

CERTIFICATE OF INSURANCE

Travel Insurance Plan Deluxe

SCHEDULE OF BENEFITS

Maximum Limit Per Insured

| | |
|--|--|
| Trip Cancellation | Trip Cost up to a maximum of \$100,000 |
| Trip Interruption | up to 150% of Trip Cost up to a maximum of \$150,000* |
| Trip Interruption-Return Air Only | \$1,000* |
| Trip Delay | (Maximum of \$200 per day) to a maximum of \$1,000 |
| Missed Connection | (Maximum of \$1,000 per day) to a maximum of \$1,000 |
| Baggage & Personal Effects | \$1,000 Deductible \$0 |
| Baggage Delay | (Maximum of \$200 per day) to a maximum of \$200 |
| Accident Sickness Medical Expense | \$50,000** Deductible \$0 |
| Dental | \$500 |
| Physical Therapy | \$2,000 |
| Emergency Evacuation | |
| & Repatriation of Remains | \$100,000** |
| Escort Maximum | \$25,000 |
| Accidental Death & Dismemberment Rider | \$50,000 |
| T30341NUFICADD | |

MTG Hospital of Choice Upgrade

| | |
|----------------------------|---------------|
| Emergency Evacuation | \$1,000,000** |
| • Hospital of Choice | Included |
| T30341NUFICMTGHOC | |

Extra Coverage

(when the insurance plan is purchased within 21 days of Initial Trip Payment)

| | |
|---|--|
| • Pre-Existing Medical Condition Exclusion Waiver Rider | |
| T30341NUFICPXW21AK | |

Coverage only available to Alaska residents.

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2013

Additional Coverage

The following will be included if elected and appropriate costs have been paid.

MTG Cancel For Any Reason

Coverage Rider75% of insured Trip Cost
(Can only be purchased at the time the base plan is purchased and within 21 days of Initial Trip Payment or by Final Trip payment.)
T30341NUFICMTGCFAR

- * Coverage for Trip Interruption and Trip Interruption-Return Air Only cannot be combined.
- **Trip must be overnight and Destination must be at least 100 miles from the Insured's Primary Residence.

The following non-insurance services are provided by Travel Guard.

- Travel Medical Assistance • Worldwide Travel Assistance
- LiveTravel® Emergency Assistance • Concierge Services


PLEASE READ THIS DOCUMENT CAREFULLY!

Insurance coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania Insurance Company, NAIC No. 19445 with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038 and currently authorized to transact business in all states and the District of Columbia.

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 - My Travel Guard Plan), the Policy will govern in all cases.

FIFTEEN DAY LOOK: You may cancel this insurance by giving the Company or the agent written notice within the first to occur of the following: (a) 15 days from the Effective Date of your insurance; or (b) your Scheduled Departure Date. If you do this, the Company will refund your premium paid provided no insured has filed a claim under this Certificate.

The President and Secretary of the National Union Fire Insurance Company of Pittsburgh, Pa. witness the Policy.



President



Secretary

For questions or information contact Travel Guard 1.866.385.4839
National Union Fire Insurance Company of Pittsburgh, Pa. (an AIG Company) 1.800.679.5016.

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: <http://www.treasury.gov/resource-center/sanctions/> or a Travel Guard representative.

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.

TABLE OF CONTENTS

| | |
|-------------|---------------------------------|
| SECTION I | EFFECTIVE AND TERMINATION DATES |
| SECTION II | BENEFITS |
| SECTION III | DEFINITIONS |
| SECTION IV | EXCLUSIONS AND LIMITATIONS |
| SECTION V | PAYMENT OF CLAIMS |
| SECTION VI | GENERAL PROVISIONS |

Section I EFFECTIVE AND TERMINATION DATES

Effective Date: Trip Cancellation coverage will be effective at 12:01 a.m. Standard Time on the date following payment to the Company 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.

Termination Date: Trip Cancellation ends on the earlier of: (a) the cancellation of the Insured's Trip; or (b) the date and time the Insured starts on his/her Trip.

All other coverages end on the earliest of:

- (a) the date the Trip is completed;
- (b) the scheduled Return Date; or
- (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

Extension of Coverage: All coverages except Trip Cancellation will be extended, if:

- (a) the Insured's entire Trip is covered by the plan; or

- (b) the Insured's return is delayed by one of the Unforeseen events 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 Extension of Coverage: If an Insured's Baggage, passports and visas are in the charge of a Common Carrier and delivery is delayed, coverage for Baggage and Personal Effects will be extended until the Common Carrier delivers the property to the Insured. This Extension does not include Loss caused by the delay.

Section II - Benefits

TRIP CANCELLATION AND INTERRUPTION

The Company will reimburse the Insured a benefit, up to the Maximum Limit shown in the Schedule or Declarations Page if an Insured cancels his/her Trip or is unable to continue on his/her Trip due to any of the following Unforeseen events:

- (a) Sickness, Injury or death of an Insured, Family Member, Traveling Companion or Business Partner;
 - (1) Sickness or Injury of an Insured, Traveling Companion or Family Member traveling with the Insured must be so disabling as to reasonably cause a Trip to be canceled or interrupted or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing continued participation in the Trip;
 - (2) Sickness or Injury of a Family Member not traveling with the Insured. Such disability must be so disabling as to reasonably cause a Trip to be canceled or interrupted and must be certified by a Physician;
 - (3) Sickness or Injury of the Business Partner must be so disabling as to reasonably cause the Insured to cancel or interrupt the Trip to assume daily management of the business. Such disability must be certified by a Physician;
- (b) Inclement Weather causing delay or cancellation of travel;
- (c) Strike causing complete cessation of travel services at the point of departure or Destination;
- (d) the Insured's Primary Residence or Destination being made Uninhabitable or Inaccessible by Natural Disaster, vandalism or burglary;
- (e) the Insured or Traveling Companion is hijacked, quarantined, subpoenaed or required to serve on a jury;
- (f) the Insured or Traveling Companion is called to active military service or military leave is revoked or reassigned.

SPECIAL NOTIFICATION OF CLAIM

The Insured must notify Travel Guard as soon as reasonably possible in the event of a Trip Cancellation or Interruption claim so that further expenses or penalties are not incurred. 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 Company will reimburse the Insured for Forfeited, prepaid Trip Cost up to the Maximum Limit shown in the Schedule or Declarations Page for Trips that are canceled prior to the scheduled Departure due to any of the Unforeseen events shown above.

Trip Interruption Benefits: The Company will reimburse the Insured up to the Maximum Limit shown in the Schedule or Declarations Page for Trips that are interrupted due to the Unforeseen events shown above for:

- (a) Unused portion of nonrefundable, prepaid insured Trip Cost and
- (b) additional transportation expenses incurred by the Insured, either
 - (1) to the Return Destination; or
 - (2) 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 Interruption – Return Air Only: The Company will reimburse the Insured for the additional transportation expenses incurred to reach the Return Destination due to one of the Unforeseen events listed in the Trip Cancellation/Trip Interruption section. However, the benefit payable will not exceed the cost of economy airfare (or the same class as the Insured's original ticket) less any refunds paid or payable and taken by the most direct route.

SINGLE OCCUPANCY BENEFIT

The Company will reimburse the Insured, up to the Trip Cancellation and Trip Interruption Maximum Limits shown in the Schedule or Declarations Page, for the additional cost incurred during the Trip as a result of a change in the per person occupancy rate for prepaid, nonrefundable travel arrangements if a person booked to share accommodations with the Insured has his/her Trip canceled or interrupted due to

any of the Unforeseen events shown in the Trip Cancellation and Trip Interruption section and the Insured does not cancel.

TRIP DELAY

The Company will reimburse the Insured up to the Maximum Limit shown in the Schedule or Declarations Page for Reasonable Additional Expenses until travel becomes possible to the originally scheduled Destination, if the Insured's Trip is delayed 12 or more consecutive hours and prevents the Insured from reaching the intended Destination as a result of a cancellation or delay of his/her Trip for one of the Unforeseen events listed below:

- (a) the Insured being involved in or delayed due to a traffic accident while en route to a departure as substantiated by a police report;
- (b) Common Carrier delay;
- (c) the Insured's or Traveling Companion's lost or stolen passports, travel documents or money;
- (d) the Insured or Traveling Companion is quarantined;
- (e) Strike;
- (f) Inclement Weather which prohibits Insured's departure;
- (g) Natural Disaster.

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 Company will reimburse the Insured for the delay with the largest benefit up to the Maximum Limit shown in the Schedule or Declarations Page.

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

MISSED CONNECTION

If, while on a Trip, the Insured misses a Trip departure resulting from cancellation or delay of 3 or more hours of all regularly scheduled airline flights due to Inclement Weather or Common Carrier caused delay, the Company will reimburse the Insured up to the Maximum Limit shown in the Schedule or Declarations Page for:

- (a) additional transportation expenses incurred by the Insured to join the departed Trip; and
- (b) prepaid, nonrefundable Trip payments for the Unused portion of the Trip.

The Common Carrier must certify the delay of the regularly scheduled airline flight.

BAGGAGE & PERSONAL EFFECTS

The Company will reimburse the Insured, up to the Maximum Limit subject to any Deductible, if applicable, shown in the Schedule or Declarations Page subject to the special limitations shown below, for Loss, theft or damage to the Insured's Baggage, personal effects, passports, travel documents, and visas during the Insured's Trip.

Special Limitations:

The Company will reimburse the Insured up to:

- \$500 for the first item and thereafter
- \$250 per each additional item
- \$500 aggregate on all Losses to: jewelry, watches, furs, cameras and camera equipment, camcorders, computers, electronic devices, including but not limited to: lap top computers, cell phones, electronic organizers and portable CD players.

Items over \$150 must be accompanied by original receipts.

The Company will pay the lesser of:

- (a) the cash value (original cash value less depreciation) as determined by the Company; or
- (b) the cost of replacement.

The Company may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a Loss to a pair or set of items, the Company may at its option:

- (a) repair or replace any part to restore the pair or set to its value before the Loss; or
- (b) pay the difference between the cash value of the Baggage before and after the Loss.

BAGGAGE DELAY

If the Insured's Baggage is delayed or misdirected by the Common Carrier for more than 12 hours while on a Trip, the Company will reimburse the Insured up to the Maximum Limit shown in the Schedule or Declarations Page for the purchase of Necessary Personal Effects. Necessary Personal Effects do not include jewelry, perfume and alcohol. 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.

ACCIDENT SICKNESS 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 Company will pay a benefit for reasonable and customary charges, up to the Maximum Limit and after satisfaction of the Deductible, if applicable, shown in the Schedule or Declarations Page. The Company will reimburse the Insured for Medically Necessary

Covered Expenses incurred to treat such Injury or Sickness within 365 days of the date of the accident that caused the Injury or the onset of the Sickness provided the initial documented treatment was received from a Physician during the Trip. The Injury must first occur or the Sickness must first begin while on an overnight Trip with a Destination of at least 100 miles from the Insured's Primary Residence, while covered under the Policy.

Covered Expenses:

The Company will reimburse the Insured for:

- services of a Physician or registered nurse (R.N.);
- Hospital charges;
- X-rays;
- local ambulance services to or from a Hospital;
- artificial limbs, artificial eyes, artificial teeth or other prosthetic devices;
- physical therapy up to 90 days after the Insured reaches his/her Return Destination, up to the Maximum Limit shown in the Schedule or Declarations Page;
- the cost of emergency dental treatment only during a Trip limited to the Maximum Limit shown in the Schedule or Declarations Page. 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.

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 onsite attending Physician.

EMERGENCY EVACUATION & REPATRIATION OF REMAINS

The Company will pay for Covered Emergency Evacuation Expenses incurred due to an Insured's Injury or Sickness that occurs while he or she is on a Trip. Benefits payable are subject to the Maximum Limit shown in the Schedule or Declarations Page for all Emergency Evacuations due to all Injuries from the same accident or all Sicknesses from the same or related causes during an overnight Trip with a Destination of at least 100 miles from the Insured's Primary Residence.

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 and required by the standard regulations of the conveyance transporting the Insured.

Expenses for Transportation must be:

- (a) ordered by the onsite 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; and
- (b) authorized in advance by Travel Guard. In the event the Insured's Injury or Sickness prevents prior authorization of the Emergency Evacuation, Travel Guard must be notified as soon as reasonably possible.

The Company will also pay a benefit for reasonable and customary expenses incurred for an escort's transportation and accommodations subject to the Escort Maximum Limit shown in the Schedule or Declarations Page if an onsite attending Physician recommends in writing that an escort accompany the Insured.

Special Limitation: In the event Travel Guard could not be contacted to arrange for Emergency Evacuation, benefits are limited to the amount the Company would have paid had the Company or its authorized representative been contacted.

Emergency Evacuation means:

- (a) Transportation from the place where the Insured is Injured or sick to the nearest adequate licensed medical facility where appropriate medical treatment can be obtained; and/or
- (b) Transportation from a local medical facility to the nearest adequate licensed medical facility to obtain appropriate medical treatment if the onsite attending Physician certifies that additional Medically Necessary treatment is needed but not locally available; and the Insured is medically able to travel; and/or
- (c) Transportation to the adequate licensed medical facility nearest the Insured's home to obtain further medical treatment or to recover, after being treated at a local licensed medical facility, and the onsite attending Physician determines that the Insured is medically able to be transported.

Advanced authorization by Travel Guard is needed for (a), (b) and (c) above.

ADDITIONAL BENEFITS

In addition to the above covered expenses, if the Company has previously evacuated an Insured to a medical facility, the Company will reimburse the Insured his/her airfare costs, less refunds from the Insured's Unused transportation tickets, from that facility to the Insured's Return Destination or home within one year from the Insured's original Return Date. Airfare costs will be based on medical necessity or same class as the Insured's original tickets.

REPATRIATION OF REMAINS

The Company will pay Repatriation Covered Expenses up to the Maximum Limit shown in the Schedule or Declarations Page to return the Insured's body to the 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:

- (a) embalming;
- (b) cremation expenses;
- (c) the most economical coffins or receptacles adequate for transportation of the remains; and
- (d) transportation 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 Company or the Company's authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the Company would have paid had the Company or its authorized representative been contacted.

Section III DEFINITIONS

(Capitalized terms within this Certificate of Insurance are defined herein)

"Actual Cash Value" means purchase price less depreciation.

"Baggage" means luggage, travel documents, and personal possessions; whether owned, borrowed or rented, taken by the Insured on the Trip.

"Business Partner" means a person who: (1) is involved with the Insured or the Insured's Traveling Companion in a legal partnership; and (2) is actively involved in the daily management of the business.

"Caregiver" means an individual employed for the purpose of providing assistance with activities of daily living to the Insured or to the Insured's Family Member who has a physical or mental impairment. The caregiver must be employed by the Insured or the Insured's Family Member. A caregiver is not a

babysitter; childcare service, facility or provider; or persons employed by any service, provider or facility to supply assisted living.

"Children"/"Child" means with respect to Emergency Evacuation and Accident Sickness Medical Expense Benefit and as shown on the enrollment form unmarried children or grandchildren of the Insured, including natural children from the moment of birth, children from a civil union and step, foster or adopted children from the moment of placement in the Insured's home, under age 25 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity. As otherwise used in this plan it means the Insured's natural, step, foster, adopted children or grandchildren of any age.

"City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.

"Common Carrier" means an air, land or sea conveyance operated under a license for the transportation of passengers for hire and for which the Insured's ticket was purchased through the Travel Supplier.

"Company" means National Union Fire Insurance Company of Pittsburgh, Pa.

"Complications of Pregnancy" means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of pregnancy also include nonelective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

"Declarations Page" means the document showing the Insured's travel arrangements and insurance benefits.

"Deductible" means the amount of charges that must be incurred by an Insured before benefits become payable. The amount of the deductible is shown in the Schedule or Declarations Page for each benefit to which a deductible applies.

"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 as shown on the travel documents.

"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, Traveling Companion or Family Member; and
- (b) shares financial assets and obligations with the Insured, Traveling Companion or Family Member.

The Company may require proof of the domestic partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

"Eligible Person" means a person who is a member of an eligible class of persons as described in the Description of Eligible Persons section of the Master Application.

"Experimental or Investigative" means treatments, devices or prescription medications which are recommended by the treating Physician, but are not considered by the medical community as a whole to be safe and effective for the condition for which the treatments, devices or prescription medications are being used. This includes any treatments, procedures, facilities, equipments, 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. The Company will consult with the treating Physician and licensed medical professionals as well as internal and external doctors on an as needed basis to determine if the above treatments, devices or prescriptions are Experimental or Investigative.

"Family Member" means the Insured's, or Traveling Companion's spouse, civil union partner, Domestic Partner, Child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparent, step-grandparent, grandchild, step-grandchild, step-child, step-brother, step-sister, step-parent, parent-in-law, brother-in-law, sister-in-law, aunt, step-aunt, uncle, step-uncle, niece, nephew, legal guardian, Caregiver, foster Child, ward, or legal ward; spouse, civil union partner or Domestic Partner of any of the above. Family Member also includes these relations to the Insured's or Traveling Companion's spouse, civil union partner or Domestic Partner.

"Financial Default" means the total cessation or partial suspension of operations due to insolvency, with or without the filing of a bankruptcy petition by a tour operator, cruise line or airline.

"Forfeited" means the Insured's financial Loss of any whole or prorated prepaid, nonrefundable components of a Trip.

“Hospital” means a facility that:

- (a) is operated according to law for the care and treatment of sick or Injured people;
- (b) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- (c) has 24 hour nursing service by registered nurses (R.N.'s); and
- (d) is supervised by one or more Physicians available at all times.

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 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
- (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 for which no charge is normally made.

“Inaccessible” means an Insured cannot reach his/her Destination by the original mode of transportation.

“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 a rented or owned vehicle.

“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:

- (a) for whom any required enrollment form has been completed;
- (b) for whom any required plan cost has been paid;
- (c) for whom a Trip is scheduled; and
- (d) who is 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 Company has undertaken to compensate the Insured.

“Medically Necessary” means a medical service determined by the treating Physician to be essential for diagnosis, treatment or care of the Injury or Sickness for which it is prescribed or performed and that is ordered by that Physician and performed under his or her care, supervision or order.

“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, volcanic eruption, fire, wildfire or blizzard that is due to natural causes.

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

“Normal Pregnancy or Childbirth” means a pregnancy or childbirth that is free of complications or problems.

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

“Primary Residence” means an Insured’s fixed, permanent and main home for legal and tax purposes.

“Reasonable Additional Expenses” means expenses for meals, taxi fares, essential telephone calls and lodging which are 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.

“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 as shown in the enrollment form.

“Schedule” means the Schedule of Benefits which is shown at the beginning of the Certificate.

“Sickness” means an illness or disease diagnosed or treated by a Physician after the Insured’s effective date of coverage under the Policy.

“Strike” means a stoppage of work which:

- (a) is announced, organized, and sanctioned by a labor union; and
- (b) 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, hotel, rental company, cruise line or airline that provides prepaid 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 364 days; travel is primarily by Common Carrier and only incidentally by private conveyance.

“Trip Cost” means the dollar amount of Trip payments or deposits paid by the Insured prior the Insured’s Trip Departure Date and shown on any required enrollment form which is subject to cancellation penalties or restrictions. Trip cost will also include the cost of any subsequent prepaid payments or deposits paid by the Insured for the same Trip, after enrollment for coverage under this plan provided the Insured amends the 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 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 or downed electrical lines; (4) the rental property is without electricity, gas, sewer service or water; or (5) the Destination is Inaccessible.

“Unused” means the Insured’s financial Loss of any whole, partial or prorated prepaid, nonrefundable components of a Trip that are not depleted or exhausted.

Section IV EXCLUSIONS AND LIMITATIONS

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) Normal Pregnancy or Childbirth, other than Unforeseen Complications of Pregnancy, or elective abortion of the Insured, a Traveling Companion or a Family Member;
- (c) participation in professional athletic events, motor sport or motor racing, including training or practice for the same;
- (d) mountaineering 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, carabineers and lead or top-rope anchoring equipment;
- (e) war or act of war, whether declared or not, participation in a 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) commission of or attempt to commit a felony by the Insured;
 - (i) Mental, Nervous or Psychological Disorder;
 - (j) if the Insured's tickets do not contain specific travel dates (open tickets);
 - (k) being under the influence of drugs or narcotics, unless administered upon the advice of a Physician or intoxication above the legal limit;
 - (l) any loss that occurs at a time when this coverage is not in effect;
 - (m) traveling for the purpose of securing medical treatment;
 - (n) any Trip taken outside the advice of a Physician;
 - (o) **PRE-EXISTING MEDICAL CONDITION EXCLUSION:** The Company will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition (excluding any condition from which death ensues) of an Insured, Traveling Companion, Business Partner or Family Member which, within the 180 day period immediately preceding and including the Insured's coverage effective date: (a) first manifested itself, worsened, 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 also apply to Trip Cancellation and Trip Interruption:

- Unless otherwise provided by this plan Benefits will not be provided for any loss resulting from:
- (a) travel arrangements canceled by an airline, cruise line or tour operator, except as provided elsewhere in the plan;
 - (b) changes in plans by the Insured, a Family Member or Traveling Companion, for any reason;
 - (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 or to refund money due the Insured;
- (g) Financial Default;
- (h) traveling for the purpose of securing medical treatment.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

Benefits will not be provided for any Loss, or damage to, caused by, or resulting 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) keys, notes, securities, accounts, currency, deeds, food stamps, bills, credit cards or other evidences of debt, or tickets;
- (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 also apply to the Accident Sickness Medical Expense Benefit:

Unless otherwise provided by this plan Benefits will not be provided for the following:

- (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;
- (f) alcohol or substance abuse or treatment for the same;
- (g) Experimental or Investigative treatment procedures;
- (h) care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease;
- (i) coverage for Trips less than 100 miles from the Insured's Primary Residence;
- (j) traveling for the purpose of securing medical treatment.

The following exclusions also apply to the Emergency Evacuation Benefit:

Benefits will not be provided for the following:

- (a) coverage for Trips less than 100 miles from the Insured's Primary Residence;
- (b) traveling for the purpose of securing medical treatment.

**Section V
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, purchase date 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, WI 54481 (telephone 1.866.385.4839).

All accident, health, and life claims will be administered by AIG Claims, Inc., 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. Failure to furnish such proof within such time will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time or the Company was not prejudiced by the late filing. If Travel Guard 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 policy number. The Insured must return all unused, nonrefundable tickets.

Payment of Claims: When Paid: Medical claims: Undisputed medical claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age but not later than 30 calendar days from receipt of Proof of Loss or within 15 calendar days of receipt of additional information for other than an undisputed claim. If the claims are not paid within the time limits, accrued interest at 15% per year will be paid beginning from the 1st day after the time limit until the claim is paid. If the claim is not paid or is denied, Travel Guard will provide the Insured with notice of the basis for denial or the specific information that is needed to settle the claim within 30 calendar days after Travel Guard receives the claim. If a notice is not sent, the claim is deemed a clean claim and interest shall accrue at 15% annually from the day following the day that notice was due until the date the claim is paid. If Travel Guard provides the required notice and requests

specific information needed to settle the claim, Travel Guard will pay the claim not later than 15 calendar days after receipt of the information specified in the notice or within 30 calendar days after receipt of the claim.

All other claims: All other claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age but not later than 30 calendar days after receipt of proof of loss.

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:

- (a) the beneficiary named by that Insured and on file with Travel Guard
- (b) to his/her spouse, if living. If no living spouse, then
- (c) in equal shares to his/her living children. If there are none, then
- (d) in equal shares to his/her living parents. If there are none, then
- (e) in equal shares to his/her living brothers and sisters. If there are none, then
- (f) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Company may pay up to \$3,000 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 Company makes in good faith fully discharges the Company to the extent of that payment.

Accident Sickness Medical Expense and Emergency Evacuation benefits may be payable directly to the provider. However, the provider: (a) must comply with the statutory provision for direct payment; and (b) must not have been paid from any other sources.

Trip Cancellation and Trip Interruption Proof of Loss: The Insured must provide Travel Guard 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 Travel Guard with all unused air, rail, cruise or other tickets if he/she is claiming the value of those unused tickets.

Trip Delay Proof of Loss: The Insured must provide Travel Guard documentation of the delay from the airline, cruise line, etc., as to the reason for the delay and proof of the expenses incurred. The Insured must provide Travel Guard with all original receipts, copies of receipts or a list of the expenses incurred that gives the amount paid, what the payment was for, and the date of the payment. 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.

Baggage and Personal Effects Proof of 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 Company will reimburse the Insured for those expenses. The Company will not pay for further damage if the Insured fails to protect his/her Baggage); (c) allow the Company to examine the damaged Baggage and/or the Company may require the damaged item to be sent in the event of payment; and (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 or lost items.

Baggage Delay Proof of Loss: The Insured must provide documentation of the delay or misdirection of Baggage by the Common Carrier and receipts for the Necessary Personal Effects purchases.

The following provisions apply to Baggage/Personal Effects and Baggage Delay:

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 Travel Guard 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.

Settlement of Loss. Claims for damage and/or destruction shall be paid immediately after proof of the damage and/or destruction is presented to Travel Guard. Undisputed claims for lost property will be paid within 30 calendar days after

receipt of a properly executed proof of loss. The Insured must present acceptable proof of Loss and the value.

Valuation. The Company will not pay more than the Actual Cash Value of the property at the time of Loss. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

Disagreement Over Size of Loss. If there is a disagreement about the amount of the Loss, either the Insured or the Company can make a written demand for an appraisal. Within 10 days of the written demand, the Insured and the Company each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, the two appraisers will promptly select a competent and impartial arbitrator. Not later than 15 days after the arbitrator has been chosen, unless the time period is extended by the arbitrator, each appraiser will separately state in writing the amount of the loss. If the appraisers submit a written report of agreement on the amount of the loss, the agreed amount will be binding upon the Insured and Company. If the appraisers fail to agree, the appraisers will promptly submit their differences to the arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. All expenses and fees, not including counsel or adjuster fees, incurred because of the appraisal shall be paid as determined by the arbitrator.

Benefit to Bailee. This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

Accident Sickness Medical Expense and Emergency Evacuation & Repatriation of Remains Proof of Loss:

The Insured must provide Travel Guard with: (a) all medical bills and reports for medical expenses claimed; and (b) a signed patient authorization to release medical information to Travel Guard.

The following provision applies to Trip Cancellation and Interruption, Baggage Delay, Baggage/Personal Effects, Accident/Sickness Medical Expense and Emergency Evacuation & Repatriation of Remains:

Subrogation - To the extent the Company pays for a Loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the Loss. This is known as subrogation. The Insured must help the Company preserve its rights against those responsible for its Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

As a condition to receiving the applicable benefits listed above, as they pertain to this Subrogation provision, the Insured

agrees, except as may be limited or prohibited by applicable law, to reimburse the Company for any such benefits paid to or on behalf of the Insured, if such benefits are recovered, in any form, from any Third Party or Coverage.

The Company will not pay or be responsible, without its written consent, for any fees or costs associated with the pursuit of a claim, cause of action or right by or on behalf of an Insured or such other person against any Third Party or Coverage.

Coverage - as used in this Subrogation section, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except coverage provided under the Policy to which this Certificate of Insurance is attached) and any fund or insurance policy providing the Policyholder with coverage for any claims, causes of action or rights the Insured may have against the Policyholder.

Third Party - as used in this Subrogation section, means any person, corporation or other entity (except the Insured, the Policyholder and the Company).

Section VI 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 Company's behalf nor to alter, modify or waive any of the provisions of the Policy.

Company's Recovery Rights. In the event of a payment under the policy, the Company 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 Company any legal papers relating to that recovery, do whatever is necessary to help the Company exercise those rights, and do nothing after the loss to harm the Company'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 Company by the Insured and reimbursed to the Company the extent of the Company's payment.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any Insured whose Loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to perform an autopsy in case of death where it is not forbidden by law.

Beneficiary Designation and Change. The Insured's beneficiaries are the persons designated by the Insured and on file with Travel Guard or the beneficiaries as shown in the Payment of Claim: To Whom Paid provision.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, without

the consent of the designated beneficiaries, unless an irrevocable designation has been made, by providing Travel Guard with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

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 Company may require satisfactory proof of age before paying any claim.

Misstatement of Trip Cost. If the Insured has made an honest, non-material misstatement of the Trip Cost, there will be a fair adjustment of said benefit based on his or her true Trip Cost.

Concealment or Fraud. The Company will not pay a claim if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the Policy or 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 Policy from notification that the claim was denied. No such action may be brought after the expiration of 3 years from notification that the claim was denied.

Arbitration. Notwithstanding anything in this coverage to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration, if mutually acceptable administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. Unless otherwise provided in the agreement to arbitrate, the arbitrator's expenses and fees, together with other expenses, not including counsel fees, incurred in the conduct of the arbitration shall, be as provided in the award. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses. To start arbitration, either the Insured or the Company must make a

written request to the other party for arbitration. This request must be made within one (1) year of the earlier of the date the loss occurred or the dispute arose. The arbitration shall be governed by Alaska State law concerning arbitration and must be held in Alaska for Alaska Insureds unless mutually agreed upon to an alternate site.

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 if coverage was purchased while the policy was in force.

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

ACCIDENTAL DEATH & DISMEMBERMENT RIDER

Amount selected is shown on the Schedule.

This Rider is attached to and made part of your insurance plan. It is subject to all of the provisions, limitations and exclusions of the plan.

The Company will reimburse the Insured for this benefit for one of the Losses shown in the Table of Losses below if the Insured is Injured 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 charter and operated by a properly certified pilot. The Loss must occur within 180 days of the date of the accident which caused Injury. The Company 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 Company will not pay more than 100% of the Maximum Limit for all Losses due to the same accident.

| Table of Losses | % of Maximum Limit |
|---|--------------------|
| Loss of Life | 100% |
| Both Hands or Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| Either Hand or Foot and Sight of One Eye..... | 100% |
| Either Hand or Foot | 50% |
| Sight of One Eye | 50% |

"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 Company 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 365 days after the event which caused the exposure.

DISAPPEARANCE

The Company will pay a benefit for Loss of life as specified above if the Insured's body cannot be located one year after a disappearance due to an accident during the Trip.

The following exclusions also apply to Accidental Death & Dismemberment:

Benefits will not be provided for the following:

- (a) loss caused by or resulting directly or indirectly from Sickness or disease of any kind;
- (b) stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or aneurysm;
- (c) traveling for the purpose of securing medical treatment.

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:

- (a) the beneficiary named by that Insured and on file with Travel Guard
- (b) to his/her spouse, if living. If no living spouse, then
- (c) in equal shares to his/her living children. If there are none, then
- (d) in equal shares to his/her living parents. If there are none, then
- (e) in equal shares to his/her living brothers and sisters. If there are none, then
- (f) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Company may pay up to \$3,000 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 Company makes in good faith fully discharges the Company to the extent of that payment.

Beneficiary Designation and Change. The Insured's beneficiaries are the persons designated by the Insured and on file with Travel Guard or the beneficiaries as shown in the Payment of Claim: To Whom Paid provision.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, without the consent of the designated beneficiaries, unless an irrevocable designation has been made, by providing Travel Guard with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

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MTG HOSPITAL OF CHOICE UPGRADE RIDER

(included if elected and appropriate cost has been paid)

This Rider is attached to and made part of your insurance plan. It is subject to all of the provisions, limitations and exclusions of the plan.

Emergency Evacuation

Additional amount is shown on the Declarations Page.

Emergency Evacuation

Transportation to the adequate licensed hospital of the Insured's choice.

Transportation from an adequate licensed medical facility to an adequate licensed medical facility of the Insured's choice for further Medically Necessary treatment if the onsite attending Physician certifies that the Insured is medically able to travel.

Advanced authorization by Travel Guard is needed for hospital of choice.

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PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER RIDER

(when coverage is purchased within 21 days of Initial Trip Payment)

This Rider is attached to and made part of your insurance plan. It is subject to all of the provisions, limitations and exclusions of the plan. Coverage will be effective at 12:01 a.m. Standard Time on the date following payment to the Company of any required plan cost. Coverage ends on the earliest 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.

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The Company will waive the pre-existing medical condition exclusion if the following conditions are met:

- (1) This plan is purchased within 21 days of 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 costs of any subsequent arrangements added to the same Trip are insured within 21 days of the date of payment or deposit for any subsequent Trip arrangements;
- (3) All Insured's are medically able to travel when this plan cost is paid;
- (4) The Trip Cost does not exceed \$100,000 per person (only applicable to Trip Cancellation/Interruption).

If the full costs of all prepaid, nonrefundable Trip arrangements are not insured, benefits for the Pre-existing Medical Condition Exclusion Waiver will be limited only to the coverage purchased.

"Initial Trip Payment" means the first payment made to the Insured's Travel Supplier toward the cost of the Insured's Trip. T30341NUFICPXW21AK

MTG CANCEL FOR ANY REASON COVERAGE RIDER

Can only be purchased with the base plan and within 21 days of Initial Trip Payment or by Final Trip payment.

This Rider is attached to and made part of your insurance plan. It is subject to all of the provisions, limitations and exclusions of the plan. Coverage will be effective at 12:01 a.m. Standard Time on the date following payment to the Company of any required plan cost. Coverage will end on the earlier of: the cancellation of the Insured's Trip; or the date and time the Insured starts on his/her Trip.

If the Insured is prevented from taking the Trip for any reason not otherwise covered by this plan, the Company will reimburse the Insured for up to 75% of the prepaid, Forfeited, nonrefundable payments or deposits paid to the Travel Supplier for insured Trip arrangements up to the Maximum Limit shown for this benefit in the Declarations Page provided the following conditions are met:

- (a) the Insured purchases this Cancel for Any Reason Coverage with the base plan and within 21 days of the date the Insured's Initial Trip Payment or deposit is paid or by final Trip payment and insures the cost of any subsequent arrangements added to the same Trip within 21 days of the date of payment or deposit for any subsequent Trip arrangements; and
- (b) this insurance coverage is purchased for the full cost of all nonrefundable prepaid Trip arrangements that are subject to cancellation penalties and/or restrictions; and
- (c) the Insured cancels the insured Trip no less than 48 hours prior to the Departure Date.

This coverage will be terminated and no benefits will be paid under this Cancel for Any Reason Coverage if the full costs of all prepaid, nonrefundable Trip arrangements are not insured. Any plan cost paid for this Cancel for Any Reason Coverage will be refunded.

"Final Trip Payment" means the date on which all additional payments due for Trip arrangements have been received by the Travel Supplier. This includes any monies paid to a travel agent, tour operator, or arrangements purchased directly by the Insured.

"Initial Trip Payment" means the first payment made to the Insured's Travel Supplier toward the cost of the Insured's Trip. The date the initial trip payment is received will be the first day of the period during which additional insurance options may be purchased.

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ASSISTANCE SERVICES*

All Assistance Services listed below are **not insurance benefits** and are not provided by the Company. 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 for visitor to bedside of hospitalized Insured

- Eyeglasses and corrective lenses 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
- Arrangements for 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

LiveTravel® Emergency Assistance

- Flight rebooking
- Hotel rebooking
- Rental vehicle booking
- Emergency return travel arrangements
- Roadside assistance
- Rental vehicle return assistance
- Guaranteed hotel check-in
- Missed connections coordination

Concierge Services

- Restaurant referrals and reservations
- Ground transportation arrangements
- Event ticketing arrangements
- Tee times and course recommendations
- Floral services

* Non-insurance services are provided by Travel Guard.



Travel Guard®

**24-Hour Emergency Assistance
Telephone Numbers**

USA.....**1.866.385.4839**
International.....**1.715.295.5452**
LiveTravel® 24-Hour Assistance.....**1.800.826.8597**

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and city codes when calling.***

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