



## Travel Protection Plan

Designed for the Clients of  
Swain Destinations

### **Important**

This program is valid only if the appropriate plan cost has been received by Swain Destinations. Please keep this document as your record of coverage.

# Transamerica Casualty Insurance Company

Policy Number: MZ0911107H0000A

## Description of Coverages

Schedule: Swain Destinations                      Maximum Benefit Amount

### Part A. Travel Arrangement Protection

Trip Cancellation.....Up To Total Trip Cost (\$15,000 Maximum)  
Trip Interruption.....Up To Total Trip Cost (\$15,000 Maximum)  
Trip Delay.....\$1,000 (\$100/day)

### Part B. Medical Protection

Emergency Evacuation/Repatriation.....\$25,000  
Accident Medical Expense.....\$5,000  
Sickness Medical Expense.....\$5,000

### Part C. Baggage Protection

Baggage and Personal Effects.....\$2,500  
Baggage Delay.....\$250

### Part D. Travel Accident Protection

Accidental Death and Dismemberment  
Air Common Carrier.....\$100,000  
Any Other Circumstance.....\$25,000

### Part E. Worldwide Emergency Assistance (On Call International)

CareFree™ Travel Assistance.....24/7  
Medical Assistance.....24/7  
Emergency Services.....24/7

*Coverages under Parts A, B, C and D are underwritten by Transamerica Casualty Insurance Company. Services under Part E are provided by On Call International. The benefits provided in this program are subject to certain restrictions and exclusions, including the Pre-Existing Condition Exclusion. Important: The Pre-Existing Condition Exclusion may be waived only if all the parameters set forth on Page 5 have been met. Please read this brochure in its entirety for a description of all coverage terms and conditions. Note: Words beginning with capital letters are defined in this text.*

## Summary of Coverages

### Part A. Travel Arrangement Protection

#### Trip Cancellation and Trip Interruption Benefits

##### Pre-Departure Trip Cancellation

We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount in the Schedule if you are prevented from taking your Covered Trip due to your, an Immediate Family Member's, or Traveling Companion's Injury, or death or Other Covered Events as defined, that occur(s) before departure on your Covered Trip. The Sickness or Injury must: a) commence while your coverage is in effect under the Policy; b) require the examination and treatment by a Physician at the time the Covered Trip is canceled; and c) in the written opinion of the treating Physician, be so disabling as to prevent you from taking your Covered Trip; or in the case of a non-traveling Immediate Family Member, be life threatening, or so severe as to require your care.

### **Pre-Departure Trip Cancellation Benefits**

We will reimburse you, up to the amount in the Schedule for the amount of prepaid, non-refundable, and unused Payments or Deposits that you paid for your Covered Trip. We will pay your additional cost as a result of a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is canceled and your Covered Trip is not canceled.

### **Post-Departure Trip Interruption**

We will pay a Post-Departure Trip Interruption Benefit, up to the amount in the Schedule, if due to your, an Immediate Family Member's, or Traveling Companion's Sickness, Injury, or death or Other Covered Events as defined: 1) your arrival on your Covered Trip is delayed; or 2) you are unable to continue on your Covered Trip after you have departed on your Covered Trip. For item 1) above, the Sickness or Injury must: a) commence while your coverage is in effect under the Policy; b) for item 2) above, commence while you are on your Covered Trip and your coverage is in effect under the Policy; and c) for both items 1) and 2) above, require the examination and treatment by a Physician at the time the Covered Trip is interrupted or delayed; and d) in the written opinion of the treating Physician, be so disabling as to delay your arrival on your Covered Trip or to prevent you from continuing your Covered Trip; or in the case of a non-traveling Immediate Family Member, be life threatening, or so severe as to require your care.

### **Post-Departure Trip Interruption Benefits**

We will reimburse you, less any refund paid or payable, for unused land or water travel arrangements, and/or the following:

- (1) the additional transportation expenses by the most direct route from the point you interrupted your Covered Trip:
  - a) to the next scheduled destination where you can catch up to your Covered Trip; or
  - b) to the final destination of your Covered Trip;
- (2) the additional transportation expenses incurred by you by the most direct route to reach your original Covered Trip destination if you are delayed and leave after the Scheduled Departure Date.

However, the benefit payable under (1) and (2) above will not exceed the cost of a one-way economy air fare (or first class, if the original tickets were first class) by the most direct route less any refunds paid or payable for your unused original tickets.

In no event shall the amount reimbursed under Trip Cancellation or Trip Interruption exceed the amount you prepaid for your Trip. Important: You, your Traveling Companion and/or your Immediate Family Member booked to travel with you must be medically capable of travel on the day you purchase this coverage. The covered reason for cancellation or interruption of your Trip must occur after your effective date of Trip Cancellation coverage.

**Please note:** Benefits will not be paid for expenses not refunded in the event of your travel agent's, the airline's or Swain Destinations' insolvency.

**Other Covered Events** means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy:

1. Common Carrier delays resulting from inclement weather, or mechanical breakdown or organized labor strikes that affect public transportation;  
Item #1 above is subject to the following conditions:
  - a) the scheduled carrier connecting times must be 90 minutes or longer; and
  - b) the scheduled time between arrival at the Scheduled Trip Departure City and the scheduled trip departure must be 4 hours or longer.
2. a change in plans by you, an Immediate Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy:
  - a) being directly involved in a documented traffic accident while en route to departure;
  - b) being hijacked, Quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, an Immediate Family Member traveling with you or a Traveling Companion is not: 1) a party to the legal action, or 2) appearing as a law enforcement officer;
  - c) having your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
  - d) being called into active military service to provide aid or relief in the event of a natural disaster;
  - e) a transfer of employment of 250 miles or more.

### **Trip Delay**

If your Covered Trip is delayed for 12 hours or more, we will reimburse you, up to the amount shown in the Schedule for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and economy transportation to catch up to your Trip, or to return Home. We will not pay benefits for expenses incurred after travel becomes possible.

Trip Delay must be caused by or result from:

1. Common Carrier delay;
2. loss or theft of your passport(s), travel documents or money;
3. being Quarantined;
4. hijacking;
5. natural disaster;
6. a documented traffic accident while you are en route to departure;
7. unannounced strike;
8. a civil disorder;
9. your, an Immediate Family Member traveling with you, or a Traveling Companion's Injury, Sickness or death.

## Part B. Medical Protection

### Medical Expense/Emergency Assistance Benefits

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip; as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

### Covered Expenses:

#### Accident Medical Expense/Sickness Medical Expense:

1. expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you within one year from the date of your Sickness or Injury;
2. expenses for emergency dental treatment incurred by you during a Covered Trip;

#### Emergency Evacuation:

3. expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors prior approval;
4. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
5. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
6. expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence, including escort expenses if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors prior approval;
7. expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the Policy;

## **Repatriation:**

8. repatriation expenses for preparation and air transportation of your remains to your place of residence, or up to an equivalent amount for a local burial in the country where death occurred, if you die while on your Covered Trip.

## **Losses Not Covered:**

We will not pay Medical Expense/Emergency Assistance Benefits if your Covered Trip destination is traveling to your Home.

**Please Note:** In no event will all benefits paid for Emergency Evacuation and Repatriation expenses exceed the coverage limit of \$25,000.

**Please note: Benefits under Parts A, B & D (except Emergency Evacuation and Repatriation) are subject to the Pre-Existing Condition Exclusion detailed below and other exclusions listed on Pages 10-12.**

**Pre-Existing Condition** means an illness, disease, or other condition during the 60-day period immediately prior to your effective date for which you or your Traveling Companion or Immediate Family Member who is scheduled or booked to travel with you:

1. received or received a recommendation for a diagnostic test, examination, or medical 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.

### **Waiver of the Pre-Existing Condition Exclusion**

The Pre-Existing Condition Exclusion is waived provided you meet all of the following requirements:

1. the payment for this plan is received within 14 days of the initial Covered Trip deposit/payment for your Covered Trip; and
2. you are not disabled from travel at the time you make your plan payment.

If you have any questions concerning this exclusion, please call Aon Affinity at 1.800.453.4066 for further clarification.

## **Part C. Baggage Protection**

### **Baggage and Personal Effects Benefit**

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage during your Covered Trip.

## **Valuation and Payment of Loss**

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 80% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss.

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.

## **Items Subject to Special Limitations**

We will not pay more than \$500 (or the Baggage and Personal Effects limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; decorative or personal articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. There is a \$250 per article limit.

## **Baggage Delay Benefit**

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed by a Common Carrier for 24 hours or more during your Covered Trip. You must be a ticketed passenger on a Common Carrier. This coverage terminates upon your arrival at the return destination of your Covered Trip.

## **Part D. Travel Accident Protection**

### **Accidental Death and Dismemberment**

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Covered Trip and covered under the Policy, and you suffer one of the losses listed below within 365 days of the Accident. The Principal Sum is the benefit amount shown on the Schedule.

<u>Loss:</u>	<u>Percentage of Principal Sum Payable:</u>
Life.....	100%
Both Hands; Both Feet or Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and Sight of One Eye.....	100%
One Foot and Sight of One Eye.....	100%
One Hand; One Foot or Sight of One Eye.....	50%

If you suffer more than one loss from one Accident, we 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.

### **Air Common Carrier Benefits**

The benefits provided by the Policy for air flight applies only if you sustain a covered loss in an Accident which occurs: 1) while a passenger in or on, boarding or alighting from an Air Common Carrier; or 2) being struck or run down by an Air Common Carrier

of a regularly scheduled airline or an air charter company that is licensed to carry passengers for hire.

## **Part E. Worldwide Emergency Assistance (On Call International)**

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

- **CareFree™ Travel Assistance**
- **Medical Assistance**
- **Emergency Services**

### **Carefree™ 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, restaurant, 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 medical and dental assistance
- Emergency legal assistance
- Emergency family travel arrangements



**To access emergency assistance, call 1.800.689.2521 or, from outside the U.S. or Canada, call collect\*: 1.603.328.1733.**

*\*If you have any difficulty making this collect call, contact the local phone operator to connect you to a US-based long-distance service. In this case, please let the Assistance Provider answering the phone know the number you are calling from, so that he/she may call you back. Any charges for the call will be considered reimbursable benefits.*

Note that the problems of distance, information, and communications make it impossible for Transamerica Casualty Insurance Company, Aon Affinity, Swain Destinations, or On Call International to assume any responsibility for the availability, quality, use, or results of any emergency service. In all cases, you are still responsible for obtaining, using, and paying for your own required services of all types.

### **Definitions**

In the Description of Coverage, “you”, “your” and “yours” refer to the Insured. “We”, “us” and “our” refer to the company providing the coverage. In addition certain words and phrases are defined as follows:

**Accident** means a sudden, unexpected, unintended and external event, which causes Injury.

**Actual Cash Value** means purchase price less depreciation.

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

**Baggage** means luggage, personal possessions and travel documents taken by you on the Covered Trip.

**Common Carrier** means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

**Covered Trip** means a period of travel away from Home to a destination outside your city of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and return dates specified when the Insured enrolls.

**Domestic Partner** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**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 or secondary residence.

**Hospital** means an institution, which meets all of the following requirements:

1. it must be operated according to law;
2. it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. registered nurses must be on 24 hour call or duty; and
5. the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**Immediate Family Member** includes your or the Traveling Companion's dependent, spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, or ward.

**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 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** means an eligible person who arranges a Covered Trip and pays any required plan payment.

**Insurer** means Transamerica Casualty Insurance Company.

**Other Valid and Collectible Group Insurance** means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid to the Policyholder, for your Covered Trip.

**Physician** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for

the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

**Policy** means the contract issued to the Policyholder providing the benefits specified herein.

**Policyholder** means the legal entity in whose name this Policy is issued, as shown on the benefit Schedule.

**Program Medical Advisors** means On Call International.

**Quarantined** means the isolation of a person afflicted with or exposed to a communicable disease, the purpose being to prevent the spread of disease.

**Schedule** means the benefit schedule shown on the Description of Coverage for each Insured.

**Scheduled Departure Date** means the date on which you are originally scheduled to leave on your Covered Trip.

**Scheduled Return Date** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**Scheduled Trip Departure City** means the city where the scheduled Trip on which you are to participate originates.

**Sickness** means an illness or disease of the body which:  
1) requires examination and treatment by a Physician, and  
2) commences while the plan 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 this plan is not a Sickness as defined herein and is not covered by the Policy.

**Terrorist Act** means an act of violence, 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 on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

**Traveling Companion** means a person whose name(s) appear(s) with you on the same Trip arrangement and who, during the Trip, will share accommodations with you in the same room, cabin, condominium unit, apartment unit, or other lodging.

**Trip** means a trip for which coverage has been elected and the plan payment paid and all travel arrangements are arranged by Swain Destinations prior to the Scheduled Departure Date of the trip. Also covered by this definition are any direct round trip air flights booked by others, to and from the scheduled Covered Trip departure and return cities, provided the dates of travel for the air flights are within 10 total days of the scheduled land tour or cruise dates.

**Usual and Customary Charge** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90<sup>th</sup> percentile.

## General Plan Exclusions

### In Parts A, B & D:

**We will not pay for any loss or expense caused by or incurred resulting from:** a Pre-Existing Condition, as defined in the Policy, unless this exclusion has been waived in accordance with the parameters set forth in the Pre-Existing Condition Exclusion section on Page 5. This Exclusion does not apply to benefits under covered expenses (emergency medical evacuation or repatriation of remains) of the Medical Expense/Emergency Assistance Benefits coverage.

### In Parts A, B & D:

**We will not pay for any loss under the policy caused by or incurred resulting from:**

1. mental, nervous, or psychological disorders, except if hospitalized;
2. being under the influence of drugs or intoxicants, unless prescribed by a Physician;
3. normal pregnancy, except if hospitalized; or elective abortion;
4. declared or undeclared war, or any act of war;
5. service in the armed forces of any country;
6. operating or learning to operate any aircraft, as pilot or crew;
7. any unlawful acts, committed by you or a Traveling Companion (whether insured or not);
8. any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
9. Elective Treatment and Procedures;
10. medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
11. business, contractual or educational obligations of you, an Immediate Family Member, Business Partner, or Traveling Companion;
12. failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements;
13. a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the Policy is not in effect for you.

### In Part C:

#### Items not covered

**We will not pay for damage to or loss of:**

1. a loss or damage caused by detention, confiscation or destruction by customs;
2. animals;
3. property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof;

4. boats, motors, motorcycles, motor vehicles, aircraft, and other conveyances or equipment, or parts for such conveyances;
5. artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses;
6. documents or tickets, except for administrative fees required to reissue tickets;
7. money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards;
8. property shipped as freight or shipped prior to the Scheduled Departure Date.

### **Losses not covered**

#### **We will not pay for loss arising from:**

1. theft or pilferage from an unattended vehicle;
2. mysterious disappearance.

### **In Part D:**

#### **The following exclusions apply to the Accidental Death and Dismemberment coverage:**

1. We will not pay for loss caused by or resulting from Sickness of any kind.
2. Your suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
3. participation as a professional in athletics;
4. participation in organized amateur and interscholastic athletic or sports competition or events;
5. riding or driving in any motor competition;
6. nuclear reaction, radiation or radioactive contamination;
7. scuba diving, snow skiing, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company.

### **Term of Coverage**

#### **When Coverage Begins**

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of: 1) the date the plan payment has been received by Swain Destinations; 2) the date and time you start your Covered Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

Pre-Departure Trip Cancellation coverage elected by or provided to you will take effect at 12:01 A.M. Standard Time on the day plan payment is received by Swain Destinations. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Covered Trip if the required plan payment is received.

#### **When Coverage Ends**

Your coverage automatically ends on the earlier of:

1. the date the Covered Trip is completed;
2. the Scheduled Return Date;

3. your arrival at the return destination on a round-trip, or the destination on a one-way trip;
4. cancellation of the Covered Trip covered by the Policy.

If your air arrangements are greater than 10 total days before and/or after your Trip, you will also be covered for Trip Interruption, Trip Delay, and benefits under Parts B, C and D on the day(s) you are flying to/from your destination.

### Claims Procedure

1. **Emergencies Arising During Your Trip:** Please refer to Part E. Worldwide Emergency Assistance.
2. **Trip Cancellation Claims:** Contact your travel agent, Swain Destinations 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 above, 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.travelclaim.com](http://www.travelclaim.com)

**Phone:** 1.800.453.4066 or 1.516.342-2720

**Mail:** Aon Affinity  
300 Jericho Quadrangle,  
P.O. Box 9022, Jericho, NY 11753

**Office Hours:** 8:00 AM - 10:00 PM ET, Monday - Friday;  
9:00 AM - 5:00 PM ET, Saturday

**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; receipts for medical services and supplies; receipts from the Hospital; police reports or claims reports from the parties responsible (e.g., airline, cruise line, hotel, etc.) for any loss, theft, or 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. You must receive initial treatment within 90 days of the accident, which caused the Injury or the onset of the Sickness.

### Enrollment Procedure

1. In order to quickly effect coverage and protect your Trip deposit(s), make payment for the applicable plan cost to your travel agent or Swain Destinations upon booking your Trip (in addition to your deposit payment). In order to waive the Pre-Existing Condition Exclusion on Page 5, payment for the plan must be received within 14 days of your deposit or initial Trip payment. Satisfaction of this prerequisite will be verified during claims processing.

2. If you have already paid your deposit, remit payment for the applicable plan cost to your travel agent prior to or upon final payment of your Trip cost. The Trip Cancellation coverage will become effective on the date this payment is received by Swain Destinations.
3. Please note: Payment for the plan may not be accepted after the Trip cost has been paid in full.
4. Eligibility: This plan is available to US residents only.

This plan was designed and is administered by Aon Affinity.

Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695); (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency. Affinity Insurance Services is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

For additional information regarding the plan, call:  
1.800.453.4066 or 1.516.342.2720.

Office hours:

8 AM – 10 PM ET, Monday – Friday, 9 AM – 5 PM ET, Saturday.

## General Provisions

**Our Right To Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

## Claims Provisions

**Payment of Claims** Claims for benefits provided by the Policy will be paid as soon as written proof is received.

Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. 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.

**Excess Insurance** This Policy is excess over any other insurance policy or cruise/tour operator waiver or indemnity that You may have in effect at the time of loss, unless otherwise noted in this Policy.

**Your Duty to Cooperate** You must provide us with receipts, proof of payment, medical authorizations, or other records and documents we may reasonably require concerning your claim. Failure or refusal to cooperate may delay or impede the resolution of your claim.

Travel Insurance is underwritten by Transamerica Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OH, OR, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS. Certain coverages are under series TAHC6000 and TAHC7000.

This is a brief Description of Coverage which outlines benefits and amounts of coverage that may be available to you. If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA and WY), your Policy is provided on an individual form. To obtain a copy of your Individual Policy or Group Certificate for all other states based on your state of residence, or information regarding the insurance premium portion of your plan cost, visit <http://www.affinitytravelcert.com> or call 1-800-453-4090. Your Individual Policy or Group Certificate will govern the final interpretation of any provision or claim. For Maryland residents only, to file a complaint with the Maryland Department of Insurance, call 1-800-492-6116 or visit [www.mdinsurance.state.md.us](http://www.mdinsurance.state.md.us).

This plan provides cancellation coverage for your trip and other insurance coverages that apply only during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies. If you have any questions about your current coverage, call your insurer, insurance agent or broker. The purchase of this plan is not required in order to purchase any other travel product or service offered to you by your travel retailers. Unless individually licensed as an insurance agent, your travel agent is not qualified or authorized to answer your technical questions about the benefits, exclusions or conditions of this plan or to evaluate the adequacy of any existing insurance coverage you may have. Questions should be directed to the plan administrator at the toll-free number provided.

### **Ten Day Right To Examine**

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your receipt of this document. Your premium will be refunded, provided there has been no incurred covered expense and you have not departed on your Covered Trip. When so returned, the coverage is void from the beginning. Request a refund in writing by providing your contact information as well as copy of your plan description to our authorized agent, Aon Affinity, 300 Jericho Quadrangle, P.O. Box 9022, Jericho, NY 11753.

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