

Flight Insure Plus

Flight Accident Protection with Annual and Package Options



Insurance Services

FIP-NTL 0409

Consider the Unexpected

In today's travel environment it's important to protect yourself from the unexpected, ranging from small inconveniences to the truly serious. Consider these questions before departing:

- Does your health insurance plan cover you for medical emergencies while traveling abroad?
- What if you have a medical emergency and need to be medically evacuated?
- What would happen if your baggage and travel documents are lost or stolen while traveling?

Meet Your Travel Needs

Flight Insure Plus offers flexible options to meet your individual travel needs. Choose from our:

- **Flight Only Plans** for affordable flight accident protection
- **Package Plans** for continued coverage during your trip
- **Single Trip & Annual Options** - available on both plans

Flight Accident

Provides coverage for loss of life, limbs or sight from an accidental injury while on an airline flight.

Emergency Medical Expenses

Provides coverage for emergency medical treatment if a sickness or injury occurs while traveling.

Emergency Medical Evacuation

Provides coverage for emergency evacuation, if necessary, to the nearest qualified medical facility, also includes repatriation.

Baggage & Baggage Delay

Safeguards personal articles and expenses if bags are lost, stolen, damaged, or delayed for 12 hours or more.

24 Hour AD&D

Provides continued coverage for loss of life, limbs or sight from an accidental injury while traveling.

Travel Assistance & Concierge

Includes a wide range of services before and during trips through a 24/7 toll free number. Includes assistance with medical emergencies, lost documents or baggage, event ticketing, business services, and much more.

Flight Insure Plus

THIS FLIGHT INSURE PLUS DOCUMENT CONTAINS THE FOLLOWING INFORMATION:

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Important Notes

Please take this Certificate of Insurance with You on Your Covered Trip. Refer to Your Confirmation of Coverage for Your specific protection plan benefits and limits.

Note: Certain capitalized words are defined terms within this document.

All protection plan costs and fees are non-refundable after a 10 day review period, provided You have not already departed or filed a claim. In the event the plan cost paid for coverage is less than the required plan cost for coverage, benefits will be paid in direct proportion of the actual amount paid to the required plan cost due.

Notice: If you are a resident of a state listed below, your coverage is provided on an individual policy form. Your policy language is available at www.travelexinsurance.com. You can also request this information by calling Travelex Insurance Services at 1-800-819-9004.

State	Policy Number
New York	[Your Complete Name] FIP-NY 0409
Washington	[Your Complete Name] FIP-WA 0409

Underwritten By:



Nationwide[®]
On Your Side

FLIGHT INSURE PLUS
TRAVEL PROTECTION PLAN

CERTIFICATE OF INSURANCE

Nationwide Mutual Insurance Company
1 Nationwide Plaza
PO Box 182690
Columbus OH 43218
Mail Code C0-01-27

NOTE: PLEASE READ THE DEFINITIONS AND EXCLUSIONS SECTIONS CAREFULLY. THIS TRAVEL PROGRAM IS A LIMITED BENEFIT PROGRAM. READ YOUR CERTIFICATE CAREFULLY.

This Certificate of Insurance describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company and herein referred to as the Company, and assistance services provided by On Call International. The insurance benefits and assistance services vary from program to program. Please refer to the accompanying Confirmation of Coverage. It provides You with specific information about the program You purchased. Please contact the Plan Administrator immediately if You believe that the Confirmation of Coverage is incorrect.

This Certificate of Insurance is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to void insurance, reduce benefits or defend a claim.

NO DIVIDENDS WILL BE PAYABLE UNDER THE GROUP POLICY.

The President and Secretary of Nationwide Mutual Insurance Company witness the Group Policy.



Secretary



President

TRAVEL PROTECTION CERTIFICATE

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NATIONWIDE MUTUAL INSURANCE COMPANY
PASSENGER PROTECTION PLAN

GENERAL DEFINITIONS

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

Accidental Injury: means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss.

Actual Cash Value: means purchase price less depreciation.

Bodily Injury: means identifiable physical injury which is caused by an Accident and is independent of disease or bodily infirmity.

Business Partner: means an individual who: (a) is involved in a legal partnership; and/or (b) is actively involved in the day-to-day management of the business.

Checked Baggage: means a piece of baggage for which a claim check has been issued to You by a Common Carrier.

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

Company: means Nationwide Mutual Insurance Company.

Covered Trip: means any class of scheduled trips, tours or cruises for which You request coverage and remit the required premium.

Domestic Partner: means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare: means the lowest published rate for an economy ticket.

Effective Date: means the date and time Your coverage begins, as outlined in the General Provisions section of this Certificate.

Family Member: means Your or Your Traveling Companion's legal or common law spouse, ex-spouse, Domestic Partner, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, or Business Partner who reside in the United States, Canada or Mexico.

Hospital: means a facility that (a) holds a valid license if it is required by the law; (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more Physicians available at all times; (d) provides twenty-four (24)-hour nursing service and has at least one registered professional nurse on duty or call; (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Individual Coverage Term: means the period of time beginning when You have been enrolled for coverage under the Policy and for whom the required premium has been paid.

Insured: means the person who has enrolled for and paid for coverage under the Policy.

Loss: means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit: means the largest total amount of Covered Expenses that the Company will pay for Your covered Losses.

Physician: means a licensed practitioner (including a Christian Science Practitioner) of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

Reasonable and Customary: charges mean charges commonly used by Physicians in the locality in which care is furnished.

Scheduled Departure Date: means the date on which You are originally scheduled to leave on the Covered Trip.

Scheduled Return Date: means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness: means an illness or disease which is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the Policy.

Traveling Companion: means a person or persons with whom You have coordinated travel arrangements and intends to travel with during the Covered Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

You or Your: refers to all persons listed on the Confirmation of Coverage under the program purchased by the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

WHEN YOUR COVERAGE BEGINS

All coverages will take effect at 12:01 A.M. local time, at Your location, on the Scheduled Departure Date provided: (a) coverage has been elected; and (b) the required premium has been paid.

WHEN YOUR COVERAGE ENDS

Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following: (a) the Scheduled Return Date as stated on Your Confirmation of Coverage; (b) the date You return to Your origination point if prior to the Scheduled Return Date; (c) the date You leave or change Your Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy); (d) if You extend the return date, Your coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date; (e) the date You cancel the Covered Trip; (f) any Covered Trip that exceeds 180 days.

ARBITRATION

Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with the Uniform Arbitration Act (710 ILCS 5/1 et seq.) except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. **Such arbitration will be voluntary, will be by mutual consent by all parties, and may be binding upon all parties or non-binding on the Insured. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.**

LEGAL ACTIONS

No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of Loss.

CONTROLLING LAW

Any part of the Policy that conflicts with the state law where the Policy is issued is changed to meet the minimum requirements of that law.

SUBROGATION

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

The following provisions will apply to Emergency Accident & Sickness Medical Expense, Emergency Evacuation & Repatriation of Remains, Accidental Death & Dismemberment, Flight Accidental Death & Dismemberment:

PAYMENT OF CLAIMS

The Company, or its designated representative, will pay a claim after receipt of acceptable proof of Loss. Benefits for Loss of life are payable to Your 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 claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by the Policy may, at the option of the Company, be paid directly to

the provider of the service(s). All benefits not paid to the provider will be paid to You. Any payment made in good faith will discharge the Company's liability to the extent of the claim. The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM

Written notice of claim must be given by the Claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins, or as soon as reasonably possible. Notice should include Your name, and be sent to the Company's administrative office at:
Nationwide Claims Administration; Travelex Travel Claims; P.O. Box 6866; Shawnee Mission, KS 66206

PROOF OF LOSS

The Claimant must send the Company, or its designated representative, proof of Loss within ninety (90) days after a covered Loss occurs, or as soon as reasonably possible.

PHYSICAL EXAMINATION AND AUTOPSY

The Company, or its designated representative, at their own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

TIME OF PAYMENT OF CLAIMS

Benefits payable under this Policy for any Loss other than Loss for which this Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such Loss. Subject to due written proof of Loss, all accrued indemnities for Loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of nine (9) percent per annum from the 30th day after receipt of such proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

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

NOTICE OF LOSS

If Your property covered under the Policy is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS

You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under the Policy.

SETTLEMENT OF LOSS

Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of Loss and the value involved to the Company.

VALUATION

The Company will not pay more than the Actual Cash Value of the property at the time of Loss. Damage will be estimated according to Actual Cash Value with proper deduction for depreciation as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

DISAGREEMENT OVER SIZE OF LOSS

If there is a disagreement about the amount of the Loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process.

BENEFITS

EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of an Accidental Injury that occurs or Sickness that first manifests itself during the Covered Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include but are not limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); X-ray examinations or treatments, and laboratory tests;
- (d) ambulance service; and
- (e) drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the Reasonable and Customary charges. Reasonable and Customary charges mean charges commonly used by Physicians in the locality in which care is furnished.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Covered Trip.

The Company will pay benefits, up to \$750, for emergency dental treatment for Accidental Injury to sound natural teeth.

The Company will advance payment to a Hospital, up to the maximum shown on the Confirmation of Coverage, if needed to secure Your admission to a Hospital because of an Accidental Injury or Sickness.

If You are hospitalized due to an Accidental Injury or Sickness which first occurred during the course of the scheduled Covered Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Policy have been paid.

EMERGENCY EVACUATION & REPATRIATION OF REMAINS

EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Confirmation of Coverage, if an Accidental Injury or Sickness commencing during the course of the Covered Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants transportation to where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

Covered Expenses are Reasonable and Customary expenses for necessary transportation related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the authorized assistance company.

Transportation of Dependent Children: If You are in the Hospital for more than seven (7) days, the authorized assistance company will return Your dependents, who are under eighteen (18) years of age and accompanying You on the scheduled Covered Trip, to the domicile of a person nominated by You or Your next of kin with an attendant if necessary.

Transportation to Join You: If You are traveling alone and in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the authorized assistance company will bring a person, chosen by You, for a single visit to and from Your bedside provided that repatriation is not imminent.

Transportation services are provided if authorized in advance by the authorized assistance company, and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulance, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Covered Trip.

For residents of Washington: This coverage is secondary.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary place of residence if You die during the Covered Trip. This will not exceed the maximum shown on the Confirmation of Coverage.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

For residents of Washington: This coverage is secondary.

ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a Loss shown in the Table below. The Loss must occur within 181 days after the date of the Accident causing the Loss. The Principal Sum is shown on the Confirmation of Coverage.

The Maximum Benefits for any one single Accident is limited to \$15,000,000 for all persons insured under the Policy. If more than one Loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES

<u>Loss of:</u>	<u>Percentage of Principal Sum:</u>
Life.....	100%
Both hands or both feet.....	100%
Sight of both eyes.....	100%
One hand and one foot.....	100%
Either hand or foot and sight of one eye.....	100%
Either hand or foot.....	50%
Sight of one eye.....	50%
Speech and hearing in both ears.....	100%
Speech.....	50%
Hearing in both ears.....	50%
Thumb and index finger of same hand.....	25%

“Loss” with regard to:

1. Hand or foot means actual complete severance through and above the wrist or ankle joints;
2. Eye means an entire and irrecoverable Loss of sight;
3. Speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. Thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE: The Company will pay benefits for covered Losses that result from Your being unavoidably exposed to the elements due to an Accident. The Loss must occur within 365 days after the event that caused the exposure.

DISAPPEARANCE: The Company will pay benefits for Loss of life if Your body cannot be located one (1) year after Your disappearance due to an Accident.

FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT

You are eligible for benefits as the result of an Accident:

1. Received while a passenger on a regularly scheduled airline flight or regularly scheduled charter operated; on scheduled air transportation pursuant to economic authority issued by the Civil Aeronautics Board; by an intrastate scheduled airline of United States registry maintaining regularly published schedules and licensed for the transportation of passengers by a duly constituted authority having jurisdiction over civil aviation in the state in which said airline operates; or by a scheduled airline of foreign registry maintaining regularly published schedules and licensed for transportation of passengers by the duly constituted governmental authority having jurisdiction over civil aviation in the country of registry of such airline;

2. Received while a passenger on any aircraft, other than a single-engine jet, which at the time is making a flight for the principal purchase of transporting passengers and not for any other operational, tactical or test purpose and which is operated by the Military Airlift Command of the United States, the Royal Canadian Air Force Air Transport Command, or the Royal Air Force Air Transport Command of Great Britain;
3. Received while a passenger on any land or water conveyance provided at the expense of the air carrier as a substitute for an aircraft covered by this Policy;
4. Received while a passenger on a vehicle licensed to carry passengers for hire, but only when:
 - (a) going to an airport to board an aircraft on which You are covered by this Policy; or
 - (b) when leaving an airport after alighting from such an aircraft;
5. Received while upon airport premises designated for passenger use immediately before boarding or immediately after alighting from an aircraft on which You are covered under this Policy.

Benefits will be paid equal to the amount purchased for accidental death or dismemberment when You sustain Injuries resulting in any of the following Losses within 181 days from the date of the Accident:

<u>Type of Loss:</u>	<u>Percentage of Chosen Benefit Paid:</u>
Loss of life.....	100%
Loss of both feet.....	100%
Loss of both hands.....	100%
Loss of both eyes.....	100%
Loss of one hand and one foot.....	100%
Loss of one hand and one eye.....	100%
Loss of one foot and one eye.....	100%
Loss of one hand.....	50%
Loss of one foot.....	50%
Loss of one eye.....	50%

Loss of hand or hands, or foot or feet, means severance at or above the wrist joint or ankle joint, respectively. Loss of eye or eyes means the total and irrecoverable Loss of the entire sight thereof. Only the largest applicable amount shown above will be paid for the Injuries resulting from one Accident. The benefit for Loss of:

- (a) two extremities;
- (b) both eyes; or
- (c) one extremity and one eye is payable only when such Loss results from the same Accident.

If, while covered by this benefit, You are unavoidably exposed to the elements because of an eligible Accident and suffer a Loss for which benefits are payable under this benefit, such Loss will be payable under this Policy.

If, while eligible for this benefit, You are in an Accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are scheduled under this Policy, and Your body has not been found within fifty-two (52) weeks from the date of the Accident, it will be presumed, unless there is evidence to the contrary, that You suffered a Loss of life as a result of those Injuries.

Flight Accident Option also includes a medical expense feature that pays Eligible Expenses up to \$50 for each \$1,000 of the chosen benefit amount. If medical expense occurs within fifty-two (52) weeks of an eligible Accident, You will be paid for Eligible Medical Expenses as well as home health care from a licensed home health agency, but only if continued Hospital care would have otherwise been required; attendance of a registered graduate nurse; X-ray examination; or, use of an ambulance. Loss must occur within one hundred eighty-one (181) days of the Accident. To receive benefits, Loss must be independent of illness or disease and all other causes.

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse You, up to the maximum shown on the Confirmation of Coverage, for Loss, theft or damage to baggage and personal effects, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The baggage and personal effects must be owned by and accompany You during the Covered Trip.

This coverage is secondary to any coverage provided by a Common Carrier.

There will be a per article limit of \$300.

There will be a combined maximum limit of \$600 for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:
(a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects, less depreciation as determined by the Company; or
(b) the cost of repair or replacement.

EXTENSION OF COVERAGE: If You checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

For residents of Washington: This coverage is secondary.

BAGGAGE DELAY (OUTWARD JOURNEY ONLY)

The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on the Confirmation of Coverage, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twelve (12) hours, while on a Covered Trip, except for travel to final destination or place of residence.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Emergency Accident & Sickness Medical Expense, Emergency Evacuation & Repatriation of Remains, Accidental Death & Dismemberment and Flight Accidental Death & Dismemberment:

Loss caused by or resulting from:

1. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only);
2. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
3. Participation in any military maneuver or training exercise;
4. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
5. Mental or emotional disorders, unless hospitalized;
6. Participation as a professional in athletics;
7. Participation in underwater activities (does not include recreational swimming);
8. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
9. Commission or the attempt to commit a criminal act;
10. Participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races); scuba diving (unless accompanied by a dive master and not deeper than 50 feet); spelunking or caving; heliskiing or extreme skiing. Bodily contact sports means any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate;
11. Dental treatment except as a result of an injury to sound natural teeth limited to \$750;
12. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;
13. Pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
14. Traveling for the purpose of securing medical treatment;
15. Services not shown as covered;
16. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
17. Care or treatment that is not medically necessary;
18. Injury or Sickness when traveling against the advice of a Physician;
19. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

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

The Company will not provide benefits for any Loss or damage to:

1. Animals;
2. Automobiles and automobile equipment;
3. Boats or other vehicles or conveyances;
4. Trailers;
5. Motors;
6. Motorcycles;
7. Aircraft;
8. Bicycles (except when checked as baggage with a Common Carrier);
9. Household effects and furnishing;
10. Antiques and collectors' items;
11. Eyeglasses, sunglasses or contact lenses;
12. Artificial teeth and dental bridges;
13. Hearing aids;
14. Prosthetic limbs;
15. Prescribed medications;
16. Keys, money, stamps, securities and documents;
17. Tickets;
18. Credit cards;
19. Professional or occupational equipment or property, whether or not electronic business equipment;
20. Personal computers, telephones, computer hardware or software;
21. Sporting equipment if Loss or damage results from the use thereof.

Any Loss caused by or resulting from the following is excluded:

1. Breakage of brittle or fragile articles;
2. Wear and tear or gradual deterioration;
3. Insects or vermin;
4. Inherent vice or damage while the article is actually being worked upon or processed;
5. Confiscation or expropriation by order of any government;
6. War or any act of war whether declared or not;
7. Theft or pilferage while left unattended in any vehicle;
8. Mysterious disappearance;
9. Property illegally acquired, kept, stored or transported;
10. Insurrection or rebellion;
11. Imprudent action or omission;
12. Property shipped as freight or shipped prior to the Scheduled Departure Date.

STATE EXCEPTIONS

FLORIDA

FORM SRTC-2200 FL

If you reside in the state of FLORIDA:

The section noted as ARBITRATION is amended to read as: ARBITRATION - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. Any arbitration will be by mutual agreement by all parties. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

GEORGIA

Form SRTC 2200 (GA)

If you reside in the state of GEORGIA:

1. The second paragraph on page 2 is amended to read: This Policy is issued in consideration of the enrollment form and payment of any premium due. All statements in the enrollment forms are representations and not warranties. Only statements contained in a written enrollment form will be used to cancel insurance, reduce benefits or defend a claim. The entire coverage will be cancelled, if before, during or after a Loss, any material fact or circumstance relating to this insurance has been concealed or materially misrepresented.

HAWAII

Form SRTC-2200-HI

If you reside in the state of HAWAII:

1. In the section entitled General Provisions, the provision entitled "Arbitration" is deleted in its entirety.
2. In the section entitled LIMITATION AND EXCLUSIONS, the exclusions related to the actual, alleged, or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination or Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the

discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion, or radioactive force, or chemical agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto, are hereby deleted from the certificate.

IDAHO

Form SRTC-2200-ID

If you reside in the state of IDAHO:

The definition of **Hospital** is amended to read:

Hospital means a provider that is a short-term, acute, general hospital that:

1. is a duly licensed institution;
2. in return for compensation from its patients, is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick person by or under supervision of Physicians;
3. has organized departments of medicine and major surgery;
4. provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
5. is not other than incidentally: (a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, or place for the aged; (b) a place for the treatment of mental illness; (c) a place for the treatment of alcoholism or drug abuse, place for the provision of hospice care; or (d) a place for the treatment of pulmonary tuberculosis.

KANSAS

Form SRTC 2200 KS

If you reside in the state of KANSAS:

1. Please note that: **THIS IS A LIMITED POLICY - READ IT CAREFULLY**

2. The provision entitled "Subrogation" does not apply to medical or dental expense benefits payable under the Policy.
3. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than five (5) years after the time required for giving proof of Loss.
4. The "Payment of Claims" provision is amended to state: The Company or its designated representative will pay the claim immediately after receipt of due and acceptable proof of Loss.
5. The provision entitled "Arbitration" is amended to read: After a dispute has arisen, an appraisal or arbitration may take place if You and the Company fail to agree on the amount of the Loss. However, an appraisal or arbitration will take place only if both You and the Company agree, voluntarily, to have the Loss appraised or arbitrated.

LOUISIANA

Form SRTC 2000 (LA) 07/04

If you reside in the state of LOUISIANA:

1. This Policy is an Individual Policy underwritten by Nationwide Mutual Fire Insurance Company.
2. **INSURANCE WITH OTHER INSURERS:** If there be other valid coverage, not with this Company, providing benefits for the same Loss on a provision of service basis or on an expense incurred basis and of which this Company has not been given written notice prior to the occurrence or commencement of Loss, the only liability under any expense incurred coverage of this Policy shall be for such proportion of the Loss as the amount which would otherwise have been payable hereunder plus the total of the like amounts under all such other valid coverages for the same Loss of which this insurer had notice bears to the total like amounts under all valid coverages for such Loss, and for the return of such portion of the premiums paid as shall exceed the pro-rata portion for the amount so determined. For the purpose of applying this provision when other coverage is on a provision of service basis, the "like amount" of such other coverage shall be taken, as the amount which the services rendered would have cost in the absence of such coverage.
3. In the **GENERAL DEFINITIONS** section:
 - a. The following is amended to read as follows: "**Bodily Injury** means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident."
4. In the **GENERAL PROVISIONS** section:
 - a. The **VALUATION** section is amended to read as follows: "The Company will not pay more than the Actual Cash Value of the property at the time of Loss. Damage will be estimated according to Actual Cash Value as determined by the Company. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality."
 - b. The **DISAGREEMENT OVER SIZE OF LOSS** shall read as follows: "If there is a disagreement about the amount of the Loss either You or the Company can make a written demand for an appraisal. After the demand, You and the Company will each select Your Loss. If they do not agree, they will select an arbitrator. The appraisal will set the amount of the Loss. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process."

5. The start of the **ACCIDENTAL DEATH AND DISMEMBERMENT** section shall read as follows: "The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a Loss shown in the Table below. The Loss must occur within 181 days after the date of the Accident causing the Loss. The Principal Sum is shown on the Confirmation of Coverage. If more than one Loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses."

6. In **EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE:**

- a. Section (b) had been amended to read: "(b) charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery from an Accidental Injury or Sickness."
- b. The following is added: "(f) emergency dental treatment for the relief of pain."

7. In the **BAGGAGE/PERSONAL EFFECTS** section, under the "Company will pay the lesser of the following," point (a) is amended to read: "(a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects, as determined by the Company."

8. Under **LIMITATIONS AND EXCLUSIONS:**

- a. Point 2 shall read: "2. war or act of war (whether declared or not)."
- b. The following is added: "20. This Policy does not insure against Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto."
- c. In the "Any Loss caused by or resulting from the following is excluded" section the following is added: "Radioactive contamination."

MICHIGAN

Form SRTC 2700 MI

If you reside in the state of MICHIGAN:

1. The Legal Actions section under General Provisions in the Policy will read as follows: No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of Loss unless otherwise required by law.

MINNESOTA

Form SRTC 2200 (MN)

If you reside in the state of MINNESOTA:

1. In the section entitled "General Exclusions"
 - a. The following exclusion: "being under the influence of drugs or intoxicants unless prescribed by a licensed Physician" is amended for the following benefits only: Emergency Accident & Sickness Medical Expense and Accidental Death & Dismemberment (24 Hour) to read as follows: "substance abuse and related illnesses and intoxication (blood alcohol level over the legal limit) while operating a motorized vehicle." The exclusion remains as stated under General Exclusions for all other benefits.
 - b. The following exclusion: "participating in bodily contact sports," includes the following: "Bodily contact sports means any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate".
2. In the General Provisions section, the provision entitled "Payment of Claims" is amended by the addition of the following sentence: The Company will pay the claim within 5 business days after agreement with You as to the amount of Loss.
3. In the General Provisions section, the provision entitled "Subrogation" is amended by the addition of the following sentence: The Company's rights do not apply against any person insured under this or any other Policy/coverage part the Company issues with respect to the same occurrence or Loss.
4. In the General Provisions section, the provision entitled "Notice of Claim" is amended to provide for oral notification of claims, Losses, or suits under the Policy.

MISSISSIPPI

Form SRTC-2200 MS

If you reside in the state of MISSISSIPPI:

1. A provision entitled **TIME OF PAYMENT OF CLAIM** is amended to read: Benefits payable for any Loss will be paid within 35 days after receipt of due written proof of such Loss. Benefits due are overdue if not paid within 35 days after the Company or We receive proof of Loss and the necessary information to adjudicate the claim and the necessary medical information and other information essential for Us to administer any coordination of benefits and subrogation provisions. If such information is not supplied as to the entire claim, the amount supported by reasonable proof is overdue if not paid within 35 days after the Company receives such proof. Any part or all of the remainder of the claim that is later supported by such proof is overdue if not paid within 35 days after the Company receives such proof. To calculate the extent to which any benefits are overdue, payment shall be treated as made on the date a draft or other valid instrument was placed in the United States mail to the last know address of the claimant or beneficiary in a properly addressed, postpaid envelope, or if not so posted, on the date of delivery.

If the claim is not denied for lid and proper reasons by the end of such period of 35 days, the Company must pay You interest on accrued benefits at the rate of one and one-half percent (1½%) per month on the amount of such claim until it is finally settled or adjudicated.

In the event the Company fails to pay benefits when due, the person entitled to such benefits may ring action to recover such benefits, any interest that may accrue as provided above and any other damages as may be allowable by law.

2. The provision entitled **Physical Examination and Autopsy** is re-titled **Physical Examination** and amended to read: Physical Examination: The Company has the right to physically examine You as often as reasonably needed while a claim is pending. The Company will bear all costs for this.

3. The provision entitled Subrogation is amended to read: **SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. No subrogation will occur until You have been made whole for Your damages.

MISSOURI

Form SRTC-2200 MO

If you reside in the state of MISSOURI:

1. In the Definitions Section: The definition of Accidental Injury is amended to read: **Accidental Injury** means Bodily Injury caused by an Accident being the direct and independent cause in the Loss.

The definition of **Hospital** is amended to read: Hospital means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides 24 hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

2. The Subrogation provision and the Arbitration provision are deleted in their entirety.

3. With regard to the medical expense and Accidental Death and Dismemberment Benefits, the Legal Actions provision is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.

With regard to all other benefits, the Legal Actions provision is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than ten (10) years after the time required for giving proof of Loss.

4. The section entitled Limitations and Exclusions is amended as follows: The exclusions related to the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination or Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, r chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event

contributing concurrently or in any other sequence thereto are amended so that they do not apply if considered a Terrorist Act.

5. With regard to medical expenses, the Payment of Claims provision is amended by the addition of the following provision: If You utilize a public hospital or clinic, and such hospital or clinic submits a claim for benefits, whether or not such person has made an assignment of benefits, the Company will pay the benefits provided by the Policy directly to the hospital or clinic. If, however, a claim for benefits provided by the Policy is paid and then such public hospital or clinic files a claim for benefits, the Company will not be liable for the duplicate payment of such benefits to such hospital or clinic.

6. With regard to Proofs of Loss for the medical expense and Accidental Death and Dismemberment benefits, the provision is amended to read: **PROOF OF LOSS:** Written proof of Loss must be furnished to the Company within 90 days after the date of such Loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

With regard to all other benefits, the Proofs of Loss Provision is amended to read: **PROOF OF LOSS:** You must furnish the Company, or its designated representative, with proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative within ninety (90) days from the date the Company requests such proof of Loss. Failure to comply with these conditions shall invalidate any claims under the Policy. However, no claim will be denied based upon Your failure to provide notice within the specified time frame, unless this failure operates to prejudice the company's rights, as per 20CSR100-1.020.

MONTANA

Form SRTC 2200-MT

If you reside in the state of MONTANA:

1. The definition of sickness is amended to read: **Sickness** means an illness or disease, including pregnancy, that is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the Policy.

2. The provision entitled Controlling Law is amended to read: Conformity with Montana statutes: The provisions of this certificate conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which You reside on or after the Effective Date of this certificate.

3. The exclusion related to pregnancy and childbirth is deleted in its entirety.

NEVADA

Form SRTC-2200-NV

If you reside in the state of NEVADA:

1. For Effective Dates of coverage and termination dates of coverage, the references to 12:01 A.M and 11:59 PM are amended to read "12:00 midnight."

NEW JERSEY

Form SRTC 2500 IL

If you reside in the state of NEW JERSEY:

1. This Policy is underwritten by Nationwide Life Insurance Company.

NEW MEXICO

Form SRTC-2200-NM

If you reside in the state of NEW MEXICO:

1. The definition of Physician is amended to read: **Physician** means a licensed practitioner of the healing arts acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

2. The provision entitled Arbitration is deleted in its entirety.

NORTH CAROLINA

Form SRTC-2200-NC

If you reside in the state of NORTH CAROLINA:

1. The provision entitled Arbitration is amended to read: **ARBITRATION** - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Arbitration will take place in the county and state where You reside, unless otherwise agreed to by You and the Company. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

2. In the Section entitled GENERAL PROVISIONS, the following apply to the Emergency Accident & Sickness Medical Expense Benefit, Flight Accidental Death and Dismemberment and Accidental Death & Dismemberment:

- a. "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.
 - b. "Proof of Loss" is amended to read: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of Loss within 180 days after a covered Loss occurs or as soon as reasonably possible.
 - c. The "Subrogation" provision does not apply to the above mentioned accident and sickness benefits.
3. In the Section entitled EXCLUSIONS, the following exclusions are deleted: 16. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination.

NORTH DAKOTA

Form SRTC-2200-ND

If you reside in the state of NORTH DAKOTA:

1. Under the section entitled GENERAL PROVISIONS, Arbitration and Legal Actions are amended to read:
ARBITRATION - Notwithstanding anything in the Plan to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. Arbitration will be by mutual consent by all parties and the local courts must have jurisdiction.
 However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Plan and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.

OHIO

Form SRTC-2200-OH

If you reside in the state of OHIO:

1. The following Notices are added:

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

COORDINATION OF BENEFITS

Notice: if you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Read all of the rules very carefully, including the coordination of benefits section, and compare them with the rules of any other plan that covers you or your family.

2. Item 2 under Part VII entitled "General Provisions Related to Insurance Benefits" is amended to read:

ARBITRATION - Notwithstanding anything in the Plan to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any Ohio court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. In addition, such arbitration must be by mutual consent by all parties.

Each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Plan and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

3. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving proof of Loss.

4. If you have a complaint related to a claim, You should contact the Company or its Agent at 1-888-493-5378. If you disagree with the company's decision, you have the right to file a complaint with the Ohio Department of Insurance, Consumer Services Division, 2100 Stella Court, Columbus, Ohio 43215-1067, (614)-644-2673, toll free in Ohio 1-800-686-1526.

OKLAHOMA

Form SRTC 2200-OK

If you reside in the state of OKLAHOMA:

1. The following provision is added: **FRAUD STATEMENT:**

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for proceeds of an insurance Policy containing any false, incomplete or misleading information is guilty of felony.

2. In the section entitled "When Coverage Ends" the references to 11:59 PM are amended to read "12:01 A.M."

3. In the section entitled "Limitations and Exclusions", the following changes are being made:

- a. The exclusion related to war is amended to read: war or any act of war, whether war is declared or not while serving in military service or any auxiliary thereto.
- b. The exclusion related to directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination is deleted in its entirety.
- c. The exclusion related to the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto is deleted in its entirety.

4. Under Emergency Evacuation, Repatriation of Remains, Baggage/Personal Effects, Baggage Delay;

- a. The provision entitled "Arbitration" is amended to read: **ARBITRATION** – Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Arbitration shall be by mutual agreement by all parties. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the

Insureds to assert several, rather than joint, claims or defenses.

- b. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until six months after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than two (2) years after the time required for giving proof of loss.
 - c. The provision entitled Controlling Law is amended to read: **CONTROLLING LAW** – Any part of the certificate that conflicts with the state law of Oklahoma is changed to meet the minimum requirements of that law.
 - d. In the section entitled "Definitions":
 - i. The definition of **Family Member** is clarified to include adopted children from the moment of placement for adoption with You or a child from the date of placement for adoption with You.
5. Under Emergency Accident & Sickness Medical Expense, and Flight Accidental Death & Dismemberment:
- a. The provision entitled Legal Actions is amended to read: **LEGAL ACTIONS** – No action at law or in equity shall be brought to recover on this Policy prior to the expiration of (60) days after written proof of loss has been furnished. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.
 - b. The provision entitled Controlling Law is amended to read: **CONTROLLING LAW** - Any part of the certificate that conflicts with the state law of Oklahoma is changed to meet the minimum requirements of that law. Where the Policy and certificate differ, the certificate will govern.
 - c. The provision entitled Proof of Loss is amended to read: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of loss within ninety (90) days after a covered loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is given as soon as reasonably possible and in no event, except in the case of legal incapacity, later than one year from the time proof of loss is otherwise required.
 - d. With regard to the medical and dental expense benefits and the accidental death and dismemberment benefits, the provision entitled "Arbitration" is deleted in its entirety.

OREGON

Form SRTC 2000 (OR) 04/05

If you reside in the state of OREGON:

1. Please note that: In Oregon this is an individual Policy.
2. The exclusion "being under the influence of drugs or intoxicants unless prescribed by a licensed Physician" is amended to read as follows: "being under the influence of drugs, unless such drug is prescribed by a Physician or while intoxicated according to the legal limits where the Loss takes place."
3. Under FLIGHT ACCIDENTAL DEATH AND DISMEMBERMENT: Benefits will be paid equal to the amount purchased for accidental death or dismemberment when the You sustain Injuries resulting in any of the following Losses within 181 days from the date of the Accident.
4. In the **GENERAL DEFINITIONS** section:
 - a. The following is amended to read as follows: "**Bodily Injury**" means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident."
5. In the **GENERAL PROVISIONS** section:
 - a. Section (e) of **WHEN YOUR COVERAGE ENDS** Policy terminates. If insurance was purchased prior to the date of termination, insurance will continue to the end of the Individual Coverage Term."
 - b. The **ARBITRATION** section has been amended to read as follows: "Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. Binding arbitration must be by mutual agreement by all parties, must occur in Oregon and be handled according to Oregon Law. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble, or exemplary damages, however so denominated."

- c. The **DISAGREEMENT OVER SIZE OF LOSS** "If there is a disagreement about the amount of the Loss either You or the Company can make a written demand for an appraisal. Such appraisal must be my mutual agreement by all parties to be binding, must occur in Oregon and be handled according to Oregon law. After the demand, you and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. They Company will pay the appraiser they choose. You will share equally with the Company the cost of the arbitrator and the appraisal process."

7. Under the **EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE** benefit:

- a. Section (b) is amended to read as follows: "(b) charges for Hospital confinement and use of operating rooms. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery from an Accidental Injury or Sickness."
 - b. The following is added: "(f) emergency dental treatment for the relief of pain."
8. Under **LIMITATIONS AND EXCLUSIONS**:
- a. Item (8) is amended to read as follows: "(8) being under the influence of drugs, unless such drug is prescribed by a Physician or while intoxicated according to the legal limits where the Loss takes place unless results in the death of a non-traveling immediate Family Member."
 - b. After the phrase, "Any Loss caused by or resulting from the following is excluded," the following is added: "20. radioactive contamination"

PENNSYLVANIA

Form SRTC-2200-PA

If you reside in the state of PENNSYLVANIA:

1. With regard to the Accidental Death and Dismemberment Benefit, the second sentence of the first paragraph is amended to read: With the exception of Loss of life, the Loss must occur within 181 days after the date of the Accident causing the Loss. For Loss of life, the death must be directly caused by an Accident that occurs while insurance under the policy is in effect.

RHODE ISLAND

Form SRTC-2200-RI

If you reside in the state of RHODE ISLAND:

1. Under the section entitled GENERAL PROVISIONS, the provision entitled "Arbitration" is deleted in its entirety.

2. Under the section entitled GENERAL PROVISIONS, the provisions entitled proofs of Loss are amended to read: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of Loss within ninety (90) days after a covered Loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

SOUTH CAROLINA

Form SRTC-2200-SC

If you reside in the state of SOUTH CAROLINA:

For Emergency Accident & Sickness Medical Expense and Accidental Death & Dismemberment:

1. The Legal Action provision is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than six (6) years after the time required for giving proof of Loss.

2. The Physical Examinations and Autopsy provision is amended to read: **Physical Examinations and Autopsy**: The Company, or its designated representative, at its own expense, has the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made at its own expense unless prohibited by law. The autopsy will be performed in South Carolina.

3. The provision entitled Arbitration is deleted in its entirety.

4. The provision entitled Subrogation is amended to read: **SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. We may not subrogate for more than the amount of insurance benefits that We have previously paid in relation to Your Loss by the liable third party. Subrogation is not permitted if the Director of

Insurance determines that the exercise of subrogation by Us is inequitable and commits an injustice to You. Attorneys' fees and costs must be paid by Us from the amounts recovered. Subrogation only applies to injury, You have the right to petition the administrative Law Judge Division and it applies to liable third parties only.

5. The Exclusions section is amended to delete exclusion 16.

SOUTH DAKOTA

Form SRTC 2200 SD

If you reside in the state of SOUTH DAKOTA:

In the GENERAL PROVISIONS:

1. The provision entitled Arbitration is amended to read: **ARBITRATION** - Notwithstanding anything in this Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Arbitration will be by mutual consent by all parties and any determination will not be binding on any party. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Plan and relating to the same Loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

2. The provision entitled Disagreement Over Size of Loss is amended to read: **DISAGREEMENT OVER SIZE OF LOSS**: If there is a disagreement about the amount of the Loss either You or the Company may make a written demand for an appraisal. After the demand, You and the Company will each select Your own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the Loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. The Company will pay the appraiser they choose. You will share equally with the Company the cost for the arbitrator and the appraisal process. Such action must be mutually agreed to by all parties and any determination made is not binding on either party.

3. The provision entitled "Legal Actions" is amended to read: **LEGAL ACTIONS** - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives proof of Loss. No legal action for a claim can be brought against the Company more than six (6) years after the time required for giving proof of Loss.

Under the EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE provision, the first paragraph as it relates to Sickness is amended to read: The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that manifests itself during the Covered Trip.

The paragraph under the EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE provision that begins with "If You are hospitalized due to an Accidental Injury or Sickness" is amended to read: "If You are hospitalized due to an Accidental Injury or Sickness (which occurred During the course of the scheduled Covered Trip) beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under this Policy have been paid."

Under the section entitled LIMITATIONS AND EXCLUSIONS: Exclusion 8 is amended to read: "8. being under the influence of drugs or intoxicants, unless prescribed by a Physician and only if You are committing felony at the time of the Loss unless results in the death of a non-traveling immediate Family Member."

TENNESSEE

Form SRTC 2200-TN

If you reside in the state of TENNESSEE:

1. In the section entitled DEFINITIONS, the following definitions are amended to read:

Bodily Injury means identifiable physical injury which: (a) is caused by an Accident; (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident; and (c) is not a Pre-existing Condition.

Pre-Existing Condition means, regardless of the cause of the condition, any injury, sickness or condition of Yours, Your Traveling Companion for which, within the sixty (60) day period prior to the Effective Date of Trip Cancellation coverage under the Policy, such person: (a) received or had recommended medical advice, diagnosis, care, or treatment for such condition, injury

or sickness; or (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription.

The Pre-Existing Condition exclusion is waived if You enroll in the Group Policy at the time You pay the deposit required for Your Trip (or within 21 days of the initial deposit) and You purchase the coverage under the Group Policy for the full cost of Your Trip.

Sickness means: (a) an illness or disease which is diagnosed or treated by a Physician after the Effective Date of insurance and while You are covered under the Policy; and (b) is not a Pre-existing Condition.

2. In the Section entitled GENERAL PROVISIONS, the provision entitled Arbitration is amended to read:

ARBITRATION - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insured's will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insured's to assert several, rather than joint, claims or defenses.

3. In the Accidental Death and Dismemberment Benefits, the following sentence is deleted in its entirety: The maximum benefits for any one single Accident is limited to \$15,000,000 for all persons insured under the Plan.

TEXAS

Form SRTC 2200 TX

If you reside in the state of TEXAS:

1. Please note that: In Texas this is an individual Policy.
2. In the provision entitled **WHEN YOUR COVERAGE ENDS**, the following sentence is added: Coverage will not end solely because a person becomes an elected official in Texas.

3. In the provision entitled **LEGAL ACTIONS** in the **GENERAL PROVISION**, the reference to "2 years" is amended to read "2 years and one day."

4. The provision entitled **NOTICE OF CLAIM** in the **GENERAL PROVISIONS** is amended by the addition of the following paragraphs: The Company shall, not later than the 15th day after receipt of such notice of a claim:

- a. acknowledge receipt of the claim;
- b. commence any investigation of the claim; and
- c. request from the Claimant all items, statements, and forms that the Company reasonably believes, at that time, will be required from the claimant. Additional requests may be made if during the investigation of the claim such additional requests are necessary.

If the acknowledgement of the claim is not made in writing, the insurer shall make a record of the date, means, and content of the acknowledgement. The Company shall notify a claimant in writing of the acceptance or rejection of the claim not later than the 15th business day after the date the Company receives all items, statements, and forms required by the Company, in order to secure final proof of Loss. If the company rejects the claim, the Company will inform the Claimant of the reasons for the rejection. If the Company is unable to accept or reject the claim within 15 business days after the date the Company receives all items, statements, and forms required by the Company, the Company shall notify the claimant within such 15 business day period. The notice provided must give the reasons that the Company needs additional time. Not later than the 45th day after the date the Company notifies a Claimant of the need for additional time to investigate a claim, the Company shall accept or reject the claim.

Except as otherwise provided, if the Company delays payment of a claim following its receipt of all items, statements, and forms reasonably requested and required for more than 60 days, the Company shall pay, in addition to the amount of the claim, 18 percent per annum of the amount of such claim as damages, together with reasonable attorney fees. If suit is filed, such attorney fees shall be taxed as part of the costs in the case.

5. The provision entitled **PAYMENT OF CLAIM** in the **GENERAL PROVISION** is amended by the addition of the following paragraph: If the Company notifies a claimant that the insurer will pay a claim or part of a claim, the Company shall pay the claim not later than the fifth business day after the notice has been made. If payment of the claim or part of the claim is conditioned on the performance of an act by the claimant, the Company shall pay the claim not later than the fifth business day after the date the act is performed.

6. The **PROOF OF LOSS** provision in the **GENERAL PROVISIONS** is amended to read: The Claimant must send the Company, or its designated representative, proof of Loss within ninety-one (91) days after a covered Loss occurs or as soon as reasonably possible.

7. The following provision is added to the Policy: You may cancel the Policy by giving the Company or its agent written notice within either 10 days from the date of issuance of Your Policy, or Your Departure Date, whichever occurs first. If You do this, the Company will refund Your plan cost in full, excluding the administrative fee.

UTAH

Form SRTC 2200 (UT)

If you reside in the state of UTAH:

1. In the General Provisions section, both provisions entitled Proof of Loss are deleted and replaced with the following: **PROOF OF LOSS** - The Claimant must send the Company, or its designated representative, proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible.

2. In the section entitled Limitations and Exclusions, the exclusions related to excluding Loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto or Losses directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination are not excluded to the extent that they are caused by terrorism.

VERMONT

Form SRTC-2200 VT P&C

If you reside in the state of VERMONT:

1. In the GENERAL PROVISIONS section, the first sentence of the provision entitled "When Your Coverage Ends" is amended to read: **WHEN YOUR COVERAGE ENDS** - Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

2. The following disclosure is added to the certificate: **THIS TRAVEL PROGRAM IS A LIMITED BENEFIT PROGRAM. READ YOUR CERTIFICATE CAREFULLY.**

3. This endorsement is part of the certificate to which it is attached and provides benefits under the certificate for parties to a civil union. Vermont law requires that insurance policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must be established in the state of Vermont according to Vermont law.

It is understood that Policy definitions and provisions designating

- an insured
- named insured
- who is insured
- who is a named insured
- covered person(s)
- you and/or your
- spouse
- family member

and any other Policy or certificate definitions and provisions designating an insured under this certificate, are amended, wherever appearing, where terms denoting a marital relationship or family relationship arising out of a marriage are used, to indicate parties to a civil union and their families under Vermont law.

4. The provision entitled "Arbitration" is amended to read: **ARBITRATION** - Notwithstanding anything in the Policy to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. All parties must mutually agree to such arbitration. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally.

However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same Loss or claim, all such Insured's will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insured's to assert several, rather than joint, claims or defenses.

5. The following items apply to the Accidental Death & Dismemberment benefits and Emergency Medical Expense benefits ONLY:

- a. The definition of Accidental Injury is amended to read: Accidental Injury means Bodily Injury caused by an Accident being the direct and independent cause in the Loss.
- b. The section entitled exclusions is amended to read:
(4) Exclusions: With regard to the Accidental Death & Dismemberment benefits and Accident and Sickness Medical Expense benefits, if provided, no benefits are payable due to Loss caused by or resulting from:
 1. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
 2. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
 3. Participation in any military maneuver or training exercise;
 4. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
 5. Participation as a professional in athletics;
 6. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
 7. Commission or the attempt to commit a criminal act;
 8. Dental treatment except as a result of an injury to sound natural teeth limited to \$750;
 9. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
 10. Pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
 11. Curtailment or delayed return for other than covered reasons;

12. Traveling for the purpose of securing medical treatment;
13. Services not shown as covered;
14. Care or treatment that is not medically necessary;
15. Injury or Sickness when traveling against the advice of a Physician; or
16. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

VIRGINIA

Form SRTC-2200 VA

If you reside in the state of VIRGINIA:

1. Under the section entitled "General Provisions" the following changes are made:

The provision entitled "Subrogation" is amended to read: **SUBROGATION** - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the Loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. (This provision does not apply to the Emergency Accident & Sickness Medical Expense Benefit.)

WISCONSIN

Form SRTC-2200-WI

If you reside in the state of WISCONSIN:

1. In the Legal Actions Provision, the reference to "two (2)" years is amended to read "three (3) years".
2. The provision entitled Subrogation is amended to read: **SUBROGATION** - To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company. The Company's ability to recover is limited to the amount remaining after You have been made whole.
3. Both Proofs of Loss provisions are deleted and replaced with the following: **PROOF OF LOSS:** The claimant must provide to the Company, or its designated representative, notice of proof of loss within ninety (90) days from the date of loss. The claimant must provide satisfactory proof of loss must be furnished as soon as possible and within one year after the time it was required by the Policy.

TRAVEL ASSISTANCE & CONCIERGE SERVICES

MEDICAL SERVICES

MEDICAL ASSISTANCE – Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help You locate local physicians, dentists, or medical facilities.

MEDICAL CONSULTATION AND MONITORING – If You are hospitalized, we will contact You and Your treating physician to monitor Your condition to assure You are receiving appropriate care and assess the need for further assistance. We will also contact Your personal physician and family at home when necessary or requested to keep them informed of Your situation.

MEDICAL EVACUATION – When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the Policy. All medical transportation services must be authorized and arranged by On Call International. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

EMERGENCY MEDICAL PAYMENTS – We will assist You in the advancement of funds or guarantee payments (up to the Policy limit) to a hospital or other medical provider, if required, to secure Your admission, treatment or discharge.

PRESCRIPTION ASSISTANCE – We will assist You with replacing medications that are lost, stolen or spoiled during Your Covered Trip, either locally or by special courier.

DEPENDENT TRANSPORTATION & FAMILY VISITS – When a minor (age 18 or younger) is left unattended on a Covered Trip due to hospitalization or death of the accompanying adult, we will arrange for his or her return home, including escort expenses. If You are traveling alone and hospitalized 7 days or more, we will arrange transportation for a person You choose to visit You.

REPATRIATION OF REMAINS – In the event of death while on a Covered Trip, we will arrange for the preparation and transportation required to return Your remains to Your home.

24 HOUR TRAVEL ASSISTANCE SERVICES

24 HOUR LEGAL ASSISTANCE – If while on Your Covered Trip You encounter legal problems, we will help You find a local legal advisor. If You are required to post bail or provide immediate payment of legal fees, we will assist You in arranging a funds transfer from family or friends.

MESSAGE SERVICES – We will transmit emergency messages to family, friends or business associates. We will advise You if we have difficulty delivering Your message and let You know that the message has been received. We will also relay non-emergency e-mail or phone messages on Your behalf at any time during Your Covered Trip.

LANGUAGE INTERPRETATION SERVICES – We provide interpretation services in major languages and will refer You to appropriate local services, if needed.

EMERGENCY CASH TRANSFER – We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of Your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

PRE-TRIP TRAVEL SERVICES – We provide 24-Hour information, help and advice for Your planned Covered Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

TRAVEL DOCUMENT AND TICKET REPLACEMENT – When important travel documents (such as passports and visas) are lost or stolen, we will help You to secure replacements. We will also help You when airline or other travel tickets are lost or stolen. We will assist You with reporting Your loss, reissuing tickets and obtaining the money required for this purpose (You are responsible for providing the funds).

CONCIERGE SERVICES

- restaurant, shopping, hotel recommendations/reservations
- local transport (rental car, limousine, etc) information and reservations
- sporting, theatre, night life and event information (sports, scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- golf course information, referrals, recommendations and tee times
- tracking and assisting with the return of lost or delayed baggage

BUSINESS SERVICES

- emergency correspondence and business communication assistance
- assistance with locating available business services such as: express/overnight delivery sites, internet cafes, print and copy services
- assistance with or arrangements for telephone and web conferencing
- emergency messaging to customers, associates, and others (phone, fax, e-mail, text, etc.)
- real time weather, travel delay and flight status information
- worldwide business directory service for equipment repair/replacement, warranty service, etc.
- emergency travel arrangements

CLAIMS PROCEDURES

To facilitate prompt claims settlement:

MEDICAL EXPENSE CLAIMS:

Obtain receipts from the providers of services, etc., stating the amount paid and listing the diagnosis and treatment. Provide a copy of their final disposition of Your claim.

BAGGAGE CLAIMS:

In case of Loss, theft, or damage to personal belongings, immediately contact the hotel manager, tour guide or representative, transportation official, or local police; report occurrence and obtain a written statement. Submit claim first to party responsible (i.e.: airline, hotel, etc.). Provide a copy of the outcome of Your claim, along with the written Loss statements, receipts, etc.

ACCIDENTAL DEATH AND DISMEMBERMENT CLAIMS:

Please contact Nationwide Claims Administration.

Nationwide Claims Administration
Travelex Travel Claims
P.O. Box 6866
Shawnee Mission, KS 66206

Phone: 1-888-493-5378

Hours: 7:30 – 5:00 CST Monday - Friday

1 Internet

Visit us at www.travelexinsurance.com to get a quote, learn more or to purchase.

2 Phone

Speak with an experienced customer service representative available at 1-888-407-5404, M-F 8:00 am to 5:00 pm CST, to answer questions, receive a quote or to enroll.

3 Fax, Kiosk or Mail

Complete both sides of enrollment form and fax to 1-800-867-9531. Or fold, seal, and drop envelope at a Travelex kiosk, or affix postage and mail to:

Travelex Insurance Services
PO Box 641070
Omaha, NE 68164-7070

Do not send cash through the mail.

Note: Please allow 14 days for payment and enrollment to be processed from Travelex kiosk or via mail. If payment received is insufficient or your check or credit card payment is declined, or if for any reason the payment is not received by Travelex Insurance Services, your coverage will be null and void.

Package Plan Benefits	Coverage Per Person
Flight Accident	Available levels listed below
Accident Medical Expense	\$2,500
Sickness Medical Expense	\$2,500
Medical Evacuation / Repatriation	\$25,000
Baggage	\$2,000
Baggage Delay	\$500
24 Hour AD&D	\$10,000
Travel Assistance & Concierge	Included

Package Plan Rates (Per Person)

Flight Accident Benefit	SINGLE TRIP	ANNUAL PLAN
\$1 Million	\$79	not available
\$500,000	\$49	\$250
\$300,000	\$39	\$213

Flight Only Plan Benefits	Coverage Per Person
Flight Accident	Available levels listed below
Travel Assistance & Concierge	Included

Flight Only Plan Rates (Per Person)

Flight Accident Benefit	SINGLE TRIP	ANNUAL PLAN
\$1 Million	\$56	not available
\$500,000	\$28	\$106
\$300,000	\$17	\$63

- Maximum flight accident coverage allowed is \$1 Million per person, per trip.
- Annual Plan benefits are per trip. Please list only one Annual traveler per enrollment form.
- Maximum trip length allowed 180 days per trip.
- A \$5 processing fee will apply per plan.
- Rates are subject to change.



For questions, quotes or to enroll,
visit www.travelexinsurance.com
or call 1-888-407-5404

Premium Calculation

Please print clearly for accurate processing.

FIP-NTL 0409

Package Plans

SINGLE TRIP PLANS (Please select only one package plan for all travelers)

\$1 Million Flight Accident Package Plan _____ x \$79 = \$ _____
travelers

\$500,000 Flight Accident Package Plan _____ x \$49 = \$ _____
travelers

\$300,000 Flight Accident Package Plan _____ x \$39 = \$ _____
travelers

ANNUAL PLANS (Please select only one package plan)

\$500,000 Flight Accident Package Plan \$250 = \$ _____

\$300,000 Flight Accident Package Plan \$213 = \$ _____

Flight Only Plans

SINGLE TRIP PLANS (Please select only one plan for all travelers)

\$1 Million Flight Only Plan _____ x \$56 = \$ _____
travelers

\$500,000 Flight Only Plan _____ x \$28 = \$ _____
travelers

\$300,000 Flight Only Plan _____ x \$17 = \$ _____
travelers

ANNUAL PLANS (Please select only one plan)

\$500,000 Flight Only Plan \$106 = \$ _____

\$300,000 Flight Only Plan \$63 = \$ _____

Total Plan Costs

Subtotal (plan cost chosen above) \$ _____

Processing Fee (applies to all plans) \$ 5.00

Total Amount Due (and authorized as payment below) \$ _____

Payment Details

Check or Money Order (payable to Travelex Insurance Services)
 Do not send cash

Visa® MasterCard® Discover® American Express®

Credit Card Number _____ / _____ / _____ / _____

Credit Card Expiration Date _____ MM / YYYY

Print Full Name _____
 (As appears on credit card)

Signature _____
 (Mandatory for all payment types) Date _____ MM / DD / YYYY

Plan fees are non-refundable after 10 day review period.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties. If you reside in: CA, FL, LA, MO, NY, PA, or WA, please call 1-800-819-9004 to obtain fraud wording specific to your state of residence.

Enrollment Form

Please print clearly for accurate processing.

FIP-NTL 0409

Required for All Plans

Primary Traveler Full Name _____

Email _____
 (Mandatory to receive Confirmation of Coverage)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Beneficiary Name _____
 (Estate designated if left blank)

Email _____
 (Provide for Beneficiary to receive Confirmation of Coverage)

Country of Destination _____
 (For Annual Plans: List country of destination for first trip)

Departure Date _____ MM / DD / YYYY
 (For Annual Plans: List departure date of first trip)

Required for Single Trip Plans

Return Date _____ MM / DD / YYYY

Departure Airline _____ Flight # _____

Departure City/Airport _____

Optional for Single Trip Plans

For Annual Plans: Please list only 1 traveler per enrollment form.

Second Traveler Full Name _____

Third Traveler Full Name _____

Fourth Traveler Full Name _____

**For questions, quotes or to enroll,
 visit www.travelexinsurance.com
 or call 1-888-407-5404**

LOCATION NUMBER

30-0112

Cross Border Services