**State Notice and Privacy Notice**

This document is not applicable to residents of all states. Residents of Florida, Georgia, Indiana, New Hampshire, New York, Oregon, Pennsylvania, Utah, and Washington can obtain their state specific documents by visiting [www.travelguard.com/fulfillment](http://www.travelguard.com/fulfillment) or by calling 1.877.525.2373. All states: To view and print a copy of our privacy notice, please visit [www.travelguard.com/fulfillment](http://www.travelguard.com/fulfillment).

**DESCRIPTION OF COVERAGE**

**Travel Protection Plan**

for passengers of

[Caravan .com](http://www.caravan.com)

**IMPORTANT**

This Travel Protection Plan includes two Parts: Part A-Cancel For Any Reason Waiver and Part B-Travel Insurance Coverage which provides coverage for cancellation of air arrangements due to specific circumstances as specified in this Description of Coverage. The cost of the Plan will be an optional purchase with your initial tour deposit on your Caravan Tours, Inc. invoice.

This Travel Protection Plan may still be purchased any time up to time of final trip payment, however to be eligible for the Pre-Existing Medical Condition Waiver found in Part B’s Description of Coverage, payment for the Travel Protection Plan must be received by Caravan Tours, Inc. with your tour deposit or within 14 days of making your initial tour deposit/payment.

**Please Note:** Read this document carefully as it describes the benefits and coverage under both Parts which cover you once you have paid the Plan cost within the time periods specified above.

**Notice to NY Residents:** Residents of the state of New York are not required to purchase Part B - Travel Insurance Coverage in order to purchase Part A - Cancel For Any Reason Waiver.

**Part A – Cancel For Any Reason**

(The following Part A waiver is provided by Caravan Tours, Inc. and are not insurance benefits.)

**Cancel For Any Reason Waiver**

If you cancel your reservation or choose not to use travel arrangements provided in conjunction with a tour, you will be at risk of incurring charges or penalties (explained in the Terms & Conditions sections of the Caravan Tours, Inc. brochure). This Cancel For Any Reason Waiver provides a full refund less a deductible of $100 per person for tour cancellations made for any reason whatsoever prior to departure. Cancellations made within 72 hours prior to the start of the tour, or during the tour, will be charged an additional $50 per person administrative fee. Refunds for missed days on tour are based on the actual cost of services not used, less any extra expenses incurred by Caravan Tours, and are not on a per day basis.

**Important:** You must purchase the Caravan Tours Travel Protection Plan with your initial deposit/payment for your trip or no later than final payment for your trip to be eligible for the Cancel For Any Reason Waiver.

This Cancel For Any Reason Waiver does not cover any airfare cancellation penalties. See Part B of this document for details on the insurance coverage for cancellation of air arrangements due to specific circumstances, as well as details on other insurance benefits and services covering you while on your trip.

**Where to Present a Part-A Claim**

All Cancel For Any Reason claims must be presented as soon as possible to Caravan Tours, Inc. at the following address:

**Caravan Tours, Inc.**

401 North Michigan Avenue
Chicago, IL 60611
1-800-227-2826 or 1-312-321-9800

**Part B – Travel Insurance Coverage**

(The following Part B insurance benefits and assistance services are provided by National Union Fire Insurance Company of Pittsburgh, PA and Travel Guard.)

**SCHEDULE OF BENEFITS**

<table>
<thead>
<tr>
<th>All coverages are per person.</th>
<th><strong>MAXIMUM LIMIT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip Cancellation</td>
<td>Trip Cost*</td>
</tr>
<tr>
<td>Trip Interruption</td>
<td>Trip Cost*</td>
</tr>
<tr>
<td>Trip Delay (Maximum of $100 per day)</td>
<td>$500</td>
</tr>
<tr>
<td>Baggage &amp; Personal Effects Loss</td>
<td>$1,000</td>
</tr>
<tr>
<td>Baggage Delay</td>
<td>$100</td>
</tr>
<tr>
<td>Medical Expense</td>
<td>$25,000</td>
</tr>
<tr>
<td>Dental</td>
<td>$500</td>
</tr>
<tr>
<td>Emergency Evacuation and Repatriation of Remains**</td>
<td>$50,000</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

* Coverage includes Air Ticket Cost only

** The pre-existing medical condition exclusion will not apply to this benefit.

**Extra Coverage**

(when coverage is purchased within 14 days of Initial Trip Payment):

- Pre-Existing Medical Condition Exclusion Waiver

**Please READ THIS DOCUMENT CAREFULLY!**

The Policy will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy (form series T30337NUFIC), the Policy will govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. Coverage may not be available in all states.

**PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER**

The Insurer will waive the pre-existing medical condition exclusion up to a maximum of the first $25,000 of Trip Cost per person if the following conditions are met:

1. This plan is purchased within 14 days of making the Initial Trip Payment;
2. The amount of coverage purchased equals all prepaid nonrefundable payments or deposits applicable to the Trip at the time of purchase, and the cost of any subsequent arrangement(s) added to the same Trip are insured within 14 days of the date of payment or deposit for any subsequent Trip arrangement(s);
3. All Insured’s are medically able to travel when plan cost is paid.

**IMPORTANT**

This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as Your record of coverage under the plan.
“Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip. This date is specified in the travel documents.

“Destination” means any place where the Insured expects to travel to on his/her Trip other than Return Destination as shown on the travel documents. 

“Domestic Partner” means an opposite or 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. 

“Eligible Person” means an eligible class of persons as described in the Description of Eligible Persons section of the Master Application.

“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. This includes 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 Member” means the Insured’s or Traveling Companion’s spouse, Domestic Partner, Child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-child, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, Caregiver, foster child, ward, or legal ward, or spouse or Domestic Partner of any of the above.

“Hospital” means a facility that: (1) is operated according to law for the care and treatment of sick or injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.’s); and (4) is supervised by one or more Physicians available at all times. 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 clinic, a rest home, nursing home, convalescent home, home health care, 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.

“Inclement Weather” means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier or prevents the Insured from reaching his/her Destination when traveling by an Owned or Rented Vehicle.

“Initial Trip Payment” means the first payment made to the Insured’s Travel Supplier toward the cost of the Insured’s Trip.

“Injury/Injured” means a bodily injury caused by an accident occurring while the Insured’s coverage under the Policy is in force, 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 an Eligible Person for whom: (a) any required enrollment form has been completed; (b) any required plan cost has been paid; (c) while covered under the Policy.


“Loss” means Injury or damage sustained by the Insured as a consequence of one or more of the events against which the Insurer has undertaken to compensate the Insured.

“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.

“Mental, Nervous or Psychological Disorder” means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

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

“Necessary Personal Effects” means items such as clothing and toiletry items, which were included in the Insured’s Baggage and are required for the Insured’s Trip.

“Necessary Personal Effects” means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country that is rented or owned by the Insured. Owned or Rented Vehicle includes, but is not limited to, a sedan, station wagon, jeep-type vehicle pickup, van, camper or motor home type. Owned or Rented Vehicle does not include a mobile home or any motor vehicle which is used in mass or public transit.

“Physician” means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, medical, surgical, or dental, services acting within the scope
of his/her license. The treating Physician may not be the Insured, a Traveling Companion, a Family Member, or a Business Partner.

“Primary Residence” means a person’s fixed, permanent and principal home for legal and tax purposes.

“Reasonable Additional Expenses” means expenses for meals, lodging, taxi fares, and essential telephone calls which were necessarily incurred as the result of a Trip 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:
(1) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured’s condition;
(2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
(3) 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 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. This date is specified in the travel documents.

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

“Schedule” means the Schedule of Benefits.

“Sickness” means an illness or disease diagnosed or treated by a Physician.

“Strike” means a stoppage of work:
(1) announced, organized, and sanctioned by a labor union and
(2) which interferes with the normal departure and arrival of a Common Carrier.

This includes work slowdowns and sickouts. The Insured’s Trip cancellation coverage must be effective prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike.

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

“Travel Supplier” means the tour operator, rental company, cruise line, and/or airline that provides pre-paid travel arrangements for the Insured’s Trip.

“Traveling Companion” means a person or persons with whom the Insured has coordinated travel arrangements and intends 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 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; travel is primarily by Common Carrier and only incidentally by private conveyance.

“Trip Cost” means the dollar amount of Trip payments or deposits reflected on any required enrollment form which are subject to cancellation penalties or restrictions paid by the Insured prior to the Insured’s Trip Departure Date. Trip Cost will also include the cost of any subsequent pre-paid payments or deposits paid by the Insured for the same Trip, after enrollment for coverage under this plan provided the Insured amends their enrollment form to add such subsequent payments or deposits and pays any required additional plan cost prior to the Insured’s Departure Date.

“Unforeseen” means not anticipated or expected and occurring after the effective date of the coverage.

“Uninhabitable” means (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared, such as debris on roofs or downed electrical lines; or (4) the rental property is without electricity or water.

**ELIGIBILITY, EFFECTIVE AND TERMINATION DATES**

**Eligibility**
Travelers who enroll, accept and purchase coverage through the Travel Supplier no later than final Trip payment and prior to departing on their Trip.

**Effective Date:** After any required Enrollment Form is completed, Trip Cancellation coverage will be effective for an Insured at 12:01 a.m. Standard Time on the date following receipt by the Insurer or the Insurer’s authorized representative of any required plan cost.

All other coverages will begin on the later of:
(a) 12:01 a.m. Standard Time on the scheduled Departure Date shown on the travel documents or
(b) the date and time the Insured starts his/her Trip, provided any required plan cost has been paid.

**Termination Date:** All coverage, other than Trip Cancellation, ends on the earlier of:
(a) the date the Trip is completed;
(b) the scheduled Return Date;
(c) the Insured’s arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

**The Trip Cancellation coverage ends on the earliest of:**
(a) the cancellation of the Insured’s Trip; or (b) the date and time the Insured starts on his/her Trip.

**Extension of Coverage:**
All coverage (except Trip Cancellation) will be extended, if:
(a) the Insured’s entire Trip is covered by the plan; and
(b) the Insured’s return is delayed by one of the Unforeseen reasons specified under Trip Cancellation and Interruption or Trip Delay.

**This extension of coverage will end on the earlier of:**
(a) the date the Insured reaches his/her Return Destination; or
(b) 7 days after the date the Trip was scheduled to be completed.

**Baggage Continuation of Coverage:** If an Insured’s Baggage, passports, and visas are in the charge of a charter or Common Carrier and delivery is delayed, coverage for Baggage and Personal Effects and travel documents will be extended until the Common Carrier delivers the property to the Insured. This Extension does not include Loss caused by the delay.

**GENERAL EXCLUSIONS**
This plan does not cover any loss caused by or resulting from:
(a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane or insane;
(b) pregnancy, childbirth, or elective abortion, other than Complications of Pregnancy;
(c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
(d) mountain climbing where ropes or guides are normally used. The ascent or descent of a mountain requiring the use of specialized equipment, including but not limited to pick-axes, anchors, bolts, crampons, carabiners, and lead or top-rope anchoring equipment;
(e) war or act of war, whether declared or not, civil disorder, riot, or insurrection;
(f) operating or learning to operate any aircraft, as student, pilot, or crew;
(g) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
(h) loss or damage caused by detention, confiscation, or destruction by customs;
(i) any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, or Business Partner whether insured or not;
(j) Mental, Nervous or Psychological Disorder;
(k) if the Insured’s tickets do not contain specific travel dates (open tickets);
(l) use of drugs, narcotics, or alcohol, unless administered upon the advice of a Physician;
(m) any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured;
(n) Experimental or Investigative treatment or procedures;
(o) any loss that occurs at a time when this coverage is not in effect;
(p) traveling for the purpose of securing medical treatment;
(q) care or treatment which is not Medically Necessary;
(r) any Trip taken outside the advice of a Physician;
(s) PRE-EXISTING MEDICAL CONDITION EXCLUSION: The Insurer will not pay for any Loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Traveling Companion, Business Partner, or Family Member which, within the 60 day period immediately preceding and including the Insured’s coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

The following exclusions apply to Baggage/Personal Effects Loss:
Benefits will not be provided for any loss or damage to or resulting (in whole or in part) from:
(a) animals, rodents, insects or vermin;
(b) bicycles (except when checked with a Common Carrier);
(c) motor vehicles, aircraft, boats, boat motors, ATV’s and other conveyances;
(d) artificial prosthetic devices, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids;
(e) tickets, keys, notes, securities, accounts, bills, currency, deeds, food stamps or other evidences of debt, and other travel documents (except passports and visas);
(f) money, stamps, stocks and bonds, postal or money orders;
(g) property shipped as freight, or shipped prior to the Departure Date;
(h) contraband, illegal transportation or trade;
(i) items seized by any government, government official or customs official;
(j) defective materials or craftsmanship;
(k) normal wear and tear;
(l) deterioration.

The following exclusions apply to Trip Cancellation and Trip Interruption:
Benefits will not be provided for any loss resulting (in whole or in part) from:
(a) travel arrangements canceled by an airline, cruise line, or tour operator, except as provided elsewhere in the plan;
(b) changes by the Insured, a Family Member, or Traveling Companion for any reason unless Cancel For Any Reason was purchased;
(c) financial circumstances of the Insured, a Family Member, or a Traveling Companion;
(d) any government regulation or prohibition;
(e) an event which occurs prior to the Insured’s coverage Effective Date;
(f) failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.

The following exclusions apply to the Medical Expense Benefit:
Benefits will not be provided for any loss resulting (in whole or in part) from:
(a) routine physical examinations;
(b) mental health care;
(c) replacement of hearing aids, eye glasses, contact lenses, and sunglasses;
(d) routine dental care;
(e) any service provided by the Insured, a Family Member, or Traveling Companion or Traveling Companion of Family Member;
(f) alcohol or substance abuse or treatment for the same.

EXCESS INSURANCE LIMITATION
The insurance provided by this Policy for all coverages except Trip Cancellation & Interruption 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 this Policy there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable Deductible.

TRIP CANCELLATION AND INTERRUPTION
The Insurer will pay a benefit, up to the Maximum Limit shown on the Schedule, if an Insured cancels his/her Trip or is unable to continue on his/her Trip due to the following Unforeseen events:
(a) Sickness, Injury or death of an Insured, Family Member, Traveling Companion, or Business Partner;
(b) 1) Injury or Sickness of an Insured, Traveling Companion or Family Member traveling with the Insured must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your continued participation in the Trip.

SPECIAL NOTIFICATION OF CLAIM
The Insured must notify the Travel Guard Assistance Center as soon as reasonably possible in the event of a Trip Cancellation or Interruption claim. If the Insured is unable to provide cancellation notice within the required timeframe, the Insured must provide proof of the circumstance that prevented timely notification.

Trip Cancellation Benefits: The Insurer will reimburse the Insured for forfeited Trip Cost up to the Maximum Limit shown on the Schedule for Trips that are canceled prior to the scheduled departure for their Trip due to the Unforeseen events shown above.

Trip Interruption Benefits: The Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule for
Trips that are interrupted due to the Unforeseen events shown above:
(a) forfeited, insured Trip Cost, and
(b) 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; or
(c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the insured is delayed, and leaves after the Departure Date. However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare or the same class as the Insured’s original ticket less any refunds paid or payable by the most direct route.

TRIP DELAY
The Insurer will reimburse the Insured up to the Maximum Limit(s) shown on the Schedule for Reasonable Additional Expenses until travel becomes possible if the Insured’s Trip is delayed 12 or more consecutive hours from reaching their intended Destination as a result of a cancellation or delay of a regularly scheduled airline flight for one of the Unforeseen events listed below:
(a) reasons listed under Trip Cancellation and Interruption;
(b) Common Carrier delay;
(c) the Insured’s or Traveling Companion’s lost or stolen passports, travel documents, or money;
(d) Natural Disaster; or
(e) the insured being involved in or delayed due to a traffic accident while en route to a departure as substantiated by a police report.

Incurred expenses must be accompanied by receipts.

This benefit is payable for only one delay per Insured, per Trip.

If the Insured incurs more than one delay in the same Trip the Insurer will pay for the delay with the largest benefit up to the Maximum Limits shown on the Schedule.

The Insured Must: Contact Travel Guard as soon as he/she knows his/her Trip is going to be delayed more than 12 hours.

BAGGAGE AND PERSONAL EFFECTS LOSS
The Insurer will reimburse the Insured, up to the Maximum Limit shown in the Schedule subject to the special limitations shown below, for Loss, theft or damage to the Insured’s Baggage, personal effects, passports, travel documents, credit cards and visas during the Insured’s Trip.

Special Limitations:
The Insurer will not pay more than:
- $500 for the first item and
- thereafter, no more than $250 per each additional item
- $500 aggregate on all Losses to: jewelry, watches, furs, cameras and camera equipment, camcorders, computers, and other electronic devices, including but not limited to: portable personal computers, cellular phones, electronic organizers and portable CD players.

Items over $150 must be accompanied by original receipts.

The Insurer will pay the lesser of:
1. the cash value (original cash value less depreciation) as determined by the Insurer or,
2. the cost of replacement.

The Insurer may take all or part of the damaged Baggage at the assessed or agreed value. In the event of a Loss to a pair or set of items, the Insurer may at its option:
- (1) repair or replace any part to restore the pair or set to its value before the Loss; or
- (2) pay the difference between the value of the property before and after the Loss.

The Insurer will only pay for loss due to unauthorized use of the Insured’s credit cards if the insured has complied with all requirements imposed by the issuing credit card companies.

BAGGAGE DELAY
If the Insured’s Baggage is delayed or misdirected by the Common Carrier for more than 24 hours while on a Trip, the Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule for the purchase of Necessary Personal Effects. Incurred expenses must be accompanied by receipts. This benefit does not apply if Baggage is delayed after the Insured has reached 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 Insurer will reimburse the reasonable cost to deliver the Insured’s Baggage to his/her Return Destination or residence, up to $25.

MEDICAL EXPENSE BENEFIT
If, while on a Trip, an Insured suffers an Injury or Sickness that requires him or her to be treated by a Physician, the Insurer will pay the Reasonable and Customary Charges, up to the Maximum Limit(s) shown on the Schedule of Benefits or Declarations Page. The Insurer will reimburse the Insured for Medically Necessary Covered Expenses incurred to treat such Injury or Sickness within one year of the date of the accident that caused the Injury or the onset of the Sickness provided the initial treatment was received during the Trip. The Injury must occur or the Sickness must begin while on a Trip, while covered under the policy.

Covered Expenses:
The Insurer will pay for:
- services of a Physician or Registered Nurse (R.N.);
- Hospital charges;
- X-rays(s);
- local ambulance services to or from a Hospital;
- artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices;
- the cost of emergency dental treatment only during a Trip limited to a Maximum Limit shown in the Schedule. Coverage for emergency dental treatment 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;
- Physical therapy up to 90 days after the Insured reaches his/her Return Destination or Destination (in the case of a one-way ticket).

Advance Payment: If an Insured requires admission to a Hospital, Travel Guard will arrange advance payment, if required. Hospital confinement must be certified as Medically Necessary by the attending Physician.

EMERGENCY EVACUATION & REPATRIATION OF REMAINS
The Insurer will pay for Covered Emergency Evacuation Expenses incurred if an Insured suffers an Injury or Sickness while he or she is on a Trip that warrants his or her Emergency Evacuation. Benefits payable are subject to the Maximum Limit shown on the Schedule for all Emergency Evacuations due to all Injuries from the same accident or all Sicknesses from the same or related causes.

Covered Emergency Evacuation Expenses are the Reasonable and Customary Charges for necessary Transportation, related medical services and medical supplies incurred in connection with the Emergency Evacuation of the Insured. All Transportation arrangements made for evacuating the Insured must be by the most direct and economical route possible. Expenses for Transportation must be:
- (a) ordered by the attending Physician who must certify that the severity of the Insured’s Injury or Sickness warrants his or her Emergency Evacuation and adequate medical treatment is not locally available;
- (b) required by the standard regulations of the conveyance transporting the Insured; and
- (c) authorized in advance by Travel Guard. In the event the Insured’s Injury or Sickness prevents prior authorization of the Emergency Evacuation, Travel Guard (1.877.525.2373 or collect 1.715.342.3541) must be notified as soon as reasonably possible.

Special Limitation: In the event Travel Guard could not be contacted to arrange for emergency Transportation, benefits
are limited to the amount the Insurer would have paid had the Insurer or their authorized representative been contacted.

The Insurer will also pay a benefit for Reasonable and Customary Charges incurred for an escort's transportation and accommodations if an attending Physician recommends in writing that an escort accompany the Insured.

**Emergency Evacuation means:**
(a) the Insured's medical condition warrants immediate Transportation from the place where the Insured is injured or sick to the nearest adequate licensed medical facility;
(b) after being treated at a local licensed medical facility, the Insured's medical condition warrants transportation to the Insured's home, or adequate licensed medical facility nearest the Insured's home to obtain further medical treatment or to recover; or
(c) both (a) and (b) above.

**LIMITATIONS:**
1) Benefits are only available under Emergency Evacuation if they are not provided under another coverage in the plan.
2) The Maximum Limit payable for both Emergency Evacuation and Repatriation of Remains is shown in the Schedule.

**ADDITIONAL BENEFITS**
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 Return Date, less refunds from the Insured’s unused transportation tickets. Airfare costs will be economy, or same class as the Insured’s original tickets.

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, for expenses for:

**Bedside Visit:** To bring one person chosen by the Insured to and from the medical facility where the Insured is confined if the Insured is alone and is hospitalized for more than 7 days following a covered Emergency Evacuation. The Insurer will pay for expenses to bring one person chosen by the Insured or one Family Member. The payment will not exceed the cost of one round-Trip economy airfare ticket.

**Return of Children:** If the Insured is unable to travel due to a covered Emergency Evacuation, the Insurer will pay to return any of the Insured’s Children who were accompanying the Insured when the Injury or Sickness occurred back to the Insured’s residence in the United States, including the cost of an attendant, if necessary. Such expenses shall not exceed the cost of a one-way economy airfare ticket less the value of any applied credit from any unused return travel tickets for each person.

**REPATRIATION OF REMAINS**
The Insurer will pay Repatriation Covered Expenses up to the Maximum Limit shown on the Schedule to return the Insured's body to city of burial if he/she dies during the Trip. Repatriation Covered Expenses include, but are not limited to, the reasonable and customary expenses for transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

Travel Guard must make all arrangements and authorize all expenses in advance for this benefit to be payable.

**Special Limitation:** In the event the Insurer or the Insurer’s authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the Insured would have paid had the Insurer or their authorized representation been contacted.

**ACCIDENTAL DEATH AND DISMEMBERMENT**
If, while on a Trip, Injury to an Insured results within 180 days of the date of the accident which caused Injury, in one of the Losses shown in the Table of Losses below, other than while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or chartered and operated by a properly certified pilot, the Insurer will pay the percentage shown below of the Maximum Limit shown in the Schedule. The accident must occur while the Insured is on the Trip and is covered under the Policy.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest applicable to the Losses incurred, will be paid. The Insurer will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

**Table of Losses**

<table>
<thead>
<tr>
<th>Loss of</th>
<th>% of Maximum Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sighted Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>Either Hand or Foot and Sighted One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Either Hand or Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sighted One Eye</td>
<td>50%</td>
</tr>
</tbody>
</table>

**“Loss” with regard to:**
(a) hand or foot means actual severance through or above the wrist or ankle joints;
(b) eye means entire and irrecoverable Loss of sight in that eye.

**EXPOSURE**
The Insurer will pay a benefit for covered Losses as specified above which result from an Insured being unavoidably exposed to the elements due to an accidental Injury during the Trip. The Loss must occur within 180 days after the event which caused the exposure.

**DISAPPEARANCE**
The Insurer will pay a benefit for Loss of life as specified above if the Insured’s body cannot be located one year after disappearance due to an accidental Injury during the Trip.

**PAYMENT OF CLAIMS**

**Claim Procedures: Notice of Claim:** The Insured must call Travel Guard as soon as reasonably possible, and be prepared to describe the Loss, 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 fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (telephone 1.877.525.2373). 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 the Insured 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 policy 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 the Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of Loss should be sent to Travel Guard 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 Travel Guard receives complete proof of Loss and verification of age.

**Payment of Claims: To Whom Paid:** Benefits are payable to the Insured who applied for coverage and paid any required plan cost. Any benefits payable due to that Insured’s death, will be paid to the survivors of the first surviving class of those that follow:

(1) the Beneficiary named by that Insured and on file with Travel Guard
(2) to his/her spouse, if living. If no living spouse, then
(3) in equal shares to his/her living children. If there are none, then
(4) in equal shares to his/her living parents. If there are none, then
The following provisions apply to Baggage Delay and Baggage/Personal Effects Loss:

Notice of Loss. If the Insured's property covered under the Policy is lost or damaged, the Insured must:
(a) notify Travel Guard as soon as possible;
(b) take immediate steps to protect, save and/or recover the covered property;
(c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
(d) notify the police or other authority in the case of robbery or theft within 24 hours.

Proof of Loss. The Insured must furnish the Insurer with proof of Loss. Proof of Loss includes police or other local authority reports or documentation from the appropriate party responsible for the Loss. It must be filed within 90 days from the date of Loss. Failure to comply with these conditions shall not invalidate any claims under the Policy.

Claims for damage and/or destruction shall be paid immediately after proof of the damage and/or destruction is presented to the Insurer. Claims for loss of property will be paid after the lapse of a reasonable time if the property has not been recovered. The Insured must present acceptable proof of Loss and the value.

Disagreement Over Size of Loss. If there is a disagreement about the amount of the Loss either the Insured or the Insurer can make a written demand for an appraisal. If the Insurer does not respond within 20 days of receipt of the request, the Insured shall pay the appraiser it chooses. The Insured will share with us the cost for the arbitrator and the appraisal process.

Beneficiary Designation and Change. An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

Assignment. An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Insurer may require satisfactory proof of age before paying any claim.

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with
the requirements of the Policy. No such action may be brought after the expiration of 3 years after the time written proof of Loss is required to be furnished.

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

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

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

Transfer of Coverage: Coverage under the policy cannot be transferred by the Insured to anyone else.

STATE SPECIFIC NOTICES

Notice to Colorado Residents:
T30341NUFIC-CO
The phrase “or insane” is deleted from the intentionally self-inflicted Injury, suicide or attempted suicide exclusion when it applies to Medical Expense Benefit and Emergency Evacuation.

Notice to Connecticut Residents:
T30341NUFIC-CT
The definition of Hospital with respect to the military or veterans hospital is amended to add "for which no charge is normally made.”

The definition of Medically Necessary is deleted in its entirety and replaced with the following: “Medically Necessary” means health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, Injury, disease, or its symptoms, and that are (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient’s illness, Injury, or disease; and (3) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, Injury, or disease. “Generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

The following definitions are added:

“Intoxication” means a person with an elevated blood alcohol content of a ratio of alcohol in the blood of such person that is eight-hundredths of one per cent or more of alcohol, by weight or such person has sustained such Injury while under the influence of intoxicating liquor or any drug or both.

“Riot” means a tumultuous disturbance of the public peace by three or more persons assembled together and acting with a common intent.

The General Exclusions relating to suicide and Mental, Nervous and Psychological Disorders do not apply to the medical benefits.

The General Exclusion relating to use of drugs is deleted in its entirety and replaced with the following: “voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the Insured;”

The General Exclusion relating to Experimental or Investigative treatment or procedures is amended to add the following: “unless such treatment or procedure has successfully completed a phase III clinical trial of the federal Food and Drug Administration;”

The General Exclusion relating to unlawful acts is amended to replace “unlawful acts” with “felonies”.

The Medical Expense exclusion relating to alcohol or substance abuse is amended to read “Intoxication or voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the Insured”.

The Pre-existing Medical Condition exclusion is deleted and replaced with the following: The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Traveling Companion, Business Partner or Family Member for which medical advice, diagnosis, care or treatment was recommended or received within 60 days immediately preceding the Insured’s coverage effective date.

The Medical Expense Payment of Loss provision is amended to add the following provision regarding appeals for medical claims which have been denied.

If your medical claim is denied in whole or in part by the Insurer based on medical necessity or refusal by the Insurer to pre-certify, you may appeal the denial to the Commissioner of Insurance. Your appeal to the Commissioner must be made within sixty (60) days of your receipt of the Insurer’s final written notice of denial. Your written appeal must be submitted on forms provided by and prescribed by the Department of Insurance and must include a general release, executed by You, of all pertinent medical records and a filing fee of twenty-five dollars ($25). The decision by the Department of Insurance is final and binding.

Notice to Washington DC Residents:
T30341NUFIC-DC
The Pre-existing Medical Condition Exclusion is amended as follows:

(s) PRE-EXISTING MEDICAL CONDITION EXCLUSION: The Insurer will not pay for any Loss or expense incurred as the result of an Injury. Sickness or other condition of an Insured, Traveling Companion, Business Partner or Family Member which, within the 60 day period immediately preceding and including the Insured’s coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

The definition of Medically Necessary is amended to add: “The fact that a Physician may prescribe, order, recommend or approve a service or supply does not of itself make it Medically Necessary or covered by this plan.”

The definition of Domestic Partner is amended as follows: “Domestic Partner” means a person with whom an individual maintains a committed familial relationship characterized by mutual caring and the sharing of a mutual residence. Each partner must be at least 18 years old and competent to contract, be the sole Domestic Partner of the other person and not be married.

General Exclusions (j) and (l) are amended to add "except as state mandates".

Notice to Illinois Residents:
T30341NUFIC-IL
The definition of Complications of Pregnancy is amended to delete “hyperemesis gravidarum and preeclampsia”.

The definition of Injury is amended to read as follows: Injury/Injured means a bodily injury caused by an accident occurring while the Insured’s coverage under the Policy is in force and resulting directly from all other causes of Loss covered by the Policy. The Injury must be verified by a Physician.

The General Exclusions provision is amended as follows: “Any unlawful acts committed” is deleted and replaced with “commission of or attempt to commit a felony”.

Notice to Kansas Residents:
T30341NUFIC-KS
The Disagreement Over Size of Loss provision in the Additional Claims Procedures section is amended to read as
follows: If there is a disagreement about the amount of the Loss either the Insured or the Insurer can make a written request for an appraisal. Appraisal or Arbitration will take place only if both parties agree, voluntarily to have the Loss appraised or arbitrated. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by the Insured is paid by the Insured. The Insurer will pay the appraiser it chooses. The Insured will share with us the cost for the arbitrator and the appraisal process.

The Subrogation Provision in the Additional Claims Procedures section is amended by adding: Medical coverage will not be subrogated.

The expiration period in the Legal Actions provision in the General Provisions section is amended to read 5 years.

“The Concealment or Fraud provision has been amended to add: A “fraudulent insurance act” means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Louisiana Residents:
T30341NUFIC-LA
The “use of drugs, narcotics or alcohol” exclusion is amended to read: “being under the influence of narcotics or intoxicants, unless prescribed by a Physician.”

The Subrogation provision is amended by adding the following: The Insurer’s right of subrogation will not be enforced until the Insured has been made whole, as determined by a court of law, as a result of the Loss. The Insurer agrees to pay our portion of the Insured’s attorneys’ fee or other costs associated with a claim or lawsuit to the extent that we recover any portion of the benefits paid under the policy pursuant to our right of subrogation.

The Family Member definition is amended to delete Domestic Partner.

The Disagreement Over Size of Loss provision of the Additional Claims procedures section are deleted in their entirety.

Notice to Nevada Residents:
T30341NUFIC-NV
The Medical Expense Benefit is amended by removing the following provision: “This coverage does not apply to medical expenses incurred by any Child born during the Trip,” and is replaced with “Children born during the Trip are covered for medical expenses for the first 31 days from the moment of birth at no additional expense. Continuation of coverage until the end of the Trip will be subject to notification of the birth and payment of any applicable premium.

The General Exclusions section is amended to delete the following exclusion: “use of drugs, narcotics or alcohol, unless administered upon the advice of a Physician.

The “Payment of Claims: When Paid” provision is deleted and replaced with the following:
Payment of Claims: Claims will be approved or denied within 30 days after Travel Guard receives the claim. If the claim is approved Travel Guard will pay the claim within 30 days after its approval. If the approved claim is not paid within that period, Travel Guard will pay interest on the claim at the rate equal to the prime rate at the largest bank in Nevada, as ascertained by the commissioner of financial institutions, on January 1 or July 1 as the case may be, immediately preceding the date of the transaction, plus 2 percent, upon all money from the time it becomes due.

The “Claim Procedures: Proof of Loss” provision is amended to add the following:
If Travel Guard requires additional information or time to approve or deny a claim, it will notify the Insured within 20 days after receipt of the claim, and at least once every 30 days thereafter until the claim is approved or denied. The notice will contain the reason why the additional information or time is required. Travel Guard will approve or deny the claim within: 30 days after it receives the additional information; or 31 days after the last timely notice was provided.

Notice to North Carolina Residents:
T30341NUFIC-NC
The definition of Hospital is deleted in its entirety and replaced with the following:
“Hospital” means a facility that:
(1) is operated according to law, including North Carolina state hospitals, for the care and treatment of sick or injured people;
(2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
(3) has 24 hour nursing service by registered nurses (R.N.’s); and
(4) is supervised by one or more Physicians available at all times.

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 clinic, a rest home, nursing home, convalescent home, home health care, 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 or the armed forces for which no charge is made.

The Subrogation provision will not apply to Medical Expense. The time period in the Proof of Loss provision is amended to 180 days.

The following notice is added: This plan includes all of the applicable benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by that state’s laws.

The pre-existing conditions exclusion is amended to delete reference to “first manifested” and to replace “a reasonable person” with “a person”.

Notice to South Carolina Residents:
T30341NUFIC-SC
The “Physical Examination and Autopsy” provision is amended to add: “The autopsy of a South Carolina resident must be performed in the state of South Carolina.”

The “Legal Actions” provision is amended to replace the expiration period of 3 years with 6 years.

Notice to South Dakota Residents:
T30341NUFIC-SD
Exclusion (l) of the General Exclusions provision is deleted in its entirety.

The “alcohol or substance abuse or treatment for the same” exclusion in the Medical Expenses Benefit Exclusions is deleted in its entirety.

Exclusion (j) is amended to read “the Insured being under the influence of drugs during the commission of a felony”.

The Legal Actions provision is amended to change the expiration period to six years.

Notice to Texas Residents:
T30341NUFIC-TX
The Proof of Loss Provision is amended by adding the following:
The Insurer will acknowledge receipt of the notice of claim in writing within 15 business days after the Insurer receives the
IMPORTANT NOTICE
To obtain information or make a complaint:

You may call National Union Fire Insurance Company of Pittsburgh, Pa.’s toll free number for information or to make a complaint at:

1.800.551.0824

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1.800.252.3439

You may write the Texas Department of Insurance:

P. O. Box 149104
Austin, TX 78714-9104
Fax # (512) 475 1771
Web: http://www.tdi.state.tx.us
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:
Should you have a dispute concerning your premium or about a claim you should contact the Insurer first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:
This notice is for information only and does not become a part or condition of the attached document.

Notice to Vermont Residents:
Vermont law requires that health insurers offer coverage to parties to a Civil Union that is equivalent to coverage provided to married persons. This endorsement is made a part of and amends the Policy or Description of Coverage on the later of: (1) 3/1/2009; or (2) the Policy Effective Date; or (3) the Description of Coverage Effective Date, to which this Endorsement is attached. It is subject to all of the provisions, limitations, and exclusions of the Policy or Description of Coverage except as they are specifically modified by this Endorsement.

1. The definition of Civil Union is added to and made a part of the Definitions section.

Civil Union – means that two eligible persons have established a relationship pursuant to 15 V.S.A. chapter 23 of Vermont’s Statutes and may receive the benefits and protections and be subject to the responsibilities of spouses.

2. The definition of Party(ies) to a Civil Union is added to and made a part of the Definitions section.

Party(ies) to a Civil Union – means an Insured who has established a Civil Union with another person pursuant to 15 V.S.A. chapter 23 and 18 V.S.A. chapter 106.

3. The definitions, terms, conditions or any other provisions of the Policy, Description of Coverage, and/or Riders and Endorsements to which this mandatory Endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as “marriage”, “spouse”, “husband”, “wife”, “dependent”, “next of kin”, “relative”, “beneficiary”, “survivor”, “immediate family” and any other such terms include the relationship created by a Civil Union.

Terms that mean or refer to the inception or dissolution of a marriage, such as “date of marriage”, “divorce decree”, “termination of marriage” and any other such terms include the inception or dissolution of a Civil Union.

Terms that mean or refer to family relationships arising from a marriage, such as “family”, “immediate family”, “dependent”, “children”, “next of kin”, “relative”, “beneficiary”, “survivor” and any other such terms include family relationships created by a Civil Union.

4. As provided in this Endorsement the term child or covered child shall mean a child (natural, stepchild, legally adopted child, a minor, or a disabled child) who is: (1) dependent on the Insured for support and maintenance; and (2) born to or brought to: (a) a marriage; or (b) a Civil Union established according to Vermont law.
Proof of Loss. The Insured must furnish the Insurer with proof of Loss. Proof of Loss includes police or other local authority reports or documentation from the appropriate party responsible for the Loss. It must be filed within 90 days from the date of Loss. Failure by the Insured to give notice within such time does not invalidate or reduce the claim unless the Insurer is prejudiced by the failure to give notice within such time.

The Payment of Claims: When Paid: is deleted and replaced with the following language:

**Payment of Claims: When Paid:** Claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age, but not later than 30 days.

**ASSISTANCE SERVICES**

All Assistance Services listed below are not insurance benefits and are not provided by the Insurer. Travel Guard provides assistance through coordination, negotiation, and consultation using an extensive network of worldwide partners. Expenses for goods and services provided by third parties are the responsibility of the traveler.

**Travel Medical Assistance**
- Emergency medical transportation assistance
- Physician/hospital/dental/vision referrals
- Assistance with repatriation of mortal remains
- Return travel arrangements
- Emergency prescription replacement assistance
- Dispatch of doctor or specialist
- Medical evacuation quote
- In-patient and out-patient medical case management
- Qualified liaison for relaying medical information to family members
- Arrangements of visitor to bedside of hospitalized Insured
- Eyeglasses and corrective lens replacement assistance
- Medical payment arrangements
- Medical cost containment/expense recovery and overseas investigation
- Medical bill audits
- Coordinate shipment of medical records
- Assistance with medical equipment rental/replacement

**Worldwide Travel Assistance**
- Lost baggage search; stolen luggage replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements
- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or consulate referral
- Currency conversion or purchase assistance
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier strike information
- Legal referrals/bail bond assistance
- Worldwide public holiday information

*Non-insurance services are provided by Travel Guard.

**Trade Sanction Notice**

Any payments under the 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/ or a Travel Guard representative.

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**Notice to Wisconsin Residents:**

T30341NUFIC-WI

The Subrogation provision is amended to add the following language:

The Insurer’s right of subrogation will not be invoked until benefits to which the Insured is entitled under the Policy are paid to or on behalf of the Insured, and the Insured has been made whole and is fully compensated for damages.

The Concealment or Fraud provision is deleted and replaced with the following language:

**Concealment or Fraud:** The Insurer does not provide benefits for any loss incurred if the Insured has intentionally concealed or misrepresented any material fact or circumstance which impacts payment of such loss.

The Proof of Loss provision is deleted and replaced with the following language: