Department, P. O. Box 47, Stevens Point, Wisconsin 54481 [Call: 1-866-221-0578 or 1-715-342-3541 (collect) for assistance.] 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 the Claims Department no more than 90 days after a covered loss occurs or ends, or as soon as reasonably possible thereafter. All claims under the Policy must be submitted to the Claims Department no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If the Claims Department has not provided claim forms within 15 days after the notice of claim, other proofs of loss should be sent to the Claims Department by the date claim 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 the Claims Department 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. This choice must be in writing and filed with the Insurer, or filed with the Insurer or Insurer's administrator if Insurer has agreed in advance. If the Insured has not chosen a beneficiary, or if there is no beneficiary alive when he/she dies, Insurer will pay this benefit: (a) To his/her spouse, if living. (b) If there is none, in equal shares to his/her living children. (c) If there are none, in equal shares to his/her living parents. (d) If there are none, in equal shares to his/her living brothers and sisters. (e) If there are none, to his/her estate.

If a benefit is payable 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 Insurer makes in good faith fully discharges 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, Insurer will honor the assignment, if Insurer has a signed copy of the assignment. A payment made pursuant to such an assignment shall discharge Insurer from further liability under the Policy to the extent of such payment. Under no circumstances shall Insurer be responsible for the validity or sufficiency of any such assignment.

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 the Insurer's 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.

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.

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 the Insurer's 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. This provision does not apply in North Carolina or where prohibited by law.

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 Plan Cost: Coverage is not effective unless all plan cost due has been paid.

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.

State Notifications

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 primarily by the law of a state other than Florida.

Notice: Your homeowner's policy, if any, may provide coverage for loss of personal effects provided by any Baggage/Personal Effects coverage provided by this Policy. This insurance is not required in connection with the Insured's purchase of travel tickets.

The definition of "Hospital" applicable to residents of Florida is as follows: Hospital means a facility that: (a) is operated according to law for the care and treatment of injured people; (b) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities; (c) has 24 hour nursing service by registered nurses (R.N.s); and (d) is supervised by one or more Physicians. A Hospital does not include: (a) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (b) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes;

or (c) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces. The Legal Actions provision applicable to residents of Florida is as follows: No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 5 years after the time written proof of loss is required to be furnished.

For inquiries, information about coverage or for assistance in resolving complaints call the Worldwide Assistance Center at 1-866-221-0578 or 1-715-342-3541 (collect).

Notice to North Carolina residents: This Description of Insurance provides all of the applicable benefits mandated by the North Carolina Insurance code, but is issued under a master policy located in another state and may be governed by that state's laws.

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

Preferred Benefits Platinum Plan Underwritten By:

Insurance coverage underwritten by National Union Fire Insurance Company of Pittsburgh, PA, NAIC No. 19445). It is currently authorized to transact business in all states and the District of Columbia. 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.

EXCESS INSURANCE LIMITATION The insurance provided for all coverages except Trip Cancellation, Trip Interruption, Medical Expense, and Car Rental Collision Coverage shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss payable under the Policy 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, and applicable Deductible.

Trade Sanction Notice

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

WORLDWIDE ASSISTANCE CENTER

The following benefits are service benefits only, not insurance benefits. Any costs incurred for these services will be the responsibility of the Insured, unless specifically covered elsewhere under the Policy.

24-HOUR MEDICAL ASSISTANCE

24-Hour Medical Monitoring: Physicians monitor your condition by maintaining close contact with the attending Physicians, your family Physician and Immediate Family Members.

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

Emergency Medical Payments: If a Hospital demands cash deposit or settlement prior to leaving, arrangements will be made for 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 you to be flown home with an attendant, if necessary.

Family Visit: If you are hospitalized for more than 7 days, arrangements will be made for transportation of an Immediate Family Member or close friend to visit you.

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

24-HOUR TRAVEL ASSISTANCE

Travel Documents Assistance: Help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: Coordinate with you and/or a wire agency for emergency cash advances to obtain funds in local currency for medical or travel emergencies.

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

Interpretation Services: Provide emergency language support or referral to the appropriate local services.

Live Messaging: Relay of e-mail or phone message to family, friends, or business associates.

Pre-trip Travel Advice: Around-the-clock access to passport, visa, inoculation, and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information – all for your planned Destination.

24-Hour Legal Assistance: In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

The above services provided by the Worldwide Assistance Center are non-insurance services through Travel Assist.

Preferred Provider Network - Make sure you call the Worldwide Assistance Center at 1-866-221-0578 or 1-715-342-3541 (collect) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

Satisfaction Guaranteed — We are committed to providing products and services that will exceed your expectations. If you are not completely satisfied, you can receive a refund of the cost, minus the processing fee. Requests for refunds must be submitted in writing to USI Travel Insurance Services, 2950 Camino Diablo, Suite 300, Walnut Creek, CA 94597-3991, within 15 days of the effective date of the coverage, provided the Contracted Departure Date has not passed.

————— cut out and keep this card with you —————

Worldwide Assistance Center 24 Hour Telephone Numbers

U.S.A. & Canada.....1-866-221-0578
International.....1-715-342-3541 (call collect)

Use the appropriate country code when calling.

**Travel Insurance Platinum Plan
Product Code: TIS403 P1-P4 8/08**