

# Patriot T.R.I.P.®

A travel protection program for your trip



**iTravelInsured**

d.b.a. iTravelInsured Insurance Services in CA.

d.b.a. iTravelInsured Insurance Agency in NY.

A wholly owned subsidiary of



**INTERNATIONAL MEDICAL GROUP**

## Protecting Your Travels

Cruising on the open sea, backpacking through Europe, discovering the beauty of the American southwest – whatever your choice of vacation, you've invested time and money in the planning of your trip. You're looking forward to a relaxing and enjoyable time. Unfortunately, unforeseen events can quickly ruin your travel plans, and that time and money you spent may be lost.

If an unexpected event prevents you from traveling or an emergency illness or natural disaster interrupts your trip, there is Patriot T.R.I.P.® (**T**ravel **I**terinary **P**rotection) to help protect your vacation investment from costly travel delay, baggage and medical expenses.

With Patriot T.R.I.P., you may recover non-refundable, unused payments and deposits when a trip is cancelled or interrupted for a variety of reasons. Benefits are also provided for travel delays, baggage delays, and emergency medical treatment while you're away from home.

Separate from these benefits, International Medical Group® (IMG®) can provide non-insurance emergency travel assistance, such as helping you replace lost travel documents or lost prescriptions, emergency cash transfers, and legal and medical referrals when necessary. All of these services are designed to make your trip as stress-free as possible.

Traveling can be an exciting adventure, but the unexpected could happen. Make sure you have the protection you need with Patriot T.R.I.P.



## Program Manager



iTravelInsured® (iTI®) has a wealth of experience designing and managing travel protection programs. Since 1999, on behalf of recognized insurers, iTI has offered protection to over hundreds of thousands of travelers.

## Emergency Travel Assistance



IMG is a worldwide leader in designing, distributing and administering global health care benefits, and emergency travel assistance services. Since 1990, IMG has provided benefits and services to more than a million clients in over 170 countries.

IMG prides itself on delivering superior service around the globe, around the clock. Its dedicated staff of professionals includes multilingual claims administrators, on-site medical staff, and customer service professionals who work together to meet your needs.

## NSBTHA Membership



When you purchase Patriot T.R.I.P. you automatically become a member of the National Small Business Travel & Health Association (NSBTHA). Through this association members may access travel insurance, emergency travel assistance services, and information about events, legislation, and other matters related to travel. Information about NSBTHA is available at [www.NSBTHA.org](http://www.NSBTHA.org).

Travel insurance, emergency travel assistance and superior service - **all designed to provide you Global Peace of Mind®**.

## Benefit Highlights

<p><b>Trip Cancellation</b></p> <ul style="list-style-type: none"> <li>■ Your emergency illness, injury or death, or that of a family member, a business partner, a travel companion, or a travel companion's family member</li> <li>■ Financial default of a travel supplier</li> <li>■ A terrorist incident</li> <li>■ Organized labor strike</li> <li>■ Natural disaster resulting in the cessation of the travel supplier's services</li> <li>■ Hijacking</li> <li>■ Medical quarantine</li> <li>■ Jury duty</li> <li>■ Your home or that of a travel companion made uninhabitable by fire, vandalism or natural disaster</li> <li>■ Your auto accident or that of a travel companion on the way to the scheduled departure point</li> <li>■ You or a travel companion serving on active or reserve duty for the military, police or fire department, whose personal leave is revoked to provide aid or relief in the event of a natural disaster or a terrorist act</li> <li>■ Employer termination or layoff</li> <li>■ A documented theft of your passport or visa</li> <li>■ Cancel due to work reasons if you are a key employee</li> </ul>	<p>The amount of Your trip You elected to protect up to \$25,000 Per Insured Person</p>
<p><b>Trip Interruption</b></p> <ul style="list-style-type: none"> <li>■ Applies to the same events as listed above</li> </ul>	<p>Up to 125% of the amount of Your trip You elected to protect</p>
<p><b>Travel Delay</b></p> <ul style="list-style-type: none"> <li>■ Travel supplier delay</li> <li>■ Lost or stolen passport, travel documents, or money</li> <li>■ Medical quarantine</li> <li>■ Natural disaster</li> <li>■ Your injury or illness or that of a travel companion</li> </ul>	<p>25% of \$600 for each 24 hours of delay after an initial delay of 12 hours up to a maximum of \$600 Per Insured Person</p>
<p><b>Missed Connection</b></p> <ul style="list-style-type: none"> <li>■ Inclement weather</li> <li>■ Natural disaster</li> <li>■ Travel supplier delay</li> </ul>	<p>Up to \$500 for a Common Carrier delay of 6 hours or more</p>
<p><b>Lost/Stolen Baggage</b></p> <ul style="list-style-type: none"> <li>■ Damage to or loss of your checked baggage</li> <li>■ Theft of your baggage while stored within your hotel room</li> </ul>	<p>Up to \$1,500 Per Insured Person</p>
<p><b>Baggage Delay</b></p>	<p>Up to \$150 for a Common Carrier delay of 24 hours or more</p>

## Benefit Highlights

<b>Emergency Medical/Dental Expense</b>	Up to \$25,000 Per Insured Person
<b>Emergency Medical Evacuation/Repatriation</b> <ul style="list-style-type: none"> <li>■ Evacuation to the nearest adequate medical facility</li> <li>■ Transfer to a medical facility nearer to your primary residence</li> </ul>	Up to \$50,000 Per Insured Person
<b>Emergency Reunion</b> <ul style="list-style-type: none"> <li>■ Return of dependent children or grandchildren</li> <li>■ Transportation for a family member to be at your bedside</li> <li>■ Lodging allowance for visitor while hospitalized</li> <li>■ Return of a rental vehicle</li> <li>■ Return of mortal remains</li> </ul>	Up to \$4,000 Per Insured Person
<b>Common Carrier Accidental Death and Dismemberment</b>	Principal Sum - \$50,000

### Pre-existing Conditions

We cover Pre-existing Conditions provided:

1. The insurance was purchased within 15 calendar days of initial Covered Trip payment; and
2. On the date of purchase of insurance, you were medically able to travel.

If you do not meet the above criteria, your pre-existing condition might still be covered if the answer to all of the following questions is “no”:

1. Were you treated for a new illness in the last 60 days, or did symptoms exist for which a reasonably prudent person would have sought treatment?
2. Has your condition worsened or required medical attention in the last 60 days?
3. Have you received any new medications in the past 60 days or have any of your current dosages been changed?

*This is a summary of the principal provisions of the master policy offered through NSBTHA for its members. **It is not considered to be a contract of insurance.** Complete details of coverage, terms, limitations, and exclusions that may affect benefits payable are provided in the master policy and summarized in the certificate.*

*Coverage is available to residents of the U.S. and its territories, may vary by state and may not be available in all states. Read your certificate carefully and note all state exceptions that may apply. For more information regarding the exclusions and all other terms and conditions of the Patriot T.R.I.P. program, please see the applicable certificate wording which is available upon request.*

*This Summary of Benefits is not intended to be an offer to sell Patriot T.R.I.P. or a solicitation by iTravellnsured in any jurisdiction where such action would be unlawful or in which iTravellnsured is not qualified to do so.*

*A “covered trip” is any travel and sojourn to a destination more than 120 miles from the starting point of the covered trip and not exceeding 31 consecutive days.*

## Emergency Travel Assistance

Even the smallest disruption can be an emergency when you travel in unfamiliar territory. That's why, as a member of NSBTHA, you receive 24/7 emergency travel assistance.

- **Emergency Travel Arrangements** - In the event you must return home or discontinue your trip as a result of an interruption in travel due to an illness of your spouse, child, parent, in-law or grandparent, IMG will help you make the appropriate travel arrangements. You are responsible for the cost of the travel tickets.
- **Lost Passport/Travel Documents Assistance** - IMG will help you report, retrieve or replace lost or stolen travel documents, such as your passport, credit cards and airline tickets.
- **Lost Luggage Assistance** - IMG will assist you in communicating with the commercial carrier for the return of your lost luggage.
- **Embassy or Consulate Referral** - IMG will inform you of the location and contact telephone numbers for the nearest embassy or consulate, no matter where you are.
- **Emergency Message Relay** - IMG will receive or transmit emergency messages between you, your family and your employer.
- **Emergency Prescription Replacement** - IMG will assist you with the replacement of lost or damaged prescription medication. You are responsible for the cost of the actual medication and shipping costs, if any.
- **Medical Referral** - If urgent medical advice or care is needed, IMG is prepared to refer you to the nearest appropriate care facility or provide a listing of available medical care to you. IMG will assist with obtaining an appointment with the medical care provider you have chosen.
- **24-Hour Medical Monitoring** - If you are hospitalized, IMG will provide medical professionals to communicate with your treating doctor(s) and help you monitor your condition. IMG can also communicate with your family doctor, as you direct.
- **Emergency Cash Transfer** - IMG will help you transfer funds, up to \$500, in the event you have a medical or travel emergency.
- **Legal Referrals** - IMG will provide you with a referral to the nearest attorney.
- **Emergency Translations** - IMG will provide personal, emergency telephone translation services and referral to a local interpreter service should you require language assistance.

## Exclusions

We will not pay for any Illness, Injury or loss caused by or as a result of:

1. A Pre-Existing Condition, except as waived by Us under the terms of the Policy;
2. Intentionally self-inflicted harm, suicide or attempted suicide, by You, a Family Member, a Travel Companion or a Travel Companion's Family Member;
3. Pregnancy, fertility treatments, childbirth or elective abortion, other than unforeseen complications of pregnancy, of You, a Family Member, a Travel Companion or a Travel Companion's Family Member;
4. Any Mental, Nervous or Psychological disorders or physical complications related thereto, of You, a Family Member, a Travel Companion or a Travel Companion's Family Member;
5. You being under the influence of intoxicating liquor (as determined by the jurisdiction where the loss occurred) or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician;
6. War (whether declared or undeclared), acts of war, military duty (unless specifically covered), or voluntary participation in a civil disorder or unrest;
7. Participation in Professional or Amateur Athletics (including training);
8. Participation in any sporting, recreational, or adventure activity where such activity is undertaken against the advice or direction of any local authorities or any qualified instructor or contrary to the rules, regulations, recommendations and procedures of the recognized governing body of the area where such activity takes place;
9. All extreme, high risk sports including but not limited to: bodily contact sports, skydiving, hang gliding, bungee jumping, parachuting, mountain climbing or other high altitude activities, caving, heli-skiing, extreme skiing, or any skiing outside marked trails;
10. Scuba diving (unless accompanied by a dive master and not deeper than 130 feet);
11. Operating or learning to operate any aircraft as pilot or crew;
12. Nuclear reaction, radiation or radioactive contamination;
13. Natural disasters (unless specifically covered);
14. Epidemic;
15. Pollution or threat of pollutant release;
16. Commission of a violation of law by You, a Family Member, a Travel Companion or a Travel Companion's Family Member whether they are Insured or not, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations;
17. Any known, expected or reasonably foreseeable events or conditions that would cause a loss or claim under this Certificate; or
18. Financial Default (except as specifically covered).

*Exclusions may vary by state. Read your certificate carefully and note all exclusions that may apply. For more information regarding these exclusions and all other terms and conditions of Patriot T.R.I.P., please see the certificate wording for your state which is available upon request.*

## **How to Enroll**

To enroll, simply fill out the enrollment form and calculate the program cost based on the cost of your trip, your birth year, and the birth year of your travel companions. Once you have completed the enrollment form, return it to iTravelInsured. Subject to acceptance of your enrollment form and payment of the program cost, coverage for all benefits except trip cancellation will begin at 12:01 a.m. on the departure date. The trip cancellation coverage will begin at 12:01 a.m. on the day after we receive your enrollment form.

Coverage ends at midnight on the date of return; or upon return to your city of residence; or when the covered trip is cancelled or interrupted; or the scheduled coverage term ends as listed in your coverage verification letter, whichever is earliest.

## **Enrollment Processing**

Enrollment forms normally are processed within 24 hours of receipt. Once processing is complete, a fulfillment kit will be mailed to the mailing address listed on the enrollment form unless you request online fulfillment. The fulfillment kit will include your coverage verification letter, an insurance certificate, and an explanation of the non-insurance emergency travel assistance services available as a benefit of membership in NSBTHA.

## **Online Fulfillment Kit**

You may choose to download your fulfillment kit from the Internet rather than having it mailed to you. To do this, you must check the appropriate box on the enrollment form. We must have your correct email address to complete this process. Once we have received and processed your enrollment form, you will receive an email that contains all of the hyperlinks to obtain the fulfillment information through the Internet.



## **To File a Claim**

To file a claim, please contact:

iTravelInsured - Program Manager

P.O. Box 88503

Indianapolis, IN 46208-0503 USA

Toll Free (U.S. and Canada): 1.866.243.7524

Collect (Outside U.S. and Canada): 001.317.655.9798

Email: [itravelclaims@itravelinsured.com](mailto:itravelclaims@itravelinsured.com)

Fax: 1.317.655.4505

## **Notice of Claim / Proof of Loss**

Written notice of claim must be given to us within 90 days from the date of loss, except as otherwise prohibited under law. You have a duty to make all reasonable efforts to minimize losses from any insured benefit.

Written proof of loss must be sent to us within 91 days after the notice of claim. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible.

## **Emergency Medical Evacuation, Emergency Reunion, and Return of Mortal Remains**

Any service or expense for emergency medical evacuation, emergency reunion and return of mortal remains must be approved by us before it is incurred and coordinated by us in advance to be eligible for payment.

We will not pay for any such services or expenses without our prior consent or approval.

## **Right to Cancel**

Within 10 days of purchasing the program, you may cancel it and iTravelInsured will process a full refund of premium to you, as long as you have not already departed on your covered trip or filed a claim, and this certificate will be void from the beginning. No refunds shall be paid to you after 10 days of purchasing the program.

# To Enroll for Membership and Insurance

1. You must be a resident of the U.S. and its territories, regardless of your citizenship.
2. Complete the entire enrollment form.
3. If paying by check or money order, please make payable to iTravelInsured and enclose in envelope with signed enrollment form.
4. Email, mail or fax completed enrollment form to:  
iTravelInsured, P.O. Box 88503, Indianapolis, Indiana 46208-0503 USA  
Fax: 1.317.655.4505 Email: insurance@imglobal.com

**I will use the Online Fulfillment Kit Option (see page 7 for details - an email address is required)**

**Contact Information Please Print**  **Mr.**  **Mrs.**  **Ms.**

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Country, Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Date of departure \_\_\_\_\_ Date of return \_\_\_\_\_

<b>Total Years</b>	<b>0-29</b>	<b>30-49</b>	<b>50-59</b>	<b>60-64</b>	<b>65-69</b>	<b>70-74</b>	<b>75-79</b>	<b>80+</b>
<b>31 Day Max. Factor</b> <i>(\$500 min. trip cost)</i>	.0362	.0410	.0533	.0658	.0952	.1198	.1412	.2089

**Program Cost Calculation (Please complete the following for each traveler using the appropriate factor from above). Factors are subject to change. Attach additional pages as necessary.**

**1)** FirstName \_\_\_\_\_ LastName \_\_\_\_\_

Date of birth \_\_\_\_\_

_____ - _____ = _____	\$ _____ X _____ = \$ _____
Current year Birth year Total years	Cost of trip Factor <b>Cost</b>

**2)** FirstName \_\_\_\_\_ LastName \_\_\_\_\_

Date of birth \_\_\_\_\_

_____ - _____ = _____	\$ _____ X _____ = \$ _____
Current year Birth year Total years	Cost of trip Factor <b>Cost</b>

**3)** FirstName \_\_\_\_\_ LastName \_\_\_\_\_

Date of birth \_\_\_\_\_

_____ - _____ = _____	\$ _____ X _____ = \$ _____
Current year Birth year Total years	Cost of trip Factor <b>Cost</b>

**4)** FirstName \_\_\_\_\_ LastName \_\_\_\_\_

Date of birth \_\_\_\_\_

_____ - _____ = _____	\$ _____ X _____ = \$ _____
Current year Birth year Total years	Cost of trip Factor <b>Cost</b>

**5)** FirstName \_\_\_\_\_ LastName \_\_\_\_\_

Date of birth \_\_\_\_\_

_____ - _____ = _____	\$ _____ X _____ = \$ _____
Current year Birth year Total years	Cost of trip Factor <b>Cost</b>

# Total Program Cost Calculation

Please add together the program cost of each traveler to determine your total program cost.

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_  
#1 Cost #2 Cost #3 Cost #4 Cost

+ \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
#5 Cost Cost from **Total Program Cost**  
attached pages

**MEMBERSHIP** I (we) hereby enroll for membership to the National Small Business Travel and Health Association.

**CERTIFICATION** I (we) hereby certify and represent that I (we) have read, or have had read to me (us), all statements and answers recorded on this enrollment form. They are true, complete and correctly recorded. I (we) confirm that all travelers listed on this enrollment form are medically able to travel on the date this coverage is purchased. I (we) understand and agree that subject to the acceptance of this enrollment form and payment of the program cost in full, coverage will begin at 12:01 a.m. on the day after this completed enrollment form is received. I (we) understand that if payment is returned unpayable for any reason, coverage becomes null and void.

## X Signature of Applicant or Proxy

\_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_

- Payment Method**  Check (To iTravellInsured)  
 Money Order (To iTravellInsured)  Mastercard  Visa  
 American Express  JCB  Discover

*If paying by credit card, I authorize iTravellInsured to debit my credit card account for the total charge as specified in Total Program Cost. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.*

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Your Daytime Phone \_\_\_\_\_

Your Billing Address \_\_\_\_\_

\_\_\_\_\_

### Producer/Referrer Use Only

Producer/Referrer # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Producer/Referrer Contact Information:**

**For marketing questions, please call:**

1.866.368.3724

**Please direct claims questions to:**

iTravelInsured - Program Manager

P.O. Box 88503

Indianapolis, IN 46208-0503 USA

Toll Free (U.S. and Canada): 1.866.243.7524

Collect (Outside U.S. and Canada): 001.317.655.9798

Email: [itravelclaims@itravelinsured.com](mailto:itravelclaims@itravelinsured.com)

Fax: 1.317.655.4505

**While on your trip, 24/7 emergency travel assistance:**

Toll Free (U.S. and Canada): 1.866.243.7524

Collect (Outside U.S. and Canada): 001.317.655.9798

*Travel Insurance is underwritten and offered where available by  
Sirius America Insurance Company.*

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