

## Definitions

**“Business Partner”** means an individual who a) is involved with the Insured’s Traveling Companion in a legal partnership; and b) is actively involved in the daily management of the business.

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

**“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.

**“Destination”** means the place where the Insured expects to travel on his/her Trip, as shown on the enrollment form.

**“Domestic Partner”** means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; the Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

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

**“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, Domestic Partner, child, spouse’s child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, or legal ward.

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

**“Insured”** means a person who: (a) is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (b) completes any required enrollment form; (c) for whom premium has been paid; and (d) while covered under this Policy.

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

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

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

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

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

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

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

**“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 had defined departure and return dated specified when the Insured applies; the Trip does not exceed 150 days; and travel is primarily by Common Carrier and only incidentally by private conveyance.

## Individual Eligibility, Effective & Termination Dates

Persons eligible for insurance coverage are any travelers who purchase a Trip through a travel supplier, accept, enroll, and pay the premium for coverage providing they have not already departed on their Trip.

**Effective Date:** All coverages will begin on the later of: (a) the date and time the Insured starts his/her Trip, or (b) the scheduled Contracted Departure Date shown on the enrollment form.

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

**Extension of Coverage:** All coverage will be extended, if: (a) the Insured purchases insurance for the entire Trip; and (b) the Insured’s return is delayed by unforeseeable circumstances beyond his/her control.

If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date the Insured reaches his/her Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed or the Contracted Return Date.

## General Exclusions

In addition to any exclusions which apply to a particular benefit (called “Additional Exclusions”), no coverage will be provided for any loss caused by: (a) suicide, or attempted suicide, or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury by the Insured, Immediate Family Member, Traveling Companion or Business Partner (while sane, in Colorado and Missouri); (b) pregnancy or childbirth, or elective abortion, other than Complications of Pregnancy; (c) professional athletic events, motor sport, or motor racing, including training or practice for the same; (d) mountain climbing; (e) war or act of war, whether declared or not, civil commotion, insurrection or riot; (f) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded); (g) operating or learning to operate any aircraft, as student, pilot or crew; (h) air travel on any air-supported device, other than a regularly scheduled airline or air charter company; (i) loss or damage caused by detention, confiscation, or destruction by customs; (j) any unlawful acts, committed by the Insured, a Traveling Companion, or an Immediate Family Member, whether insured or not (not applicable to Florida residents); (k) mental, psychological, or nervous disorders including,

but not limited to, anxiety, depression, neurosis, or psychosis; (l) if the Insured’s tickets do not contain specific travel dates (open tickets); (m) alcohol or substance abuse or treatment for same; (n) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment or traveling expressly for the purpose of obtaining medical treatment; (o) elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury; (p) Experimental or Investigative treatment or procedures; or (q) an Injury or Sickness which occurs at a time when this coverage is not in effect.

MAXIMUM LIMIT OF LIABILITY: All limits are applied per Trip. The Insurer’s maximum limit of liability resulting from the same occurrence will be \$10,000,000 under the AIG Travel Guard Program Policies underwritten by National Union. If loss for all Insureds from such an occurrence exceeds \$10,000,000, the Insurer will pay each Insured that proportion of the Benefits stated which \$10,000,000 bears to the total loss of all persons the Insurer insures under all travel and flight insurance in force, under the AIG Travel Guard Program Policies underwritten by National Union. The Insurer will pay no more than \$250,000 per occurrence, under the AIG Travel Guard Program Policies underwritten by National Union, to or on account of any person insured under the AIG Travel Guard Program Policies underwritten by National Union.

## 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 covered 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’s coverage is in effect.

**Covered Expenses:** The Insurer will pay the Insured’s Reasonable and Customary Charges incurred for medical and surgical services, treatments, or supplies. 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.

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

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

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

## Emergency Medical Transportation

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

**Covered Expenses:** The Insurer will pay (a) Reasonable and Customary Charges for medical services required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured’s Physician determines that evacuation is necessary; (b) reasonable and necessary charges for services for transportation of the Insured’s remains to his/her city of burial if he/she dies during a Trip. Arrangements and expenses must be authorized in advance by AIG Travel Assist.

**Additional Benefit:** In addition to the above Covered Expenses, if the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured’s Return Destination, within one year from the Insured’s original Contracted Return Date, less refunds from the Insured’s unused transportation tickets. Airfare costs will be economy, or first class if the Insured’s original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

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

## Escort to Bedside

The Insurer will pay reasonable and necessary charges up to the Maximum Limit shown on the Schedule of Benefits for escort expenses required by Insured, if the Insured is disabled during a Trip, and an escort is recommended, in writing, by the attending Physician

## Accidental Death and Dismemberment

The Insurer will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits if: (a) the Insured is Injured in an accident which happens while he 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 Maximum Limit is shown on the Schedule of Benefits.

	Percentage of Maximum Limit Payable
Loss:	
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%
Speech and Hearing in Both Ears . . . . .	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. Speech or hearing means entire and irrecoverable loss of speech or hearing in both ears.

**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.

## Payment of Claims

**Claim Procedures: Notice of Claim:** The Insured must call AIG Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Medical Expense), the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates and the amount that the Insured paid. AIG 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 AIG Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (Telephone: 1.866.442.5704). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All claims of Tennessee residents will be administered by Mercury Claims & Assistance of WI, 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 AIG 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 AIG Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If AIG Travel Guard has not provided claim forms within 15 days after the Notice of Claim, other proofs of loss should be sent to the Insurer by the date claims forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name, and the policy number.

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

**Payment of Claims: To Whom Paid:** Benefits paid on account of an Insured's death will be paid to: 1) his/her spouse, if living; 2) if not, in equal shares to his/her living children; 3) if there are none, in equal shares to his/her living parents; 4) if there are none, in equal shares to his/her living brothers and sisters; 5) if there are none, to his/her estate.

If a benefit is payable to the Insured's estate, or to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment the Insurer makes in good faith fully discharges the Insurer to the extent of that payment. All other benefits will be payable to the Insured.

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

**Problems with your insurance?** If so, do not hesitate to contact AIG Travel Guard to resolve your problem at 1145 Clark Street, Stevens Point, WI 54481, or call 1.866.442.5704.

## General Provisions

**Acts of Agents** – No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on the Insurer's behalf nor to alter, modify, or waive any of the provisions of the policy.

**Autopsy** – The Insurer at its own expense, may require an autopsy where permitted by law.

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

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

**Legal Actions** – No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater; in FL 5 years) after the date claim forms are due.

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

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

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

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

**Notice to Florida residents:** The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

The definition of **"Hospital"** 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.

For inquiries, information about coverage or for assistance in resolving complaints call: 1.866.442.5704.

**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.

## AIG Travel Assist\*

### Travel Medical Assistance

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

### Worldwide Travel Assistance

- Lost baggage/search; stolen luggage replacement assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency cash transfer assistance
- Travel information including visa/passport requirements

- Emergency telephone interpretation assistance
- Urgent message relay to family, friends or business associates
- Up-to-the-minute travel delay reports
- Long-distance calling cards for worldwide telephoning
- Inoculation information
- Embassy or Consulate Referral
- Currency Conversion or purchase
- Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures
- Up-to-the-minute travel supplier strike information
- Legal referrals/bail bond assistance
- Worldwide public holiday information

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

Program fees are non-refundable.

Make sure you call AIG Travel Guard (1.866.442.5704 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 this policy. For more information, you may consult the OFAC internet website at: [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/) or an AIG Travel Guard representative.



AIG Travel Guard — a wholly owned subsidiary of AIG Travel, Inc., a member company of American International Group, Inc.

**When calling from the U.S., 1.866.442.5704.**

**When calling from abroad, call collect 1.715.295.5452.**

**We will coordinate your assistance needs with the appropriate ATA Center.**

Benefits are payable up to the amount of coverage in the insurance policy provided through AIG TRAVEL GUARD. Failure to call AIG Travel Assist may invalidate any payments applicable on your claim. ATA 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.

## Notice to State of Washington Residents:

This is not your insurance policy. To obtain your state-specific insurance policy, visit [www.insureamerica.com](http://www.insureamerica.com), or call 1.715.346.0860.

## DESCRIPTION OF COVERAGE



## Schedule of Benefits

*(Included in the cost of your Trip)*

<b>\$ 25,000</b>	Medical Expense
<b>\$ 50,000</b>	Emergency Medical Transportation
<b>\$ 5,000</b>	Escort to Bedside
<b>\$ 10,000</b>	Accidental Death & Dismemberment
<b>Included</b>	Travel Medical Assistance
<b>Included</b>	Worldwide Travel Assistance

### PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

The Pre-Existing Medical Condition Exclusion will be waived. This is applicable to all coverages contained in the policy. The Insured must be medically able to travel when you pay your premium. In the event a claim is filed, the Injury or illness must be substantiated to our Claims Department.

IMPORTANT — Exclusions apply to certain medical conditions.

**For coverage questions or to request a claim form, call toll-free 1.866.442.5704. 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, a member of the AIG Companies®, with its principal place of business at 70 Pine Street, New York, New York 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

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

**- Coverage is valid only if premium has been paid -**

**PRODUCT NUMBER: 008264-P1 10/07**

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