

## Notice to State of Washington Residents:

This is not your insurance policy.  
To obtain your state-specific insurance policy, visit  
www.insureamerica.com, or call 1.715.346.0860.

## DESCRIPTION OF COVERAGE



### Annual Family Basic Plan

#### Schedule of Benefits

|                  |   |
|------------------|---|
| <b>\$25,000</b>  | Accident Medical Expense                  |
| <b>\$300/day</b> | Sickness/Hospital Benefit (up to 61 days) |
| <b>\$100,000</b> | Emergency Medical Transportation          |
| <b>\$25,000</b>  | Repatriation of Remains                   |
| <b>Included</b>  | Travel Guard Assist                       |

This is an annual policy which only covers trips up to 60 days in length. All Benefits are shared by Family on Annual basis.

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1.800.208.0873. 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. 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: 008424-P1 9/08

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

## Definitions

**"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.

**"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 originally scheduled to return from the Trip to the Return Destination.

**"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: (1) resides with the Insured; (2) 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.

**"Family"** means the traveling volunteer, spouse and immediate children.

**"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, a place for the aged, or military or veterans hospital.

**"Immediate Family Member"** means the Insured's or Traveling Companion's spouse or 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.

**"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 a person who: (a) completes any required enrollment form; (b) for whom premium has been paid; and (c) while covered under this Policy.

**"Insurer"** means National Union Fire Insurance Company of Pittsburgh, PA.

**"Medically Necessary"** means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; (3) is ordered by a Physician and performed under his or her care, supervision, or order; and (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

**"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 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 which is diagnosed or treated by a Physician.

**"Traveling Companion"** means persons who are booked to accompany the Insured during the Trip.

**"Travel Supplier"** means the tour operator, hotel, cruise line, and/or airline that: (1) provides pre-paid travel arrangements for the Insured's Trip; and (2) is named in the master application.

**“Trip”** means the period of time between the Contracted Departure Date and the Contracted Return Date for which prepaid travel arrangements are arranged by or purchased through the Travel Supplier. Home travel is primarily by Common Carrier and only incidentally by private conveyance.

### **Individual Eligibility, Effective & Termination Dates**

Persons eligible for insurance under the policy are any traveler(s) who makes enrollment for coverage and pays the plan cost providing they have not already departed on their Trip. All coverages are aggregate amounts and diminish in value per paid claim. The policy covers all Trips of up to 60 days in length during your annual enrollment period as specified on your enrollment form.

**Effective Date:** Coverage begins on the latest of: (a) the date the premium is paid; or (b) the date and time the Insured starts a Trip, provided the premium is paid; (c) a scheduled Contracted Departure Date, provided the plan cost is paid. Annual coverage terminates 365 days following the policy effective date. Coverage is valid for any travel 100 miles or more from their primary residence.

**Termination Date:** All coverage ends on the earliest 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. The policy covers Trips up to 60 days in length.

**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 (7) 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: (a) suicide, or attempted suicide, or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury 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 Complications of Pregnancy;

(c) professional 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 commotion, insurrection or riot; (f) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); (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, a Traveling Companion, or an Immediate Family Member, whether insured or not (not applicable to Florida residents); (k) mental, psychological, or nervous disorders including, but not limited to, anxiety, depression, neurosis, or psychosis; (l) if the Insured’s tickets do not contain specific travel dates (open tickets); (m) alcohol or substance abuse or treatment for same; (n) 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; (o) elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury; (p) Experimental or Investigative treatment or procedures; or (q) an Injury or Sickness which occurs at a time when this coverage is not in effect.

**PRE-EXISTING MEDICAL CONDITION EXCLUSION APPLICABLE TO ALL COVERAGES**  
The Insurer will not pay for loss or expense incurred as the result of an Injury, Sickness or other condition of the Insured, a Traveling Companion, or an Immediate Family Member of the Insured or Traveling Companion 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.

### **Medical Expense Benefit**

The Insurer will pay this benefit, up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay for medical 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 the Insured’s Reasonable and Customary Charges for medical and surgical expenses. The Insurer will pay \$500 for emergency dental treatment only during a Trip. Dental coverage does not apply if treatment or expenses are incurred after the Insured has reached his or her Destination, in the case of a one-way ticket, or Return Destination regardless of the reason. The treatment must be given by a Physician or dentist. The Insurer will pay for professional nursing, Hospital charges, X-ray, ambulance services, and prosthetic devices. The Insurer will also reimburse \$300 per day up to 61 days for Hospital costs due to Sickness.

If the Insured is covered by any other group, blanket health, accident insurance, or assistance plan, and would, as a result, receive total benefits in excess of the expenses actually incurred, the benefits will be reduced by such excess.

**Additional Exclusions:** In addition to the General Exclusions, coverage is not provided for: (a) routine physical examinations; (b) replacement of hearing aids, eye glasses, contact lenses, sunglasses, and artificial teeth; (c) routine dental care; (d) any service provided by the Insured, an Immediate Family Member or Traveling Companion.

**Payment of 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 Transportation**

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

**Covered Expenses:** The Insurer will pay: (a) Reasonable and Customary Charges for 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) reasonable and necessary charges for escort expenses required by Insured, if the Insured is disabled during a Trip, and an escort is recommended, in writing, by the attending Physician. Services must be provided by a provider designated by Travel Guard Assist.

**Additional Benefit:** In addition to the above Covered Expenses, 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.

**Additional Exclusions:** In addition to the General Exclusions, the Insurer also will not pay for services arranged without the Insurer's prior consent or approval. Timely notification by the Insured to the Insurer's designated provider is required, with regard to Emergency Evacuation.

### **Repatriation of Remains**

In the event of death while traveling, reimburses the reasonable covered expenses incurred to return the Insured's body to the United States. This will not exceed the maximum amount shown on the Schedule of Benefits. Covered expenses included expenses for transportation. Expenses must be accompanied by receipts.

### **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/signature. The completed form should be returned to Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (Telephone: 1.800.208.0873). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

**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 Travel Guard 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: 1) 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.

**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 1.800.208.0873.

### **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. 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; in FL 5 years) after the date claim forms are due.

**Payment of Premium** – Coverage is not effective unless all premium due has been paid to Travel Guard.

**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.

**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.

The definition of "**Hospital**" is applicable to residents of Florida includes a facility that is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of

a hospital when a patient is confined mainly to receive nursing care; (2) 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 (3) 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. For inquiries, information about coverage or for assistance in resolving complaints call: 1.800.208.0873.

**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 your personal auto insurance, homeowner's, personal liability policy, or other source of coverage.

### **Travel Guard Assist\***

All benefits provided are non-insurance services, not insurance 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.

**Emergency Medical Payments:** If a Hospital demands a cash depositor settlement prior to leaving, Travel Guard Assist 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 Assist will arrange transportation for an Immediate Family Member or close friend to visit him/her.

### **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 Assist will help retrieve, report, and reissue lost or stolen travel documents.

**Emergency Cash Transfer:** Travel Guard Assist 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 Assist provides emergency language support or referral to the appropriate local services.

\*Non-insurance services are provided by Travel Guard Assist.

*Program fees are non-refundable.*

Make sure you call Travel Guard Assist (1.800.208.0873 or 1.715.295.5452) 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.

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 the policy. For more information, you may consult the OFAC internet website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/) or a Travel Guard representative.



**Travel Smart. Travel Insurance.**

**When calling from the U.S., 1.800.208.0873  
When calling from abroad, call collect 1.715.295.5452.**

Benefits are payable up to the amount of coverage in the insurance policy provided through TRAVEL GUARD®. Failure to call Travel Guard Assist 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.