

# Options Travel Protection for Flight Centre Clients

## Cover Page

Flight Centre Travel Group (USA) Inc has partnered with Cover-More, Aon Affinity and United States Fire Insurance Company to provide our clients with travel protection. This document holds all of the relevant information you will need in regard to your travel protection plan.

**Please review the following two (2) sections:**

- **Travel Protection Plan Certificate**  
*Including Applicable State Exceptions*
- **Worldwide Emergency Assistance Services**  
*Provided by World Travel Protection*

# Travel Protection Plan Certificate

**United States Fire Insurance Company**  
Administrative Office: 5 Christopher Way,  
Eatontown, NJ 07724  
(Hereinafter referred to as "the **Company**")

## INDIVIDUAL TRAVEL PROTECTION POLICY

### PLEASE READ THIS DOCUMENT CAREFULLY!

This **Policy** is issued in consideration of **Your** enrollment and payment of the premium due. This **Policy** of Insurance describes the insurance benefits underwritten by United States Fire Insurance **Company**, herein referred to as the **Company** and also referred to as **We, Us** and **Our**.

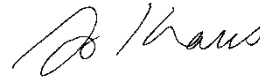
This **Policy** is a legal contract between **You** and the **Company**. It is important that **You** read **Your Policy** carefully. Please refer to the accompanying Confirmation of Benefits, which provides **You** with specific information about the program **You** purchased. **You** should contact the **Company** immediately if **You** believe that the Confirmation of Benefits is incorrect. Certain items are defined in the **Policy**. These terms are capitalized and in bold typeface, their meanings are listed in the **DEFINITIONS** section.

**Renewal:** Coverage under this **Policy** is not renewable.

Signed for **United States Fire Insurance Company** By:



Marc J. Adee  
Chairman and CEO



James Kraus  
Secretary

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## SCHEDULE OF BENEFITS

Benefit Per Trip	Maximum Benefit Amount
<b>Part A – Travel Arrangement Protection</b>	
Trip Cancellation .....	Total Trip Cost (\$100,000 Maximum)
Supplemental Trip Cancellation for a Specified Fortuitous Reason.....	up to 75% of non-refundable Trip Cost (\$100,000 Maximum)
Trip Interruption .....	up to 150% of Trip Cost (\$150,000 Maximum)
Travel Delay (up to \$200 per day) .....	\$1,000
Baggage and Personal Effects.....	\$1,500
Baggage Delay .....	\$500
Emergency Medical Evacuation and Repatriation of Remains.....	\$100,000

### SECTION I. EFFECTIVE DATE AND TERMINATION DATE

**When Coverage For Your Trip Begins – Coverage Effective Date: Trip Cancellation:** Coverage begins on the date and time the appropriate premium for this **Policy** is received by **Flight Centre**. This is **Your** "Effective Date" and time for **Trip Cancellation**.

**Supplemental Trip Cancellation for a Specified Fortuitous Reason:** Coverage begins on the date and time the appropriate premium for this **Policy** is received by **Flight Centre**. This is **Your** "Effective Date" and time for Supplemental **Trip Cancellation** for a Specified **Fortuitous Reason**.

**All Other Coverages:** Coverage begins when **You** depart on the first Travel Arrangement (or alternate travel arrangement if **You** must use an alternate travel arrangement to reach **Your Trip** destination) for **Your Trip**. This is **Your** "Effective Date" and time for all other coverages, except **Trip Cancellation** and Supplemental **Trip Cancellation** for a Specified **Fortuitous Reason**.

**When Coverage Ends – Coverage Termination Date:**

**Trip Cancellation:** **Your** coverage automatically ends on the earlier of: 1) the date and time **You** depart on **Your Trip**; or 2) the date and time **You** cancel **Your Trip**.

**Supplemental Trip Cancellation for a Specified Fortuitous Reason:** **Your** coverage automatically ends on the earlier of: 1) the date and time **You** depart on **Your Trip**; or 2) the date and time **You** cancel **Your Trip**.

**All Other Coverages:** **Your** coverage automatically ends on the earlier of: 1) the date **Your Trip** is completed; 2) the **Scheduled Return Date**; 3) **Your** arrival at **Your** return destination on a round-**Trip**, or the destination on a one-way **Trip**; 4) cancellation of **Your Trip** covered by the **Policy**. Termination of the **Policy** will not affect a claim for loss that occurs after premium has been paid.

**Extension of Coverage:** All coverages under the **Policy** will be extended if **Your** entire **Trip** is covered by the **Policy** and **Your** return is delayed due to unavoidable circumstances beyond **Your** control. If coverage is extended for the above reasons, coverage will end on the earlier of the date **You** reach **Your** originally scheduled return destination or 10 days after the **Scheduled Return Date**.

### SECTION II. COVERAGES

#### TRIP CANCELLATION

Benefits will be paid, up to the **Maximum Benefit Amount** shown in the Schedule of Benefits, to reimburse **You** for the amount of the unused non-refundable **Prepaid Payments** **You** paid for **Travel Arrangements** when **You** are prevented from taking **Your Trip** due to:

1. Death involving **You** or **Your Traveling Companion** or **You** or **Your Traveling Companion's Business Partner** or **Your Family Member**;
2. **Your** or a **Family Member's**, or a **Traveling Companion's**, or a **Business Partner's** covered **Sickness** or **Injury**, which: a) occurs before departure on **Your Trip**, b) requires **Medical Treatment** at the time of cancellation resulting in

medically imposed restrictions, as certified by a **Legally Qualified Physician**, and c) and prevents **Your** participation in the **Trip**;

3. For the **Other Covered Reasons** listed below;

Provided such circumstances occur while coverage is in effect.

“**Other Covered Reasons**” means:

- a. **You** or **Your Traveling Companion** being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after **Your** Effective Date) served with a court order to appear as a witness in a legal action in which **You** or **Your Traveling Companion** is not a party (except law enforcement officers);
- b. **Your** or **Your Traveling Companion**'s primary place of residence being rendered uninhabitable by fire, flood, or other **Natural Disaster**;
- c. **You** or **Your Traveling Companion** being directly involved in a traffic **Accident**, substantiated by a police report, while en route to **Your** scheduled point of departure;
- d. **Inclement Weather** that causes complete cessation of services for at least 6 consecutive hours of the **Common Carrier** on which **You** are scheduled to travel;
- e. **Bankruptcy or Default** of an airline or cruise line, tour operator or other travel provider from whom **You** purchased **Your Travel Arrangements** causing a complete cessation of travel services more than 7 days following **Your** Effective Date. Benefits will be paid due to **Bankruptcy or Default** of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow **You** to transfer to another airline in order to get to **Your** intended destination;
- f. Involuntary employer termination or layoff which occurs after **Your** Effective Date. Employment must have been with the same employer for at least 1 continuous year;
- g. **Your** family or friends with whom **You** are planning to stay are unable to provide accommodations due to life threatening illness, life threatening **Injury** or death of one of them.

All cancellations must be reported to the **Travel Supplier** within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible.

The maximum payable under this **Trip** Cancellation Benefit is the lesser of the total amount of coverage **You** purchased, or the **Maximum Benefit Amount** shown in the Schedule of Benefits.

#### **Single Supplement**

Benefits will be paid, up to the **Maximum Benefit Amount**, for the additional cost incurred as a result of a change in the per person occupancy rate for **Prepaid Travel Arrangements** if a **Traveling Companion**'s or **Family Member**'s **Trip** is canceled for a covered reason and **You** do not cancel **Your Trip**.

These benefits will not duplicate any other benefits payable under the **Policy** or any coverage(s) attached to the **Policy**.

Benefits are not payable for any loss due to, arising or resulting from:

1. Business, contractual or educational obligations of **You**, or a **Family Member**, **Business Partner**, or **Traveling Companion** or;

For the purposes of this provision, the following definitions apply:

“**Business Partner**” means an individual who (a) is involved in a legal general partnership with **You** and (b) is actively involved in the day to day management of **Your** business.

“**Family Member**” means any of the following: husband or wife; birth or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

“**Traveling Companion**” means a person or persons who is booked to accompany **You** on **Your Trip** with the same **Travel Arrangements** and who, during **Your Trip** will share accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with **You**.

#### **SUPPLEMENTAL TRIP CANCELLATION FOR A SPECIFIED FORTUITOUS REASON**

**We** will reimburse **You** for up to 75% of the unused non-refundable **Prepaid Payments** for the **Travel Arrangements** **You** purchased for **Your Trip**, when **You** cancel **Your Trip** prior to departure for a- specified **Fortuitous Reason** not otherwise covered under this **Policy** provided:

1. **You** payment for this **Policy** is received within 14 days of the date **Your** initial **Payment** or **Deposit** for **Your Trip** is received; and
2. **You** cancel **Your Trip** within three (3) days or more before **Your Scheduled Departure Date**.

“**Fortuitous Reason**” means an event of natural or human origin that: (1) could not have been reasonably foreseen or expected; (2) is out of **Your** control; and (3) is reasonably expected to cause or lead to the cancellation of **Your Trip** or some part of **Your Trip**.

#### **TRIP INTERRUPTION**

Benefits will be paid, up to the **Maximum Benefit Amount** shown in the Schedule of Benefits to reimburse **You** for the **Prepaid Payments** for unused non-refundable land or water **Travel Arrangements** plus the **Additional Transportation Cost** paid:

- a) to join **Your Trip** if **You** must depart after **Your Scheduled Departure Date** or travel via alternate **Travel Arrangements** by the most direct route possible to reach **Your Trip** destination; or
- b) to rejoin **Your Trip**, or transport **You** to **Your** originally scheduled return destination, if **You** must interrupt **Your Trip** after departure, each by the most direct route possible.

**Trip** Interruption must be due to:

1. Death involving **You** or **Your** or **Your Traveling Companion** or **You** or **Your Traveling Companion** or a **Business Partner’s** death, which occurs while **You** are on **Your Trip**;
2. **Your** or a **Family Member’s**, or a **Traveling Companion’s**, or a **Business Partner’s** covered **Sickness** or **Injury** which: a) occurs while **You** are on **Your Trip**, b) requires **Medical Treatment** at the time of interruption resulting in medically imposed restrictions, as certified by a **Legally Qualified Physician**, and c) prevents **Your** continued participation on **Your Trip**;
3. For the **Other Covered Reasons** listed below;

Provided such circumstances occur while coverage is in effect.

“**Other Covered reasons**” means:

- a. **You** or **Your Traveling Companion** being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after **Your** Effective Date) served with a court order to appear as a witness in a legal action in which **You** or **Your Traveling Companion** is not a party (except law enforcement officers);
- b. **You** or **Your Traveling Companion’s** primary place of residence being rendered uninhabitable by fire, flood, or other **Natural Disaster**;
- c. **You** or **Your Traveling Companion** being directly involved in a traffic **Accident**, substantiated by a police report, while en route to **Your** scheduled point of departure;
- d. **Inclement Weather** that causes complete cessation of services for at least 6 consecutive hours of the **Common Carrier** on which **You** are scheduled to travel;
- e. **Bankruptcy or Default** of an airline or cruise line, tour operator or other travel provider from whom **You** purchased **Your Travel Arrangements** causing a complete cessation of travel services more than 7 days following **Your** Effective Date. Benefits will be paid due to **Bankruptcy or Default** of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow **You** to transfer to another airline in order to get to **Your** intended destination;
- f. Involuntary employer termination or layoff which occurs after **Your** Effective Date. Employment must have been with the same employer for at least 1 continuous year;
- g. **Your** family or friends with whom **You** are planning to stay are unable to provide accommodations due to life threatening illness, life threatening **Injury** or death of one of them.

#### **Additional Trip Interruption Benefits:**

If **Your Traveling Companion** must remain hospitalized, benefits will also be paid for reasonable accommodation and local **Transportation Expenses** incurred by **You** to remain with **Your Traveling Companion** up to \$100 per day.

The maximum payable under this **Trip** Interruption Benefit is the **Maximum Benefit Amount** shown in the Schedule of Benefits.

These benefits will not duplicate any other benefits payable under the **Policy** or any coverage(s) attached to the **Policy**.

Benefits are not payable for any loss due to, arising or resulting from:

1. **Medical Treatment** during or arising from a **Trip** undertaken for the purpose or intent of securing **Medical Treatment**.

For the purposes of this provision, the following definitions apply:

**“Business Partner”** means an individual who (a) is involved in a legal general partnership with **You** and (b) is actively involved in the day to day management of **Your** business.

**“Family Member”** means any of the following: husband or wife; birth or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

**“Traveling Companion”** means a person or persons who is booked to accompany **You** on **Your Trip** with the same **Travel Arrangements** and who, during **Your Trip** will share accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with **You**.

#### TRAVEL DELAY

Benefits will be paid up to \$200 per day for: the non-refundable, unused portion of the **Prepaid** expenses for **Your Trip** and reasonable accommodation, meal, telephone call and local **Transportation Expenses** incurred by **You**, up to the **Maximum Benefit Amount** shown in the Schedule of Benefits, if **You** are delayed for 3 hours or more while en route to or from, or during **Your Trip**, due to:

- a) any delay of a **Common Carrier** (the delay must be certified by the **Common Carrier**);
- b) a traffic **Accident** in which **You** or **Your Traveling Companion** are not directly involved (must be substantiated by a police report);
- c) lost or stolen passports, travel documents or money (must be substantiated by a police report);
- d) quarantine, hijacking, **Strike**, **Natural Disaster**, **Terrorist Incident** or riot.

**You** must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the **Common Carrier** whose delay resulted in the loss, including but not limited to; scheduled departure and return times and actual departure and return times.

Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the **Common Carrier**.

These benefits will not duplicate any other benefits payable under the **Policy** or any coverage(s) attached to the **Policy**.

**“Traveling Companion”** means a person or persons who is booked to accompany **You** on **Your Trip** with the same **Travel Arrangements** and who, during **Your Trip** will share accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with **You**.

#### BAGGAGE AND PERSONAL EFFECTS

Benefits will be provided to **You**, up to the **Maximum Benefit Amount** shown in the Schedule of Benefits: (a) against all risks of permanent loss, theft or damage to **Your Baggage and Personal Effects**; (b) subject to all General Exclusions and the Additional Limitations and Exclusions Specific to **Baggage and Personal Effects** in the **Policy**; and (c) occurring while coverage is in effect. For the purposes of this benefit: **“Baggage and Personal Effects”** means goods being used by **You** during **Your Trip**.

The lesser of the following amounts will be paid:

- 1) the **Actual Cash Value** at the time of loss, theft or damage, except as provided below;
- 2) the cost to repair or replace the article with material of a like kind and quality; or
- 3) \$250 per article.

**We** may take all or part of a damaged baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, **We** will:

- 1) repair or replace any part to restore the pair or set to its value before the loss; or
- 2) pay the difference between the value of the property before and after the loss.

A combined maximum of \$500 will be paid for jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras and their accessories and related equipment, computer, digital or electronic equipment or media.

**Baggage and Personal Effects does not include:**

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;
- 5) motors;
- 6) aircraft;
- 7) household effects and furnishings;
- 8) antiques and collector's items;
- 9) eyeglasses, sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or other orthodontic devices or hearing aids;
- 10) artificial limbs or other prosthetic devices;
- 11) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- 12) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 13) professional or occupational equipment or property, whether or not electronic business equipment;
- 14) sporting equipment if the loss results from the use thereof.

**Additional Limitations and Exclusions Specific to Baggage and Personal Effects:**

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) confiscation or appropriation by order of any government or custom's rule;
- c) theft or pilferage while left in any unlocked vehicle;
- d) property shipped as freight or shipped prior to the **Scheduled Departure Date**.

**Baggage Delay:** If, while on a **Trip**, **Your** checked baggage is delayed or misdirected by a **Common Carrier** for more than 24 hours from **Your** time of arrival at a destination other than **Your** return destination, benefits will be paid, up to the **Maximum Benefit Amount** shown in the Schedule of Benefits, for the actual expenditure for necessary personal effects. **You** must be a ticketed passenger on a **Common Carrier**. The **Common Carrier** must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

**Additional Provisions applicable to Baggage and Personal Effects and Baggage Delay:**

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the **Common Carrier**, hotel or **Travel Supplier**; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

**Additional Claims Provisions Specific to Baggage:**

**Insured Duties After Loss of or Damage to Property or Delay Baggage:** In case of loss, theft, damage or delay of baggage or personal effects, and **Insured** must:

- a) take all reasonable steps to protect, save or recover the property;
- b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport, or other station authorities, tour operators or group leaders, or any **Common Carrier** or bailee who has custody of **Your** property at the time of loss;
- c) produce records needed to verify the claim and its amount, and permit copies to be made;
- d) send proof of loss as soon as reasonably possible after date of loss, providing date, time, and cause of loss, and a complete list of damaged/ lost items: and
- e) allow the **Company** to examine baggage or personal effects, if requested.

These benefits will not duplicate any other benefits payable under the **Policy**.

**EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS**

When **You** suffer loss of life for any reason or incur a **Sickness** or **Injury** during the course of **Your Trip**, the following benefits are payable, up to the **Maximum Benefit Amount** shown in the Schedule of Benefits.

1. **Emergency Medical Evacuation:** If the local attending **Legally Qualified Physician** and the authorized travel assistance company determine that transportation to a **Hospital** or medical facility is **Medically Necessary** to treat an unforeseen **Sickness** or **Injury** which is acute or life threatening and adequate **Medical Treatment** is not available in the immediate area, the **Transportation Expense** incurred will be paid for the **Usual and Customary Charges** for transportation to the closest **Hospital** or medical facility capable of providing that treatment.

If **You** are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by **You**, by **Economy Transportation**, for a single visit to and from **Your** bedside.

If **You** are in the **Hospital** for more than 3 consecutive days and **Your** dependent children who are under 25 years of age and accompanying **You** on **Your Trip** are left unattended, **Economy Transportation** will be paid to return the dependents to their **Home** (with an attendant, if considered necessary by the authorized travel assistance company).

2. **Medical Repatriation:** If the local attending **Legally Qualified Physician** and the authorized travel assistance company determine that it is **Medically Necessary** for **You** to return to **Your** primary place of residence because of an unforeseen **Sickness** or **Injury** which is acute or life-threatening, the **Transportation Expense** incurred will be paid for **Your** return to **Your** primary place of residence, or to a **Hospital** or medical facility closest to **Your** primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:
  - i) one-way **Economy Transportation**;
  - ii) commercial air upgrade (to Business or First Class), based on **Your** condition as recommended by the local attending **Legally Qualified Physician** and verified in writing and considered necessary by the authorized travel assistance company; or
  - iii) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the **Usual and Customary Charges** for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.
3. **Return of Remains:** In the event of **Your** death during a **Trip**, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of **Your** remains to **Your** primary place of residence or to the place of burial.

Benefits are paid less the value of **Your** original unused return travel ticket.

If benefits are payable and **You** have other insurance that may provide benefits for this same loss, **We** reserve the right to recover from such other insurance. **You** shall:

- a) notify the **Company** of any other insurance;
- b) help the **Company** exercise the **Company's** rights in any reasonable way that the **Company** may request, including the filing and assignment of other insurance benefits;
- c) not do anything after the loss to prejudice the **Company's** rights; and
- d) reimburse to the **Company**, to the extent of any payment the **Company** has made, for benefits received from such other insurance.

These benefits will not duplicate any other benefits payable under the **Policy** or any coverage(s) attached to the **Policy**.

### SECTION III. DEFINITIONS

**"Accident"** means a sudden, unexpected unusual specific event that occurs at an identifiable time and place and shall also include exposure resulting from a mishap to a conveyance in which **You** are traveling.

**"Actual Cash Value"** means current replacement cost for items of like kind and quality.

**"Additional Transportation Cost"** means the actual cost incurred for one-way **Economy Transportation** by **Common Carrier** reduced by the value of an unused travel ticket.

**"Baggage and Personal Effects"** means luggage, personal possessions and travel documents taken by **You** on **Your Trip**.

**"Bankruptcy or Default"** means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by an airline, cruise line, or tour operator provided the **Bankruptcy or Default** occurs more than 7 days following **Your** Effective Date for the Supplemental **Trip** Cancellation for a Specified **Fortuitous Reason** benefit. There is no coverage for the **Bankruptcy or Default** of any person, organization, agency or firm from whom **You** purchased **Travel Arrangements** supplied by others.

**"Common Carrier"** means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire.

**"Complications of Pregnancy"** means conditions (when the pregnancy is not terminated) 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** does 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.

**“Covered Accident”** means an **Accident** that occurs while coverage is in force and results in a loss for which benefits are payable.

**“Economy Transportation”** means the lowest published available transportation rate for a ticket on a **Common Carrier** matching the original class of transportation that **You** purchased for **Your Trip**.

**“Elective Treatment and Procedures”** means any **Medical Treatment** or surgical procedure that is not **Medically Necessary**, including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by **Us** to be research or experimental or that is not recognized as a generally accepted medical practice.

**“Home”** means **Your** primary place of residence.

**“Hospital”** means a short-term, acute, general **Hospital**, which: (1) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons; (2) has organized departments of medicine and major surgery; (3) has a requirement that every patient must be under the care of a physician or dentist; (4) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.); (5) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x(k)); (6) is duly licensed by the agency responsible for licensing such **Hospitals**; and (7) is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational or rehabilitary care.

**“Inclement Weather”** means any weather condition that delays the scheduled arrival or departure of a **Common Carrier**.

**“Injury”** means bodily harm caused by an **Accident** which: 1) occurs while **Your** coverage is in effect under the **Policy**; and 2) requires examination and treatment by a **Legally Qualified Physician**. The **Injury** must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, **Sickness**.

**“Insured, You, Your”** means a person(s) who is booked to travel on a **Trip** and for whom the required premium is paid, and who appears on the Confirmation of Benefits, also referred to as **You** and **Your**.

**“Intoxicated”** mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where **You** are located at the time of an incident.

**“Legally Qualified Physician”** means a physician other than a Family Member, practicing within the scope of his or her license and recognized as a physician in the place where services are rendered; other than a Family Member, provided that they are a legally qualified practitioner of the healing arts, licensed by the locality in which they practice and acting within the scope of such license.

**“Maximum Benefit Amount”** means the maximum amount payable for coverage provided to **You** as shown in the Schedule of Benefits.

**“Medically Necessary”** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

**“Medical Treatment”** means examination and treatment by a **Legally Qualified Physician** for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment.

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

**“Payments or Deposits”** means the cash, check, or credit card amounts actually paid for **Your Trip**. Certificates, discounts, credits, frequent traveler or frequent flyer rewards, miles or points applied (in part or in full) towards the cost of **Your Travel Arrangements** are not **Payments or Deposits** as defined herein.

**“Policy”** means this travel insurance **Policy** along with any riders, endorsements or amendments attached thereto.

**“Pre-Existing Condition”** means an illness, disease, or other condition during the 60-day period immediately prior to the date **Your** coverage is effective for which **You** or **Your Traveling Companion, Business Partner or Family Member** scheduled or booked to travel with **You**: 1) received or received a recommendation for a test, examination, or **Medical Treatment** for a condition which first manifested itself, worsened or became acute or had symptoms which would have

prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is effective under this **Policy**.

**“Prepaid”** means **Payments** or **Deposits** paid by **You** to a **Travel Supplier** for **Travel Arrangements** for **Your Trip** prior to **Your** actual or **Scheduled Departure Date**.

**“Scheduled Departure Date”** means the date on which **You** are originally scheduled to leave on **Your Trip**.

**“Scheduled Return Date”** means the date on which **You** are originally scheduled to return to the point of origin or the original final destination of **Your Trip**.

**“Sickness”** means an illness or disease of the body which: 1) requires examination and treatment by a **Legally Qualified Physician**, and 2) commences while **Your** coverage is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the Effective Date of **Your** coverage is not a **Sickness** and is considered a **Pre-Existing Condition** as defined herein and is not covered by the **Policy**.

**“Strike”** means any labor disagreement resulting in a stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and (b) which interferes with the normal departure and arrival of a **Common Carrier**.

**“Terrorist Incident”** means an act of violence, that is deemed terrorism by the United States Government other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or in association with other persons on behalf of or in connection with any organization of foreign government which is generally recognized as having the intent to overthrow or influence the control of any other foreign government.

**“Third Party”** means a person or entity other than **You** or the **Company**.

**“Transportation Expense”** means the cost of **Medically Necessary** conveyance, personnel, and services or supplies.

**“Travel Arrangements”** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the **Travel Supplier** for **Your Trip**. Air arrangements covered by this definition also include any direct round **Trip** air flights booked by others, to and from **Your** scheduled **Trip** departure and return cities, provided the dates of travel for the air flights are within 14 total days of **Your** scheduled **Trip** dates.

**“Travel Supplier”** means entity or organization that coordinates or supplies travel services for **You**.

**“Trip”** means a scheduled **Trip** for which coverage for **Travel Arrangements** is requested and the premium is paid prior to **Your** actual or **Scheduled Departure Date** of **Your Trip**. Coverage for a **Trip** under this **Policy** will not exceed 180 days.

**“Us”, “We”, “Our”, “Company”** means United States Fire Insurance **Company**.

**“Usual and Customary Charges”** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

#### **SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS**

**The following Exclusions and Limitations do not apply to non-traveling Family Member.**

**Benefits are not payable for any loss to You, insured under this Policy and are traveling with You due to, arising or resulting from:**

1. an act of declared or undeclared war;
2. piloting or learning to pilot or acting as a member of the crew of any aircraft;
3. being **Intoxicated** as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a **Legally Qualified Physician**;
4. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
5. normal childbirth or pregnancy other than **Complications of Pregnancy** of the Insured;
6. due to a **Pre-Existing Condition**, as defined in the **Policy**. The **Pre-Existing Condition** Limitation does not apply to the Emergency Medical Evacuation or Return of Remains coverage;
7. any benefits provided under any Worker’s Compensation, Disability Benefit or similar law;
8. mental or nervous disorders, alcoholism and drug addiction except as required under New York law;

9. a loss that results from an illness, disease or other condition, event or circumstance which occurs at a time when the plan is not in effect for **You**;

#### **PRE-EXISTING CONDITION EXCLUSION:**

The **Company** will not pay for any expense as a result of any illness, disease, or other condition during the 60-day period immediately prior to the date **Your** coverage is effective for which **You** 1) received or received a recommendation for a test, examination, or **Medical Treatment** for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this exclusion does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is effective under this **Policy**.

#### **SECTION V. PAYMENT OF CLAIMS**

**Claim Procedures: Notice of Claim:** Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. **You** or someone on **Your** behalf may give the notice. The notice should be given to **Us** or **Our** designated representative and should include sufficient information to identify **You**.

**Claim Procedures: Claim Forms:** When notice of claim is received by **Us** or **Our** designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by **You** sending **Us** a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Claim Procedures: Proof of Loss:** Proof of loss must be provided within 120 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**Payment of Claims: When Paid:** **We**, or **Our** designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** Benefits for loss of life will be paid to **Your** designated beneficiary. If a beneficiary is not otherwise designated by **You**, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) **Your** spouse;
- b) **Your** child or children jointly;
- c) **Your** parents jointly if both are living or the surviving parent if only one survives;
- d) **Your** brothers and sisters jointly; or
- e) **Your** estate.

All other Benefits will be paid directly to **You**, unless otherwise directed. Any accrued benefits unpaid at **Your** death will be paid to **Your** estate. If **You** have assigned **Your** benefits, **We** will honor the assignment if a signed copy has been filed with **Us**. **We** are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the **Policy** may, at **Our** option, be paid directly to the provider of the service(s) to **You**. All benefits not paid to the provider will be paid to **You**.

If any benefit is payable to: (a) an **Insured** who is a minor or otherwise not able to give a valid release; or (b) the **Insured's** estate, **We** may pay up to \$1,000 to the **Insured's** beneficiary or any relative whom **We** find entitled to the payment. Any payment made in good faith shall fully discharge **Us** to any party to the extent of such payment.

#### **SECTION VI. GENERAL PROVISIONS**

**Entire Contract: Changes:** This **Policy** and any attachments are the entire contract of insurance. No agent may change it in any way. Only an officer of the **Company** can approve a change. Any such change must be shown in this **Policy** or its attachments.

**Physician Examination and Autopsy:** The **Company**, at the expense of the **Company**, may have **You** examined when and as often as is reasonable while the claim is pending. The **Company** may have an autopsy done (at the expense of the **Company**) where it is not forbidden by law.

**Legal Actions:** All **Policy** terms will be interpreted under the laws of the state in which the **Policy** was issued. No legal action may be brought to recover on the **Policy** within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against **Us** after 3 years from the time written Proof of Loss is required to be furnished.

**Concealment and Misrepresentation:** A material misrepresentation by the Insured shall void this contract of insurance or defeat recovery thereunder. A misrepresentation shall be deemed material if knowledge by the insurer of the facts misrepresented would have led to refusal of the contract.

**Other Insurance with the Company:** **You** may be covered under only one travel **Policy** with the **Company** for each **Trip**. If **You** are covered under more than one such **Policy**, **You** may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**Reductions in the Amount of Insurance:** The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this **Policy** for **Your Trip**.

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

**Transfer of Coverage:** Coverage under this **Policy** cannot be transferred to anyone else.

**Controlling Law:** Any part of this **Policy** that conflicts with the state law where this **Policy** is issued is changed to meet the requirements of that state's law.

## CLAIMS PROCEDURE

**1. EMERGENCIES ARISING DURING YOUR COVERED TRIP:** Please contact World Travel Protection (refer to Worldwide Emergency Assistance Services section).

**2. TRIP CANCELLATIONS:** Contact Flight Centre and Aon Affinity IMMEDIATELY to notify them of your cancellation and to avoid any non-covered expenses due to late reporting. Aon Affinity will then forward the appropriate claim form which must be completed by You and THE ATTENDING PHYSICIAN, if applicable.

**3. ALL OTHER CLAIMS:** Report your claim as soon as possible to Aon Affinity. Provide the policy number, Your travel dates, and details describing the nature of Your loss. Upon receipt of this information, Aon Affinity will promptly forward You the appropriate claim form to complete.

**Online:** [www.aontravelclaim.com](http://www.aontravelclaim.com)

Phone: 1-(800) 539-9277 or 1-(516) 342-7300

Mail: Aon Affinity Travel Practice  
900 Stewart Avenue  
Garden City, NY 11530

**Important:** In order to facilitate prompt claims settlement upon your return, be sure to obtain as applicable: detailed medical statements from Physicians in attendance where the Accident or Sickness occurred; police reports or claims reports from the parties responsible (e.g. airline, cruise line, hotel, etc.) for any loss, theft, damage or delay. In the event of a baggage claim, receipts for any lost or damaged items will be required. In the event of a Baggage Delay or Trip Delay claim, receipts for any additional covered expenses will be required, as well as verification of the delay.

When used throughout this document “The Company”, “Our”, “We”, or “Us” means:  
**United States Fire Insurance Company**

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## **PRIVACY POLICY AND PRACTICES**

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

### **Your Privacy is Our Concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information and takes measures to enforce employee privacy responsibilities.

### **What kind of information do we collect about you and from whom?**

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

### **What do we do with the information collected about you?**

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

### **To whom do we disclose information about you?**

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

### **How to contact Us**

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator  
Fairmont Specialty  
5 Christopher Way, 3<sup>rd</sup> Floor  
Eatontown, New Jersey 07724

When used throughout this document “Company”, “Our”, “We”, or “Us” means:  
**United States Fire Insurance Company**

## **GRIEVANCE PROCEDURES**

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we’ve made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

### **DEFINITIONS**

A “**Grievance**” is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An “**Adverse Determination**” is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

### **INFORMAL GRIEVANCE PROCEDURE**

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don’t have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

### **FORMAL GRIEVANCE PROCEDURE**

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

#### **First Level Review**

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter.

Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

- (1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
- (2) A statement of the reviewer’s understanding of the Grievance.
- (3) The specific reason(s) for the reviewer’s decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
- (4) A reference to the evidence or documentation used as the basis for the decision.
- (5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
- (6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

## **Second Level Review**

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
  - attend the Second Level Review
  - present his/her case to the review panel;
  - submit supporting materials before and at the review meeting;
  - ask questions of any member of the review panel;
  - be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
  - request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:

- (1) were not previously involved in any matter giving rise to the Second Level Review;
- (2) are not employees of the Company or Utilization Review Organization; and
- (3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:

- (1) the name(s), title(s) and qualifying credentials of the members of the review panel;
- (2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
- (3) the review panel's recommendation to the Company and the rationale behind the recommendation;
- (4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
- (5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
- (6) the rationale for the Company's decision if it differs from the review panel's recommendation;
- (7) a statement that the decision is the Company's final determination in the matter;
- (8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

## **EXPEDITED REVIEW**

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone,



facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance. We will not provide an expedited review for retrospective reviews of Adverse Determinations.

# Worldwide Emergency Assistance Services

*The following assistance services are provided by World Travel Protection and are not an insurance benefit.*

Not a care in the world...when you have our 24/7 global network to assist you on your travels.

- **Travel Assistance**
- **Medical Assistance**
- **Emergency Services**

## **Travel Assistance**

### Travel Arrangements

- Arrangements for last-minute flight and hotel changes
- Luggage Locator (reporting/tracking of lost, stolen or delayed baggage)
- Hotel finder and reservations
- Airport transportation
- Rental car reservations and automobile return
- Coordination of travel for visitors to bedside
- Return travel for dependent/minor children
- Assistance locating the nearest embassy or consulate
- Cash transfers
- Assistance with bail bonds

### Pre-Trip Information

- Destination guides (hotels, restaurants, etc.)
- Weather updates and advisories
- Passport requirements
- Currency exchange
- Health and safety advisories

### Documents and Communication

- Assistance with lost travel documents or passports
- Live email and phone messaging to family and friends
- Emergency message relay service
- Multilingual translation and interpretation services

## **Medical Assistance Services**

- Medical case management, consultation and monitoring
- Medical Transportation
- Dispatch of a doctor or specialist
- Referrals to local medical and dental service providers
- Worldwide medical information, up-to-the-minute travel medical advisories, and immunization requirements
- Prescription drug replacement
- Replacement of eyeglasses, contact lenses and dental appliances

## **Emergency Services**

- Emergency evacuation
- Repatriation of mortal remains
- Emergency medical and dental assistance
- Emergency legal assistance
- Emergency medical payment assistance
- Emergency family travel arrangements

Travel Assistance, Medical Assistance and Emergency Services can be accessed by calling World Travel Protection at **1-800-945-1235** or, from outside the U.S. or Canada, call collect: **1-416-572-3634**.