



Accident & Sickness Insurance Information

CIEE is pleased to provide you with the iNext Travel Card which provides travel insurance administered by Travel Guard, the industry's leading provider of travel insurance plans. The policy is designed to supplement an individual's private insurance by providing additional coverage for the costs of accidents, routine sicknesses, and travel-related mishaps while he/she is abroad. The policy also offers Emergency Medical Transportation coverage, as well as 24-hour Medical, Legal, and Travel Assistance Services.

Policy Number: 008078 P3 10/08

Schedule of Benefits	iNext Platinum
Deductible	\$0
Accident Medical Expense	\$100,000
Sickness/Hospital Benefit	\$250/day/61 days
Emergency Medical Transportation	\$1,000,000
Repatriation of Remains	\$50,000
Accident Death & Dismemberment	Air \$100,000; Other \$20,000
Baggage Delay	\$200
Travel Document Replacement	\$1,000
24- hour Medical Assistance Services	Included
24-hour Legal Assistance Services	Included
24-hour Travel Assistance Services	Included
Travel Delay	\$200
Baggage and Personal Effects	\$2,000
Mental Health	\$10,000

A complete description of policy benefits and basic provisions is available on the iNext website at www.inext.com.

► WHAT TYPE OF POLICY IS THIS?

It is important to understand, as with any travel insurance policy, the coverage provided by Travel Guard is secondary to any other coverage that may be in existence. In other words, if a student is covered by another insurance policy-whether personal, parental, or through his/her school-then that policy is the student's primary policy and will provide reimbursement first-before Travel Guard.

We recommend that students covered by a personal/parental/school insurance plan should continue the coverage while abroad. Therefore it is likely that many students will also be covered by a primary policy through another insurance company. These students should contact their primary insurance company first, and then file a claim with Travel Guard for any amount not covered by the primary insurer.

► WHAT ARE THE POLICY EXCLUSIONS?

The policy does not include coverage for

- o pre-existing conditions (condition identified within 90 days before the start date of trip)
- o routine physical
- o dental examinations
- o preventative medicine
- o A complete list of exclusions can be found in the policy description

► WHAT ARE THE COVERAGE DATES?

Students are covered for 365 days from the start date of coverage – regardless of the length of the program- but only outside the United States (and/or student home country).

► DOES COVERAGE EXTEND TO COUNTRIES OTHER THAN THE PROGRAM COUNTRY?

Yes. Insurance coverage is valid in any country outside the 50 United States and District of Columbia. The insurance is available to all individuals who are residents of the United States and over 13 years of age.

► **IS IT POSSIBLE TO GET REFERRALS TO LOCAL DOCTORS OR HOSPITALS?**

Travel Guard maintains a relatively extensive database of licensed medical providers and is available 24/7 to offer **referrals** over the telephone. The student can simply call Travel Guard collect (reverse charge) at the number provided on the back of the iNext Travel Card.

- **Important Fact to Remember:** *There is no list of preferred providers with which Travel Guard has an established "financial" relationship. Unlike in the United States, most medical providers abroad are not set up, or even willing, to bill an overseas insurance company directly. In addition, no insurance company can force any doctor or medical facility to bill insurance rather than the patient.*

► **IS PRE-APPROVAL REQUIRED BEFORE RECEIVING MEDICAL TREATMENT?**

No. Individuals do not have to contact Travel Guard before receiving any medical treatment aside from hospitalization or surgery. Treatment by any doctor or medical facility that is licensed to practice medicine should be covered if primary insurance does not cover. The individual should simply go to a doctor, get a prescription, pay the doctor, and then submit a claim for reimbursement, after submitting to their primary insurer first. The customary procedure with Travel Guard is for the individual to pay and then file a claim.

► **IS APPROVAL REQUIRED FOR SCHEDULED SURGERY OR HOSPITALIZATION?**

The individual must call Travel Guard before being admitted to a hospital or prior to a scheduled surgery unless it is an **emergency situation** and a call is not possible. Travel Guard is available 24/7 and may be able to arrange direct payment with the hospital or coordinate payment guarantees for serious and/or expensive cases. But, understand there is no assurance that direct payment will be possible. Each claim must be handled on a case by case basis.

CLAIMS AND FINANCES

► **FILING A CLAIM**

The individual should telephone* Travel Guard as soon as possible after receiving treatment or suffering loss to initiate the claim process. When calling, he/she should have the following information available:

- ▶ Policy Number (listed on the back of the iNext Travel Card) for Basic, Premium, or Platinum
- ▶ What coverage type or benefit category the claim is under (e.g. Medical Expense, Baggage Loss, etc.)
- ▶ The date the covered treatment or loss occurred
- ▶ The amount that was paid (if applicable)

During the phone call, a claim form will be completed by the Travel Guard representative based on the student's responses. The completed form will be mailed or faxed to the individual or to a designated recipient in the U.S. (e.g., a parent or family member). Upon receipt or upon return to the U.S., the individual should review the claim form for accuracy, sign the form, and return it to Travel Guard along with any requested supporting documentation, such as original receipts, diagnosis, proof of travel (e.g., a copy of a flight itinerary), and primary insurance information.

- Name of Primary Insurance Carrier
- Complete Street Address of Primary Insurance Carrier
- Telephone Number of Primary Insurance Carrier
- Policy ID #, Member #, and/or Group # (as applicable) of Primary Insurance Policy

In the interest of time and money (i.e., bank processing time and finance charges associated with cashing an international check), it may be advantageous (though not required) for the student to request that Travel Guard send payment to his/her parents at their U.S. address.

► **DOCUMENTATION:**

It is important to remind your participants to keep their receipts from doctor's visits, pharmacy prescriptions and diagnosis records. These will be required by Travel Guard when the individual processes a claim. All diagnosis forms should be translated into English if they are not already. One reason claims processing can be prolonged is due to lack of documentation. The better prepared the participants are, the faster the processing can occur.

► **DOES AN INDIVIDUAL HAVE TO PAY FOR MEDICAL SERVICES AND BE REIMBURSED?**

Like most travel insurance providers, the customary procedure with Travel Guard is for the individual to pay for medical treatment received, and then submit a claim for reimbursement.

► **CONTACT INFORMATION:**

Phone Number for claims from overseas (COLLECT): 1.715.295.5452
Phone Number for claims while in U.S.: 1.866.385.4839

Travel Guard Group Address:

Travel Guard Group
1145 Clark Street
Stevens Point, WI 54481
United States

Notice to State of Washington Residents:

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

DESCRIPTION OF COVERAGE



iNext Platinum Annual Student Insurance Program

Schedule of Benefits

\$	200	Trip Delay
\$	1,000	Travel Document Replacement
\$	2,000	Baggage and Personal Effects
\$	200	Baggage Delay
\$	100,000	Accident Medical Expense
\$250 per day		Sickness/Hospital Benefit (up to 61 days)
\$	1,000,000	Emergency Medical Transportation
\$	50,000	Repatriation of Remains
\$	100,000	Accidental Death & Dismemberment - Air Only
\$	20,000	Accidental Death & Dismemberment - All Other
\$	10,000	Mental Health Coverage
Included		Travel Guard Assist
Included		Livetravel
Included		Concierge

IMPORTANT — Exclusions apply to certain medical conditions.

For coverage questions or to request a claim form, call toll-free 1.866.385.4839. For emergency help while on your trip, see the information and phone numbers on the reverse side.

Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the policy. You should read it with care so you will understand the coverage. The policy is the only contract under which benefits are paid.

PLEASE READ THIS DOCUMENT CAREFULLY!

Insurance Coverage

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

This is only a brief description of the insurance coverage(s) available under policy series T30253NUFIC. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

- Coverage is valid only if plan cost has been paid -

PRODUCT NUMBER: 008078 P3 10/08

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

Definitions

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

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

"Complication of Pregnancy" means a condition in which the diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy. It does not include any condition associated with the management of a difficult pregnancy not consisting of a classifiably distinct Complication of Pregnancy.

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

"Contracted Return Date" means the date on which the Insured is originally scheduled to return from the Trip to the Return Destination.

"Default" means any failure of a provider of travel-related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

"Destination" means the place where the Insured expects to travel on his/her Trip.

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

"Hospital" means a place that: (a) holds a valid license; (b) is run mainly for the care and treatment of sick or injured persons as inpatients; (c) has a staff of one or more Physicians available at all times; (d) provides 24-hour nursing service and has at least one registered nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another Hospital; and (f) is not mainly a clinic, or facility for nursing, rest or convalescence, a place for the aged, or military or veterans hospital.

"Immediate Family Member" means the Insured's or Traveling Companion's spouse, child, spouse's child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward.

"Injury/Injured" means a bodily Injury, caused by an accident occurring while the Policy is in force as to the Insured whose Injury is the basis of a claim, and resulting directly and independently of all other causes of loss covered by the Policy. The Injury must be verified by a Physician.

"Insured" means the person named on the individual Enrollment Form.

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

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

"Physician" means a licensed practitioner of the healing arts, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or Traveling Companion.

"Reasonable Additional Expenses" means any expenses for meals and lodging 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: (a) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured's condition; (b) does not exceed the usual level of charges for similar treatment, supplies, or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

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

"Sickness" means an illness or disease which is diagnosed or treated by a Physician.

"Travel Arranger" means the travel agent or travel agency that is responsible for arranging the pre-paid travel arrangements for the Insured's Trip..

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

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

Individual Eligibility, Effective, & Termination Dates

Persons eligible for insurance under the policy are: (a) residents of the United States; (b) who have enrolled through the Council on International Educational Exchange or one of its appointed institutional or organizational offices; (c) who have or will purchase travel arrangements from a travel supplier or arranger; (d) while covered under the policy. This insurance coverage is valid outside of the 50 United States and District of Columbia.

Effective Date: Insurance will become effective at 12:01 a.m. on the day after the plan cost for the plan selected on the enrollment form which matches the plan described in the Schedule of Benefits has been paid. All coverage described under the plan selected will begin on the later of: (a) the date and time the Insured starts his/her Trip; or (b) the Contracted Departure Date provided the Trip is within the insurance coverage period.

Termination Date: Coverage terminates 365 days following the Insured's insurance effective date.

General Exclusions

The following exclusions apply to Medical Expense and Emergency Medical Transportation coverages: any claims arising from Pre-Existing Conditions.

The following exclusions apply to Medical Expense, Accidental Death & Dismemberment, Emergency Medical Transportation coverages, and Trip Delay:

THE INSURANCE DOES NOT COVER ANY LOSS CAUSED BY OR RESULTING FROM: suicide, or attempted suicide, or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury by the Insured, Immediate Family Member, Traveling Companion or Business Partner; war or any act of war whether declared or not; civil disturbance or insurrection; civil disorder or riot; full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned plan cost for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); riding as a pilot, crew member or student pilot on any aircraft or device for aerial navigation; participation in any professional, semi-professional sports, participation in contests of speed, motor sports or motor racing, including training or practice for the same; being under the influence of drugs or intoxicants unless prescribed by a Physician; any unlawful acts, committed by the Insured, Immediate Family Member or Traveling Companion, whether insured or not (not applicable to Florida residents); skydiving; scuba or deep sea diving; snowskiing; hang gliding; parachuting; dental treatment except as a result of Injury to sound natural teeth (limited to emergency treatment during the Trip); pregnancy or childbirth, or elective abortion, other than Complications of Pregnancy; mental, psychological, or nervous disorders including, but not limited to anxiety, depression, neurosis, or psychosis (in excess of the Maximum Limit shown in the Schedule); loss or damage caused by detention, confiscation, or destruction by customs; elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury; Experimental or Investigative treatment or procedures; an Injury or Sickness which occurs at a time when this coverage is not in effect.

PRE-EXISTING CONDITIONS

The Insurer will not pay under Medical Expense and Emergency Medical Transportation any claims arising from any Injury, Sickness, or other condition of the Insured, a Traveling Companion, or an Immediate Family Member which: (a) first manifests itself, worsened, became acute, or had symptoms causing a reasonable person to seek diagnosis, care, or treatment; (b) required taking prescribed drugs or medicine unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required treatment or treatment that was recommended by a Physician; within the 90-day period before coverage began under this insurance plan.

If the Insured has any questions concerning this exclusion, they may call Travel Guard at 1.866.385.4839 for further clarification.

The policy does not provide duplicate payments, and is therefore secondary, if there are other sources of reimbursement available as follows:

EXCESS INSURANCE PROVISION

THE INSURANCE PROVIDED UNDER TRAVEL DOCUMENT REPLACEMENT, BAGGAGE AND PERSONAL EFFECTS, BAGGAGE DELAY, MEDICAL EXPENSE, AND EMERGENCY MEDICAL TRANSPORTATION SHALL BE IN EXCESS OF ALL OTHER VALID AND COLLECTIBLE INSURANCE OR INDEMNITY AND SHALL APPLY ONLY WHEN SUCH OTHER BENEFITS ARE EXHAUSTED.

Trip Delay

The Insurer will reimburse the Insured up to the Maximum Amount shown on the Schedule of Benefits, if the Insured's Trip is delayed for 12 hours or more, due to inclement weather, strike, or other job action, or equipment failure of a Common Carrier. The Insurer will reimburse for Reasonable Additional Expenses until travel becomes possible. This benefit is payable for only one delay per Insured, per Trip.

Baggage and Personal Effects

The Insurer will reimburse the Insured up to the Maximum Amount shown on the Schedule of Benefits for loss, theft, or damage to Baggage and personal effects during the Trip. The Insurer will pay the least of the following: original cash value of the item less depreciation as determined by the Insurer; or cost of repair or replacement (limit per articles - \$250). If receipts are not provided, benefits may be reduced. All items over \$150 must be accompanied by an original receipt. There will be a combined maximum limit of \$500 for the following: jewelry, watches; articles consisting in whole or in part of silver, gold, or platinum; furs, and articles trimmed with or made mostly of fur.

Travel Document Replacement

The Insurer will reimburse for fees associated with the replacement of the Insured's travel documents, up to the maximum limit shown on the Schedule of Benefits, during the Insured's Trip. Receipts are required for reimbursement.

Baggage Delay

The Insurer will reimburse incurred expenses up to the Maximum Limit shown on the Schedule of Benefits for Baggage which is delayed or misdirected more than 24 hours for the cost of necessary personal effects. Incurred expenses must be accompanied by receipts. This does not apply if Baggage is delayed after the Insured reaches his/her Return Destination.

Medical Expense Benefit

The Insurer will pay this benefit, up to the Maximum Limit shown on the Schedule of Benefits. The Insurer will pay for medical expenses incurred by the Insured within one year from the date of Injury or Sickness provided initial treatment was received during the Trip. The Injury must occur or Sickness must begin while the Insured is covered by the policy. Covered Expenses: The Insurer will pay the Insured's Reasonable and Customary Charges for medical and surgical expenses. The Insurer will pay emergency dental treatment only during a Trip. Dental coverage does not apply if treatment or expenses are incurred after the Insured has reached his or her Destination, in the case of a one-way ticket, or Return Destination regardless of the reason. The treatment must be given by a Physician or dentist. The Insurer will pay for professional nursing, Hospital charges, X-ray, ambulance services, and prosthetic devices. The Insurer will also reimburse \$250 per day up to 61 days for Hospital costs due to Sickness.

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

Emergency Medical Transportation

The Insurer will pay benefits for covered expenses up to the Maximum Limit shown on the Schedule of Benefits if any Injury or emergency Sickness commencing during the Trip results in the Insured's necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured's Injury or Sickness warrants an Emergency Evacuation. Emergency Evacuation means: (a) the Insured's medical condition warrants immediate transportation from the place where he/she is injured or sick to the nearest Hospital where adequate medical treatment can be obtained. Travel Guard Assist will arrange: (a) Reasonable and Customary Charges for medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that adequate medical treatment is not locally available; (b) Reasonable and Customary Charges for escort expenses required by the Insured, if the Insured is disabled during a Trip and an escort is recommended, in writing, by a Physician. Services must be provided by a provider designated by the Insurer. Timely notification by the Insured to the Insurer's designated provider is required, with regard to Emergency Evacuation. Covered expenses are Reasonable and Customary Charges, up to the Maximum Amount shown on the Schedule of Benefits, for transportation, medical services, and medical supplies necessarily incurred in connection with the Insured's Emergency Evacuation. All transportation arrangements made for the Insured's evacuation must be by the most direct and economical route possible. Expenses for special transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting the Insured; AND (c) must be verified

and approved in advance by Travel Guard Assist recommended by the attending Physician. Transportation means any land, water, 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. The Insurer will not cover any expenses provided by another party at no cost to the Insured or already included in the cost of the Trip.

Repatriation of Remains

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

Accidental Death & Dismemberment - Air only

The Insurer will pay for the Insured's covered accidental loss of life, hand, foot, or sight which occurred: 1) while he or she was riding as a passenger on or boarding or alighting from a Scheduled Air Carrier, and 2) within 180 days of the accident.

The percentage payable is shown below.

Loss:	Percentage of Maximum Limit Payable
Life .....	.100%
Both hands or feet, or sight of both eyes .....	.100%
One hand and one foot .....	.100%
One hand or one foot and sight of one eye .....	.100%
One hand .....	.50%
One foot .....	.50%
Sight of one eye .....	.50%

In no event will the Insurer pay more than the Maximum benefit shown on the Schedule of Benefits for all losses due to the same accident.

If the Insured suffers more than one loss from an accident, the Insurer will pay only for the loss with the larger benefit.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight. **"Scheduled Air Carrier"** means any air carrier holding a certificate, license, or similar authorization for civilian scheduled air transport issued by the country of the aircraft's registry, and which in accordance with that authorization flies, maintains, and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the aircraft is then being used for any regular or chartered flight operated by such carrier.

Accidental Death and Dismemberment- All Other

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if: (a) the Insured is Injured in an accident which happens while he or she is on a Trip and covered under the Policy; and (b) he or she suffers one of the losses listed below, within 180 days of the accident.

The percentage payable is shown below.

Loss:	Percentage of Maximum Limit Payable
Life .....	.100%
Both hands or feet, or sight of both eyes .....	.100%
One hand and one foot .....	.100%
One hand or one foot and sight of one eye .....	.100%
One hand .....	.50%
One foot .....	.50%
Sight of One Eye .....	.50%

If the Insured suffers more than one loss from an accident, the Insurer will pay only for the loss with the larger benefit. The Insurer will not pay more than 100% of the Maximum Limit for all losses due to the same accident.

Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

Disappearance: If the Insured's body is not found within one year of the disappearance, forced landing, stranding, wrecking, or sinking of a conveyance in which he/she was an occupant, he/she will be presumed dead.

Additional Exclusion: In addition to the General Exclusions, the Insurer will not pay for loss caused by or resulting from Sickness or disease of any kind regardless of whether the loss results directly or indirectly from any of these.

Payment of Claims

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Medical Expense), the Trip dates and the amount that the Insured paid. Travel Guard will complete the claim form and send it to the Insured for his/her review/signature. The completed form should be returned to Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (Telephone: 1.866.385.4839). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Travel Guard no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the coverage must be submitted to Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Travel Guard has not provided claim forms within 15 days after the Notice of Claim, other proofs of loss should be sent to Travel Guard by the date claims forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name.

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of loss and verification of age.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to: 1) to his/her spouse, if living; 2) if not,

in equal shares to his/her living children; 3) if there are none, in equal shares to his/her living parents; 4) if there are none, in equal shares to his/her living brothers and sisters; 5) if there are none, to his/her estate. If a benefit is payable to the Insured's estate, or to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Insurer makes in good faith fully discharges the Insurer to the extent of that payment. All other benefits will be payable to the Insured.

Benefits for Medical Expense/Emergency Medical Transportation Services may be payable directly to the provider of the services. However, the provider: a) must comply with the statutory provision for direct payment, and b) must not have been paid from any other sources.

Problems with your insurance? If so, do not hesitate to contact Travel Guard to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481, or call 1.866.385.4839.

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 our behalf nor to alter, modify, or waive any of the provisions of the policy.

Autopsy – The Insurer at it's own expense, may require an autopsy where permitted by law.

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

Insurer's Recovery Rights – In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment. The provision does not apply where prohibited by state law.

Legal Actions – No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater) after the date claim forms are due.

Payment of Plan Cost – Coverage is not effective unless all plan cost due has been paid to Travel Guard.

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

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

Notice to California residents: The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your covered trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Notice to Florida residents: Your homeowners policy, if any, may provide coverage for loss of personal effects provided by any Travel Document Replacement coverage provided by the policy. This insurance is not required in connection with the Insured's purchase of travel tickets.

The definition of "Hospital" applicable to residents of Florida is as follows:

Hospital means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

The Legal Actions provision applicable to residents of Florida is as follows: No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 5 years after the time written proof of loss is required to be furnished.

For inquiries, information about coverage or for assistance in resolving complaints call: 1.866.385.4839.

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

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

Travel Guard Assist*

All services provided are service benefits, not financial benefits. Any costs associated with services will be paid by the named Insured.

24-HOUR MEDICAL ASSISTANCE

24-Hour Medical Monitoring: Physicians monitor the Insured's condition by maintaining close contact with the attending Physicians, his/her family Physician, and Immediate Family Members.

Medical Evacuation: Arrangements for any and all means necessary to transport the Insured back home when Medically Necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Travel Guard Assist will assist in arranging the advancement of funds to cover on-site medical expenses.

Prescription Assistance: Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents: In the event of hospitalization, arrangements will be made for unattended minors traveling with the Insured to be flown home.

Family Visit: If the Insured is hospitalized for ten or more days, Travel Guard Assist will arrange transportation for an Immediate Family Member or close friend to visit him/her.

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

24-HOUR LEGAL ASSISTANCE

In a legal emergency, referral to a local legal advisor, and advance of funds for bail and legal fees.

24-HOUR TRAVEL ASSISTANCE

Travel Documents Assistance: Travel Guard Assist will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: Travel Guard Assist will, whenever possible, coordinate with the Insured and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

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

Interpretation Services: Travel Guard Assist provides emergency language support or referral to the appropriate local services.

CONCIERGE SERVICES

Restaurant Referrals and Reservations – Travel Guard Assist will supply a restaurant referral based on your needs and desires. Additionally Travel Guard Assist will arrange for reservations at the recommended restaurant. Based on availability.

Ground Transportation – Travel Guard Assist will locate and arrange for a transportation service to pick you up and deliver you to your desired destination.

Event Ticketing – Travel Guard Assist will assist with the purchase of tickets to such events as sporting events, theatre, and concerts. Based on availability.

Tee Times and Course Recommendations – Travel Guard Assist will facilitate the reservation of tee times at available courses and recommend alternatives in case of a booked course. Based on availability.

Floral Services – Travel Guard Assist will facilitate the ordering of flowers for such events as birthdays, anniversaries, holidays, and other special occasions.

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

Make sure you call Travel Guard Assist (1.866.385.4839 or 1.715.295.5452) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

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

www.treas.gov/offices/enforcement/ofac/ or a Travel Guard representative.

**Travel
Guard.**

Travel Smart. Travel Insurance.

**When calling from the U.S., 1.866.385.4839.
When calling from abroad, call collect 1.715.295.5452.
LiveTravel 24-Hour Assistance,
Pre-Trip Advice, Live Messaging: 1.800.826.8597
We will coordinate your assistance needs
with the appropriate TGA Center.**

Benefits are payable up to the amount of coverage in the insurance policy provided through Travel Guard. Failure to call Travel Guard Assist may invalidate any payments applicable on your claim. TGA shall not be responsible for the availability, quality, or results of any medical treatment or the failure of the insured person to obtain medical treatment.