

Arlington Public Schools
Student Out of State and Travel Abroad Application

Today's Date 12/8/2019
Trip Leader Name Megan Miller
School Arlington High School **Subject/Grade** English 9-12
E-mail address mmiller@arlington.k12.ma.us **Phone** 781-316-3594

Trip Destination: City(s)/Country Nagaokakyo, Japan for homestay (also, Kyoto, Osaka, Kobe, and Nara)
Dates of Trip **Departure Date** July 4, 2020
Return Date July 14, 2020
Method of Transportation Japan Airlines/bus/train **Leaving from (school, airport)** Boston Logan

Purpose of Trip (check all that apply)

☒ Cultural ☒ Educational ☒ Home Stay
☒ Sister City ☒ Student Exchange
☐ Other (describe)

Itinerary (attach additional documents as necessary)

To be determined by Nagaokakyo City Office, but sample itinerary from 2019 trip LINKED.

Describe the educational purpose and value of the trip?

This trip is a cultural and educational student exchange which is now in its 16th year between sister cities Nagaokakyo and Arlington. Students from each city spend 10 days living with host families, visiting the schools at all levels, sightseeing, and taking part in cultural events unique to the sister city and country. Students are able to participate in an increasingly-globalized world, and create both memories and relationships demonstrating the value of compassion and friendship as the world continues to advance technologically.

If the trip involves missing school, what are the reasons and what steps will be taken to minimize the impact?

N/A

Who may go on the trip? (requirements to participate - grade levels, attendance, behavior, academics - consult the sample Trip Policy Form)

Any student living in Arlington entering the 7th-12th grades who finishes the school year in good academic and behavioral standing may travel with the trip. All students, whether or not they attend Arlington Public Schools must attend 80% (8/10) of the pre-trip cultural and linguistic classes in order to best represent APS and the town on the trip.

Cost of trip per student?

\$2,600

What is included in the trip?

Everything except for souvenirs; students stay with host families, and visit the high school(s), a middle school, and an elementary school for portions of or a full day, they will travel to ancient temples and visit the cities of Kyoto, Osaka, and potentially Kobe and Nara. All train tickets, temple fees, admission to any attractions, and administrative costs are covered in the ~\$400 fee paid to the high school by the students. All students will have their own host family and bedroom on the trip. Students will have between 1-3 host family days where they will get to spend the day with their families and not "touring" with the set itinerary. Students' host families often pair or triple up on these days, especially if the students on the trip are friends.

What is not included in the trip? What expenses will students incur during the trip?

Only the cost of souvenirs/shopping is not included in the trip.

Other Chaperones

<u>Name</u>	Alyssa Napolitano	<u>School</u>	Gibbs School	<u>Subject/Grade</u>	ELA/6th
<u>E-mail address</u>	anapolitano@arlington.k12.ma.us			<u>Phone</u>	781-316-9000

<u>Name</u>	Andrew Garrity	<u>School</u>	Ottoson Middle School	<u>Subject/Grade</u>	World Geography/7th
<u>E-mail address</u>	agarrity@arlington.k12.ma.us			<u>Phone</u>	781-316-3745

How do students register for the trip? Is there a payment plan? Describe.

After advertising via announcements and DailyPost in the high school and middle school, students will submit their applications either digitally or forward them to Rebecca Walsh Bradley or Justin Bourassa, with a ~\$400 deposit to secure their spot on the trip. This ~\$400 deposit will cover the temple admission/tour activities fees, and administrative costs incurred while on the trip. All other payments will be made directly to Carousel Student Tours, covering the cost of airfare and travel insurance. Carousel makes payment plans available for travelers on an individual basis.

Is there a process in place for students who have difficulty paying for the trip? (scholarships?)

Funds available? In the past, we have used funds from the Exchange Trip account to cover partial scholarships for students who apply for them. We also have taken advantage of the opportunity for students to apply through Mary Villano's travel scholarships. Dr. Bodie has also provided scholarship assistance for this program in the past, for which we are very appreciative.

Fundraising available? We have not officially used fundraising in the past, but would not be opposed to using a reputable outside source providing both oversight and maximum return for the students; we are open to suggestions according to the Superintendent's guidelines.

Please list the name and contact information for the agency you are working with, if applicable.

Are they insured? Describe the trip insurance plan. (Trip insurance includes coverage for emergency travel home, trip cancellations, etc. This is not just liability.)

We're working with Carousel Student Tours, Inc. again. They've provided us with both airfare and traveler's (cancellation/health) insurance for the past 6 years. This year, as in years past, we are being assisted by Ms. Heidi Butler: *Operations Manager* 508-563-9332/Fax 508-564-4878 PO Box 1404, Pocasset, MA, 02559. We can work with this company to determine cancellation insurance and dates (requested below). This year, the travel agency will be handling payment for airfare directly, and the trip chaperones will be detailing the activities fees, etc. They will determine payment dates and plans for individual students and families.

For trip/health insurance, Carousel Tours works with a company called Travel Insured International.

Describe the refund policy and dates. (Include this information in the Trip Policy Contract that is signed by students and parents/guardians)

Once the tickets are booked for students and they are assigned tickets, they may not be refunded their deposits. Carousel Student Tours, Inc. is handling the students' airfare and passport responsibilities, and we at the high school are handling their temple admission/trip activities'/administrative fees (usually no more than ~\$400 USD). The insurance agency provides the information, but we've included excerpts from the trip last year in this sample.

Describe how you will factor emergency cash into the trip budget?

Each year, we travel with emergency cash from our account. Usually this amount is replenished/covered from the previous deposits to hold students' spots on the trip. Each year's deposits enables the next year's ability to cover the deposit and activities fees for next year's trip.

Describe how you will communicate with parents before and during the trip.

We will host an information session at AHS for all interested parents in the evening, as well as info sessions after school at Gibbs, OMS and AHS. Once the applications are open, we will both be available by email and regularly email parents with updates, information, and regarding the application process. We will have a pre-departure meeting between the end of the school year and the trip's departure. While we are in Japan, we will regularly send updates home via email (photos and news), and assist the Nagaokakyo City Office in creating their daily online newsletter, made available in both English and Japanese.

Describe how you will communicate with administration during the trip.

The chaperones will all be available by phone, email, and videochat. Ideally, our only communication will be via our updates, on which the administration will be copied, but in the event of an emergency, we will collaborate as a team of chaperones to establish and maintain contact with administration back home.

REQUIRED DOCUMENTS (May be combined)

Trip Application Form

Trip Policy Contract (including refund policy, behavioral expectations, see below)

Trip Medical Form (including release, statement confirming that student is clear to go and school will be notified of any change in status)

Release from liability

Consent to treat

Before the application is presented to School Committee, please obtain the following signatures in this order.

Signature of International Coordinator

Name

Date

Signature of Department Head

Name

Department

Date

Signature of Principal

Signature of Superintendent
Name

Signature of Superintendent
School

Signature of Superintendent
Date

12/13/19

AHS Trip Go Checklist - Complete these steps for all trips before departure.

Meet with students and parents before departure to review school behavioral expectations. Share with administration (in-school rules apply for the entire trip). Parents and students sign a form that states they understand the behavioral expectations and consequences

Trip leaders have checked State Department travel advisories and reviewed any reports with administration.

Leave photocopies of all student and chaperone passports with Main Office

Leave copies of itinerary and contact numbers (e.g., chaperones, hotels, trip sponsoring company, travel agents)

All trips must be approved before publicizing or scheduling.

Complete International Trip application (See Mary Villano)

Trip application reviewed, recorded, and signed by Mary Villano

Trip approved by the Principal and Department Head (where appropriate) **before** submission to the Superintendent and School Committee.

Trip approved by the Superintendent

Trip approved by the School Committee.

Please check, sign, and return to the principal before the deadline for deposit refunds:

Students accepted to the trip have all been screened (check with House Deans) and are in good standing in terms of behavior, attendance, and academics

After students are accepted the trip, all sign a Trip Policy Contract. Leave a copy with Administration.

Trip Medical Form (including release, statement confirming that student is clear to go and school will be notified of any change in status)

Release from liability

Consent to treat

Before the application is presented to School Committee, please obtain the following signatures in this order.

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Date

Signature of Department Head

Name

Department

Date

Signature of Principal

AHS

12/13/19

Name

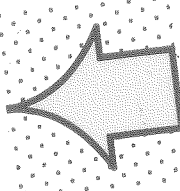
School

Date

Signature of Superintendent

Rachel Baker

12/17/19



AHS Trip Go Checklist - Complete these steps for all trips before departure.

Meet with students and parents before departure to review school behavioral expectations. Share with administration (in-school rules apply for the entire trip). Parents and students sign a form that states they understand the behavioral expectations and consequences

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Trip approved by the School Committee.

Please check, sign, and return to the principal before the deadline for deposit refunds:

Students accepted to the trip have all been screened (check with House Deans) and are in good standing in terms of behavior, attendance, and academics

After students are accepted the trip, all sign a Trip Policy Contract. Leave a copy with Administration.

Students have all signed dates of deposits and understandings of refund policies (copy of file with administration).

Students have completed school/trip medical form and been screened by the Nurse(s).

All parents sign the district release from liability language (can incorporate in other forms)

Before confirming chaperones:

Background check for non-school personnel traveling as chaperones or participants, if applicable.

All non-school chaperones have signed Behavioral Expectations (if applicable).

In the month before trip departure:

Check for students who are in academic or behavioral difficulty. Check in with Deans

All students remain in compliance of all criteria in Trip Policy Contract

Check that all students and chaperones have current passports.

Check that all students have round-trip tickets with names that match their passports and an itinerary that matches the rest of the trip.

Prior to trip the Nurse has checked medical forms for medical issues (need release from doctor/counselor for any significant medical concerns).

Prior to trip the Nurse has checked medical forms for appropriate insurance (e.g., some insurance does not cover them outside of the country).

All checks must be made out to AHS General Fund with the event written in the memo unless payments are made directly to Tour Company.

Group has emergency cash for the trip. This money is factored into the cost of the trip and a check to the advisor for cash is issued through the General Fund. Upon return, all receipts and any unused money is returned to the General Fund account International Fund).

Recommend that a parent or guardian has a current passports in case they need to travel to meet their student.

Consider whether students should have international cell phone access. Explore options.

(organizers, travel agent) with Main Office and Administrative Contact.

Confirm Administrative Contact: Matthew Janger cell: 781-434-8215.

Trip Leader Signature: _____ **Date:** _____

Trip Selection Criteria

Participation in out-of-school trips is a privilege. The school must be conscious of the safety of all students as well as the way in which the trip represents the school in our community. The trip organizers may make a determination of criteria for students who they feel can safely participate in the trip, who can appropriately represent the school, and who can support the mission and goals of their particular trip. Trips are an optional enrichment activity offered by school staff. While we work to have scholarships available, families are responsible for the full cost of the trip.

As trips vary in levels of educational mission, risk, distance, length, and commitment, the criteria for selection vary among trips. At the time of selection, we will not consider for participation any student who:

- Has been suspended from school in the past month.

- Would be under suspension from extra curricular activities

- Is carrying a D or lower in any class (this includes I)

- Is in danger of receiving an FA due to attendance

- Has recent medical or mental health conditions which may affect the safety of the student or create a substantial disruption to the trip (This would apply to students receiving an M grade.).

In addition, students who fail to meet the trip selection criteria in the month before a trip may also be excluded from trip participation.

Exclusion from a trip will result in the following consequences:

- Class grades will not be affected by exclusion from a trip.

- In trips related to courses, students will be provided with alternative assignments to make up for any trip work.

- Funds or deposits may not be returned, as deposits and shared costs may not be recouped by the trip group.

SAMPLE FORM

Trip Policy Contract

During school trips, students are "in school" for the entire trip. This means that all trip participants must comply with all school rules and policies and meet all other behavioral expectations for the trip for the duration of the trip, even in the evenings during usually private times. Violation of these expectations may lead a student to be sent home from the trip at their parents expense and may lead to school consequences when they return from the trip.

Participation in out-of-school trips is a privilege. The school must be conscious of the safety of all students as well as the way in which the trip represents the school in our community. A student who within a month of the trip:

- Has been suspended from school.

- Is under suspension from extra curricular activities

- Is carrying a D or lower in any class

- Is in danger of receiving an FA due to attendance

- Experiences changes in medical conditions which may affect the safety of the student or trip.

will be subject to review by the administration along with an organizing faculty member from the trip

Exclusion from a trip for the reasons above will result in the following consequences:

- Class grades will not be affected by exclusion from a trip.

- In trips related to courses, students will be provided with alternative assignments to make up for any trip work.

- Funds or deposits may not be returned, as deposits and shared costs may not be recouped by the trip group.

Frequently Asked Questions for Proposals

Please submit to the Building Principal, then

Superintendent Bodie for approval then the School Committee must approve.

Re: Community trip to _____, Today's Date _____ .

Q: When will the trip be?

A: The trip should be November 7-16.

Q: Who may go on the trip?

A: The trip is open to any resident of Arlington, or All participants on the trip must be over the age of 18 and have a valid passport for travel.

Q: Who is leading the trip?

A: _____, _____ for the Arlington Public Schools, and _____.

Q: How much does the trip cost? How will the students travel? What is included?

The trip will cost \$_____ for people who stay in homestays during the 5 nights in _____. This includes airfare from Boston to _____ airport on the way to _____, and from _____ (Boston on the return flight. The cost includes most meals during our stay _____. It includes all activities and transportation during our 5 days in _____ including transport from _____ airport. It includes the cost of coordinating the trip and the daily plans for the trip.

Q: What is not included in the trip cost?

A:

Q: What is the itinerary for our time in _____

A: _____

Q: I want to go! When is the money due? How will the spots be filled? How can I pay?

A:

Q: What if a student cannot pay:

A:

Please contact _____ or _____ to let us know that you plan to travel with us.

ADDITIONAL QUESTIONS:

Trip company providing? Evidence that they are reliable and insured? Companies' refund policy? Company contact information?

Additional Forms link [HERE](#) for the following:

Medical Form

Release from liability

Consent to treat

Teacher Chaperone Checklist: link [HERE](#)

Medical Information Sheet

Student's Name _____ Date of Birth: ____/____/____

Street Address: _____

City/State/Zip: _____

Parent / Guardians' Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Parent / Guardians' Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Insurance Company: _____

Insurance Policy Number: _____

Physical Problems or Restrictions:

Is student currently on any medications: Yes _____ No _____

Please list:

Allergies:

Other Important/Needed Information:

Date of last tetanus shot: ____/____/____

By signing below you agree to the following: My child has no medical or mental health restrictions that would impede their ability to travel safely. I will inform the school/chaperones before the trip if there are any changes in my child's medical or mental health.

Parent/Guardian signature: _____

Permission for Treatment

In case of injury during an activity with Arlington Public Schools, I hereby consent to have the above named student examined and, if required, to be treated by a physician or hospital. I understand that in the case of injury, Arlington High School will make every effort to contact me prior to taking the skier to a physician or hospital. In the event that I cannot be notified, the Arlington Public Schools and its representatives have my permission to take appropriate steps to ensure the safety and well-being of my child. I, the Parent or Guardian of the above named children, give The Arlington Public Schools and authorized personnel, permission to sign for treatment in case of accident or injury. I understand that I am responsible for informing the school of any changes in my student's health condition.

Parent or Guardian signature: _____ **Date:** ____/____/____

Consent for Travel to Japan

I, _____, (parent's name) declare that I am the lawful Guardian of
_____, (student's name) born on
_____, (DOB) in _____ (city and state).

My child, _____ (student's name), has my consent to travel to Japan from July 4-16, 2019 with Paul McKnight, Blythe Colyer, and Jacqueline O'Connor, educators from Arlington High School, 869 Massachusetts Ave., Arlington, MA 02476 and Ottoson Middle School, 63 Acton Street, Arlington, MA 02476

Any questions regarding this document may be addressed to me at:

Parent(s) name: _____

Address:

Home Telephone: (____) ____-____

Work Telephone: () -

Cellular Telephone: () -

To complete this form:

- *Have form notarized below*
- *Include a copy of parent's photo ID*
- *Include a copy of the student's birth certificate (as well as the student's ID if they are between the ages of 16-19).*

Notary Signature

PERMISSION TO PARTICIPATE AND RELEASE FROM LIABILITY

Your child's teacher has volunteered to organize a school-sponsored trip requiring travel to another state or out of the country. Participation in this trip is voluntary, but you must give permission before your child can go. If you do not give permission, your child will not be allowed to participate.

Your child will be under supervision by teachers and/or chaperones. It is possible that your child may face more risks by participating in this trip than if your child did not. We cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child, and you are in the best position to decide whether your child should participate. The School Department and Principal have approved this trip, but we cannot and do not guarantee that there will be no injuries or damages as a result of this trip.

This is a legal document and you are free to obtain a lawyer's advice before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release have no effect.

By signing this form, you agree that your child may participate in the trip. By signing this form, you also agree to release the Town of Arlington, Town officials, Town employees/teachers and all parental program and activity volunteers or chaperones from any and all damages, death and/or injuries of any kind you and your child might suffer as a result of participating in this trip, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

Signed:

Parent/Guardian of: _____
student name

Parent/Guardian Signature: _____ DATE _____

Student Deluxe Protection Plan

Arlington To Japan
07/04/2019 - 07/16/2019
22 Travelers
No Trip Cost insured
Group Policy Number 108557

Worldwide Non-Insurance Assistance Services

The Travel Assistance feature provides a variety of travel related services. Services offered include:

- Medical Evacuation • Medically Necessary Repatriation
- Repatriation of Remains • Medical or Legal Referral
- Inoculation Information • Hospital Admission Guarantee
- Translation Service • Lost Baggage Retrieval
- Passport/Visa Information • Emergency Cash Advance
- Bail Bond • Prescription Drug/Eyeglass Replacement
- ID Theft Resolution Service • Concierge Service • Business Concierge • Non-Medical Emergency Evacuation

Payment reimbursement to the Assistance Company is Your responsibility.

24/7 Worldwide Non-Insurance Assistance Services
Travel Assistance, Medical Emergency,
Concierge Service, Business Concierge,
Non-Medical Emergency Evacuation Service,
and ID Theft Resolution Service

FOR EMERGENCY ASSISTANCE DURING YOUR TRIP

CALL:

888-268-2824

OR CALL COLLECT:

603-328-1725

(From all other locations)

Travel assistance services are provided by an independent organization and not by United States Fire Insurance Company or Travel Insured International. There may be times when circumstances beyond the Assistance Company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your emergency situation.

Administered by



**TRAVEL INSURED
INTERNATIONAL**

A CRUM & FORSTER COMPANY

Quality Protection Worldwide

For questions or to report a claim, contact:

Travel Insured International, Inc.

855 Winding Brook Drive

Glastonbury, CT 06033

Customer Care-866-684-0218

Claims-800-243-2440

AVAILABILITY OF SERVICES

You are eligible for information and concierge services at any time after You purchase this plan. The Emergency Assistance Services become available when You actually start Your Covered Trip. Emergency Assistance, Concierge and Informational Services end the earliest of: midnight on the day the program expires; when You reach Your return destination; or when You complete Your Covered Trip. The Identity Theft Resolution Services become available on Your scheduled departure date for Your Covered Trip. Services are provided only for an Identity Theft event which occurs while on Your Covered Trip. Identity Theft Resolution does not guarantee that its intervention on behalf of You will result in a particular outcome or that its efforts on behalf of You will lead to a result satisfactory to You. Identity Theft Resolution does not include and shall not assist You for thefts involving non-US bank accounts.

IDENTITY THEFT RESOLUTION SERVICES

In the event of an Identity Theft event while on Your Covered Trip, Travel Insured's designated provider will provide you with the support and tools needed for You to restore Your identity to pre-event status. Assistance includes contacting Your creditors to notify them of the event and to request replacement cards; connecting you with a friend or family member at home and providing them with the assistance to set up a transfer or wire of funds; information on how to contact the three major credit bureaus; guidance on how to obtain a police report; and providing You with a guide on how to restore Your credit.

CONCIERGE SERVICES

Concierge Services are provided by Travel Insured's designated provider. There is no charge for the services provided by the provider. You are responsible for the cost of services provided and charged for by third parties and for the actual cost of merchandise, entertainment, sports, tickets, food and beverages and other disbursement items. Services offered include: • Destination Profiles • Epicurean Needs • Event Ticketing • Floral Services • Tee Time Reservations • Hotel Accommodations • Meet-And-Greet Services • Shopping Assistance Services • Pre-Trip Assistance • Procurement of Hard-To-Find Items • Restaurant Referrals and Reservations • Rental Car Reservations • Airline Reservations

NON-MEDICAL EMERGENCY EVACUATION

If you require **Non-Medical Emergency Evacuation**, the Assistance Service will arrange and pay for evacuation from a safe departure point to the nearest safe location. You must contact the Assistance Service as soon as possible after Your Host Country issues the official disaster declaration, as delays may make safe transportation impossible. The method of transportation will be as deemed most appropriate to ensure Your safety. If evacuation becomes impractical due to hostile or dangerous conditions, the Assistance Service will maintain contact with and advise You until evacuation becomes viable or the natural disaster situation or the political or social upheaval has been resolved. Benefit is subject to the terms and conditions of the plan and as determined by the Assistance Service's security personnel, in accordance with local and U.S. authorities. Services rendered without the Assistance Service's coordination and approvals are not covered. No claims for reimbursement will be accepted. If You are able to leave the Your host country by normal means, the Assistance Service will assist you in rebooking flights or other transportation. Expenses for non-emergency transportation are Your responsibility.

BUSINESS CONCIERGE SERVICES

Concierge Services are provided by Travel Insured's designated provider. There is no charge for the services provided by the provider. You are responsible for the cost of services provided and charged for by third parties. Services offered include: • Emergency Correspondence And Business Communication Assistance • Assistance With Locating Available Business Services Such As:

T-19128

8.15.2017

Express/Overnight Delivery Sites, Internet Cafes,
Print/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:

TRIP CANCELLATION/TRIP INTERRUPTION:

IMMEDIATELY Call Your Travel Supplier and Travel Insured International to report Your cancellation and avoid non-Covered Expenses due to late reporting. Travel Insured International will then advise You on how to obtain the appropriate form to be completed by You and the attending Physician. If You are prevented from taking Your trip due to Sickness or Injury, You should obtain medical care immediately. We require a certification by the treating Physician at the time of Sickness or Injury that medically imposed restrictions prevented Your participation in the Trip. Provide all unused transportation tickets, official receipts, etc.

TRIP DELAY: Obtain any specific dated documentation, which provides proof of the reason for delay (airline or Cruise line forms, medical statements, etc).

Submit this documentation along with Your Trip itinerary and all receipts from additional expenses incurred.

MEDICAL EXPENSES: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment.

BAGGAGE: Obtain a statement from the Common Carrier that Your Baggage was delayed or a police report showing Your Baggage was stolen along with copies of receipts for Your purchases.

T-19128

8.15.2017

TRAVEL PROTECTION INSURANCE

Certificate of Insurance

This Certificate Plan of Insurance describes the insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our. Please refer to the accompanying Schedule of Benefits, which provides the Insured, also referred to as You or Your, with specific information about the program You purchased. You should contact the Company immediately if You believe that the Schedule of Benefits is incorrect.

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



Marc J. Adey
Chairman and CEO

James Kraus
Secretary

Insurance provided by this Certificate is subject to all of the terms and conditions of the Group Policy. If there is a conflict between the Policy and this Certificate, the Policy will govern.

If You are not satisfied for any reason, You may return Your Certificate to the Company within 14 days after receipt. Your premium will be refunded, provided You have not already departed on the Trip or filed a claim. When so returned, the coverage under the Certificate is void from the beginning.

Renewal: Coverage under this Certificate is not renewable.

SHORT TERM COVERAGE

NON-RENEWABLE

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SCHEDULE OF BENEFITS

Benefit Per Trip Maximum Benefit Amount

Travel Arrangement Protection

Trip Cancellation**	Trip Cost*
Trip Interruption**	150% of Trip Cost*
Missed Connection (3 hours)	\$500
Travel Delay (6 hours)	\$750 (\$150/day)

*Up to the trip cost protected, up to the maximum of \$10,000

**For a \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 Return Air only

Baggage and Personal Effects	\$1,500
Per Article Limit	\$300
Combined Articles Limit	\$500
Baggage Delay (24 hours)	\$300
Non-Medical Emergency Evacuation	\$150,000

Medical Protection

Accident & Sickness Medical Expense	\$25,000
Emergency Medical Evacuation	\$100,000
Medically Necessary Repatriation/	
Repatriation of Remains	

Optional Coverage

Applicable only when specifically requested on the application and the appropriate additional premium has been paid and purchase confirmed on Your Confirmation of Benefits.

Cancel For Any Reason

*Up To 75% of Non-Refundable Trip Cost****

****The lesser of 75% of the amount prepaid for the Trip or up to the maximum of \$10,000*

SECTION I. COVERAGES

COVERAGE A

TRIP CANCELLATION

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

1. Your or a Family Member's or a Traveling Companion's or a Business Partner's death, which occurs before departure on Your Trip;
2. Your or a Family Member's or a Traveling Companion's or a Business Partner's covered Sickness or Injury, which:
 - a) occurs before departure on Your Trip, b) requires Medical Treatment at the time of cancellation resulting in medically imposed restrictions, as certified by a Legally Qualified Physician, and c) and prevents Your participation in the Trip;
3. For the **Other Covered Reasons** listed below; provided such circumstances occur while coverage is in effect.

"Other Covered Reasons" means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's primary place of residence or destination being rendered uninhabitable by

fire, flood, burglary or other Natural Disaster. The Company will only pay benefits for Losses occurring within 30 calendar days after the Natural Disaster makes your destination accommodations uninhabitable. Your destination is uninhabitable if: the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; (iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or (iv) the rental property is without electricity or water. Benefits are not payable if a storm, snow storm, blizzard or hurricane is named on or before the Effective Date of Your Trip Cancellation coverage;

- c. a documented theft of passports or visas
- d. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
- e. Bankruptcy or Default of an airline, cruise line, tour operator or other travel provider (other than the

Travel Supplier, tour operator or travel agency, from whom You purchased Your Travel Arrangements causing a complete cessation of travel services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if the Certificate has been purchased within 14 days of the date Your initial deposit/payment for Your Trip is received; and You insure the full cost of Your Trip subject to penalties or restrictions;

- f. unannounced Strike that causes complete cessation of services for at least 18 consecutive hours of the Common Carrier on which You are scheduled to travel;
- g. Inclement Weather that causes complete cessation of services for at least 18 consecutive hours of the Common Carrier on which You are scheduled to travel;
- h. felonious assault of You or Your Traveling

Companion within 10 days of the Scheduled Departure Date;

- i. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- j. Your family or friends living abroad with whom You were planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;

All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

If Your Travel Supplier cancels Your Trip, a benefit will be paid for the reissue fee charged by the airline for the tickets. The maximum payable under this Trip Cancellation Benefit is the lesser of the total amount of coverage You purchased or the Maximum Benefit Amount shown in the Schedule of Benefits.

Single Supplement

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

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

COVERAGE B TRIP INTERRUPTION

Benefits will be paid, up to a) the Maximum Benefit Amount shown in the Schedule of Benefits ; or b) 150% of the total amount of coverage You purchased, to reimburse You for or unused non-refundable land or water Travel Arrangements plus the Additional Transportation Cost paid:

1. to join Your Trip if You must depart after Your Scheduled Departure Date or travel via alternate travel arrangements by the most direct route possible to reach Your Trip destination; or
2. to rejoin Your Trip or transport You to Your originally scheduled return destination, if You must interrupt Your Trip after departure, each by the most direct route possible.

Trip Interruption must be due to:

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

"Other Covered reasons" means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date), served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);

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- b. Your or Your Traveling Companion's primary place of residence or destination being rendered uninhabitable by fire, flood, burglary or other Natural Disaster. The Company will only pay benefits for Losses occurring within 30 calendar days after the Natural Disaster makes your destination accommodations uninhabitable. Your destination is uninhabitable if: (i) the building structure itself is unstable and there is a risk of collapse in whole or in part; (ii) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail, or flood; (iii) immediate safety hazards have yet to be cleared such as debris on roofs or downed electrical lines; or (iv) the rental property is without electricity or water. Benefits are not payable if a storm, snow storm, blizzard or hurricane is named on or before the Effective Date of Your Trip Cancellation coverage;
- c. a documented theft of passports or visas;
- d. You or Your Traveling Companion being directly involved in a traffic accident, substantiated by a police report, while en route to Your scheduled point of departure;
- e. Bankruptcy or Default of an airline, cruise line, tour operator or other travel provider (other than the Travel Supplier, tour operator or travel agency, from whom You purchased Your Travel Arrangements causing a complete cessation of travel services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. This benefit only applies if the Certificate has been purchased within 14 days of the date Your initial deposit/payment for Your Trip is received; and You insure the full cost of Your Trip subject to penalties or restrictions;
- f. unannounced Strike that causes complete cessation of services for at least 18 consecutive hours of the Common Carrier on which You are scheduled to travel;
- g. Inclement Weather that causes complete cessation of services for at least 18 consecutive hours of the Common Carrier on which You are scheduled to travel;
- h. felonious assault of You or Your

Traveling Companion within 10 days of the Scheduled Departure Date;

- i. a Terrorist Incident that occurs within 30 days of Your Scheduled Departure Date in a city listed on the itinerary of Your Trip. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- j. Your family or friends living abroad with whom You were planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;

Additional Trip Interruption Benefits:

If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation, telephone call and local transportation expenses incurred by You to remain with Your Traveling Companion up to \$200 per day, limited to 10 days.

The maximum payable under this Trip Interruption Benefit is the lesser of 150% of the total amount of coverage You purchased or 150% of the Maximum Benefit Amount shown in the Schedule of Benefits.

Single Supplement

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

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

COVERAGE C MISSED CONNECTION

If You miss Your cruise or tour departure because Your arrival at Your Trip destination is delayed for 3 or more hours, due to:

- a) any delay of a Common Carrier (the delay must be certified by the Common Carrier);
- b) documented weather condition preventing You from getting to the point of departure;

- c) quarantine, hijacking, Strike, Natural Disaster, terrorism or riot.

We will reimburse You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for:

- a) Your Additional Transportation Cost to join Your Trip; and
- b) Your Prepaid expenses for the unused land or water Travel Arrangements ; and
- c) reasonable accommodation, telephone and meal expenses necessarily incurred by You for which You have proof of purchase and which were not paid for or provided by any other source.

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

COVERAGE D TRAVEL DELAY

Benefits will be paid up to \$150 per day for: 1) the non-refundable, unused portion of the Prepaid expenses for Your Trip as long as the expenses are supported by proof of purchase and are not reimbursable by any other source; and 2) reasonable accommodation, meal, telephone call and local transportation expenses incurred by You , up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You are delayed for 6 hours or more while en route to or from, or during Your Trip, due to:

- a) any delay of a Common Carrier (the delay must be certified by the Common Carrier);
 - b) a traffic accident in which You or Your Traveling Companion is not directly involved (must be substantiated by a police report);
 - c) lost or stolen passports, travel documents or money (must be substantiated by a police report);
 - d) quarantine, hijacking, Strike, Natural Disaster, terrorism or riot;
 - e) a documented weather condition preventing You from getting to the point of departure.
- Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the

Common Carrier.

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

COVERAGE E BAGGAGE AND PERSONAL EFFECTS

Benefits will be provided to You, up to the Maximum Benefit Amount shown in the Schedule of Benefits:

- a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects;
- b) subject to all General Exclusions and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the Certificate; and
- c) occurring while coverage is in effect.

"Baggage and Personal Effects" means goods being used by You during Your Trip.

Valuation and Payment of Loss:

The lesser of the following amounts will be paid:

- 1) the Actual Cash Value at the time of loss, theft or damage, except as provided below;
- 2) the cost to repair or replace the article with material of a like kind and quality; or
- 3) \$300 per article.

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

A maximum of \$100 will be paid for the cost of replacing a passport or visa.

A maximum of \$100 will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.

Baggage and Personal Effects does not include:

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;

- 5) motors;
- 6) aircraft;
- 7) bicycles, except when checked as baggage with a Common Carrier;
- 8) household effects and furnishings;
- 9) antiques and collector's items;
- 10) sunglasses, contact lenses, artificial teeth, dentures, dental bridges, or hearing aids;
- 11) artificial limbs or other prosthetic devices;
- 12) prescribed medications;
- 13) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 15) telephones or PDA devices, computer hardware or software;

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

Additional Limitations and Exclusions Specific to Baggage and Personal Effects:

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

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or custom's rule;
- d) theft or pilferage while left in any unlocked or unattended vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) Your negligent acts or omissions; or
- g) property shipped as freight or shipped prior to the Scheduled Departure Date;
- h) electrical current, including electric arcing that damages or destroys electrical devices or appliances.

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

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

Additional Claims Provisions Specific to Baggage:

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

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

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

**COVERAGE F
NON-MEDICAL EMERGENCY EVACUATION**

This Non-Medical Emergency Evacuation Benefit is not available if a formal recommendation in the form of a Travel Advisory or Travel Warning from the U.S. State Department is issued for a country preceding Your arrival into that country on Your Trip, or if a country is an Excluded Country preceding Your arrival into that country on Your Trip.

You are eligible for benefits, up to the Maximum Benefit Amount shown in the Confirmation of Benefits, for all reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your primary place of residence, if You must leave Your Trip for a Non-Medical Emergency Evacuation Covered reason, as defined below.

Non-Medical Emergency Evacuation must occur within 14 days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by authorized travel assistance provider".

Non-Medical Emergency Evacuation Covered reasons:

We will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on Your Trip, a formal recommendation in the form of a Travel Advisory or Travel Warning from the U.S. State Department, is issued for You to leave a country You are visiting on Your Trip due to:

- 1) a Natural Disaster;
- 2) civil, military or political unrest; or
- 3) Your being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

Non-Medical Emergency Evacuation Exclusions: We do not cover:

- 1) loss or expense for a Non-Medical Emergency Evacuation Covered reason which took place in an Excluded Country;
- 2) loss or expense recoverable under any other insurance or through an employer;
- 3) loss or expense arising from or attributable to:
 - (a) fraudulent or criminal acts committed or attempted by You;
 - (b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent, or
 - (c) failure to maintain required documents or visas;
- 4) loss or expense arising from or attributable to:
 - (a) debt, insolvency, business or commercial failure;
 - (b) the repossession of any property; or
 - (c) Your non-compliance with a contract, license or permit;
- 5) loss or expense arising from or due to liability assumed by You under any contract.

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

**COVERAGE G
ACCIDENT & SICKNESS MEDICAL EXPENSE**

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits shown on the Schedule of Benefits, as a result of

a Covered Accidental Injury or covered Sickness, which first occurs during Your Trip (of a duration of 90 days or less for Sickness). Only Covered Expenses incurred during Your Trip (of duration of 90 days or less for Sickness) will be reimbursed. Expenses incurred after Your Trip are not covered.

Benefits will include up to \$750 for expenses for emergency dental treatment due to Injury to natural teeth. Only expenses for emergency dental treatment to natural teeth incurred during Your Trip will be reimbursed. Expenses incurred after Your Trip are not covered.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed to secure Your admission to a Hospital, because of a Covered Accidental Injury or covered Sickness. The authorized travel assistance company will coordinate advance payment to the Hospital.

For the purpose of this benefit:

"Covered Expense" means expense incurred only for the following:

1. The medical services, prescription drugs, prosthetics, therapeutic services and supplies ordered or prescribed by a Legally Qualified Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services (including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Your Trip, if recommended as a substitute for a hospital room for recovery from a Covered Accidental Injury or covered Sickness);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital.

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

COVERAGE H EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND RETURN OF REMAINS

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

1. **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment. If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside. If You are in the Hospital for more than 7 consecutive days and Your dependent children who are under 18 years of age and accompanying You on Your Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the authorized travel assistance company).
2. **Medical Repatriation:** If the local attending Legally Qualified Physician and the authorized travel assistance company determine that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your primary place of residence or to a Hospital or medical facility closest to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the authorized travel assistance company:
 - i) one-way Economy Transportation;
 - ii) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing

and considered necessary by the authorized travel assistance company; or
iii) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the authorized travel assistance company. Transportation must be via the most direct and economical route.

3. **Return of Remains:** In the event of Your death during a Trip, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your primary place of residence in the United States of America or to the place of burial.

Benefits are paid less the value of Your original unused return travel ticket.
These benefits will not duplicate any other benefits payable under the Certificate or any coverage(s) attached to the Certificate.

COVERAGE I OPTIONAL CANCEL FOR ANY REASON

Not applicable for \$0 Trip Costs

Optional Coverage: Applicable only when purchased within at the time of original plan purchase and if the appropriate additional premium has been paid.

If You cancel Your Trip for any reason not otherwise covered by this plan, benefits will be paid for up to 75% of the Prepaid, forfeited, non-refundable Payments or Deposits You paid for Your Trip provided:

- a) Your Payment or Deposit for this plan is received with or before the final Payment for Your Trip; and
- b) You have paid the Travel Supplier for the full cost for all non-refundable Trip costs for Your Trip prior to Your cancellation of Your Trip; and
- c) You cancel Your Trip 48 hours or more before Your Scheduled Departure.

SECTION II. DEFINITIONS

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

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

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

Bankruptcy or Default means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by an airline or cruise line, tour operator or other travel provider provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date for the Trip Cancellation Benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency or firm from whom You purchased Travel Arrangements supplied by others.

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

Common Carrier means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

"Complications of Pregnancy" means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy

not constituting a nosologically distinct complication of pregnancy.

Company means United States Fire Insurance

Covered Trip means scheduled trips, tours or Cruises for which (a) coverage is requested; and (b) the required premium is submitted prior to the Scheduled Departure Date.

Cruise means any prepaid sea arrangements.

Default means a material failure or inability to provide contracted services.

Dependent Child(ren) means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age 19 and primarily dependent on You for support and maintenance; or (2) who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance. **Domestic Partner** means an opposite or same sex partner who, for at least 12 consecutive months, has resided with You and shared financial assets/obligations with You. Both You and the Domestic Partner must:

(1) intend to be life partners;

(2) be at least the age of consent in the state in which You both reside; and (3) be mentally competent to contract. Neither You nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company may require proof of the Domestic Partner relationship in the form of a signed and completed affidavit of domestic partnership.

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

Excluded Country means one of the following countries from which Non-Medical Emergency Evacuations are not available such as Afghanistan, Chechnya, Democratic Republic of the Congo, Iran, Iraq, Israel West Bank, Israel Gaza Strip, Ivory Coast, North Korea, Somalia, Sudan, Syria, or any country subject to the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSET CONTROLS (OFAC).

Family Member means any of the following: Your or Your Traveling Companion's legal spouse (or common-law spouse where legal), legal guardian or ward, son or

daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew or Domestic Partner.

Hospital means (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; (d) other than a residence, a place where treatment in a Hyperbaric chamber can be received. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

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

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

Insured means a person(s) who is booked to travel on a Trip, completes the enrollment form and for whom the required premium is paid, also referred to as You and Your.

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

Legally Qualified Physician means a physician: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

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

Medical Treatment means examination and treatment by a Legally Qualified Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable

person to seek diagnosis, care or treatment.

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

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

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

Pre-existing Condition means any Injury, Sickness or condition (including any condition from which death ensues) of You, or Traveling Companion, or Your and/or Traveling Companion's Family Member or Your Business Partner for which within the 180 day period prior to the Effective Date of Your Trip Cancellation coverage under the policy which (a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (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; or (c) required Medical Treatment or treatment was recommended by a Legally Qualified Physician.

Prepaid means Payments or Deposits paid by You to a Travel Supplier for Travel Arrangements for Your Trip prior to Your actual or Scheduled Departure Date. Payments or Deposits for shore excursions, theater, concert or event tickets or fees, or sightseeing, if such arrangements are made during Your Trip and are to be used prior to the Scheduled Return Date of Your Trip, are not considered Prepaid as defined herein.

Published Penalties means any additional published cancellation penalties levied by Your travel agency or travel supplier that apply to all clients of the travel agency or travel supplier and can be documented at time of Your purchase of Travel Arrangements from Your travel agency. **Scheduled Departure Date** means the date on which You are originally scheduled to leave on Your Trip.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or the

original final destination of Your Trip.

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

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

Terrorist Incident means an act of violence, that is deemed terrorism by the United States Government other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or in association with other persons on behalf of or in connection with any organization of foreign government which is generally recognized as having the intent to overthrow or influence the control of any other foreign government. The Terrorist Incident must be documented in a Travel Warning issued by the United States' Department of State advising Americans to avoid that certain country.

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

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

Traveling Companion means a person or persons whose names appear with Yours on the same Travel Arrangements and who, during Your Trip, will accompany You.

Travel Supplier means any entity or organization that coordinates or supplies travel services for You.

Trip means a scheduled trip for which coverage for Travel Arrangements is requested and the premium is paid prior to Your actual or Scheduled Departure Date of Your Trip.

Us, We, Our means United States Fire Insurance Company.

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

SECTION III. INSURING PROVISIONS

Who Is Eligible For Coverage:

A citizen or resident of the United States of America who is booked to travel on Your Trip, completes the enrollment form and for whom the required premium is paid. Eligibility for purchase will be determined at time of claim. If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and premium will be refunded.

When Coverage Begins – Coverage Effective Date:

Trip Cancellation: Coverage begins on the date and time at 12:01 a.m. on the day after the date the appropriate premium for this Certificate for Your Trip is received by the company. This is Your "Effective Date" and time for Trip Cancellation.

Travel Delay: Coverage begins after You have traveled 50 miles or more from home en route to join Your Trip. This is Your "Effective Date" and time for Travel Delay.

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

When Coverage Ends – Coverage Termination Date:

Trip Cancellation: Your coverage automatically ends on the earlier of: 1) 72 hours prior to the scheduled departure time on the Scheduled Departure Date of Your Trip or 2) on or before the final payment due date for Your Trip; or 3) the date and time You cancel Your Trip.

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

All coverages under the Certificate will be extended if Your entire Trip is covered by the Certificate and Your return is delayed due to unavoidable circumstances beyond Your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date You reach Your originally scheduled return destination or 7 days after the Scheduled Return Date.

SECTION IV. GENERAL EXCLUSIONS

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

1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane;
2. an act of declared or undeclared war;
3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard;
4. riding or driving in races, or speed or endurance competitions or events;
5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. participating in skydiving or parachuting, hang gliding or bungee cord jumping;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician;
9. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
10. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; dental treatment (except as coverage is otherwise specifically provided herein);
11. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
12. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage;
13. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment;
14. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You;
15. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from

the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

PRE-EXISTING CONDITION EXCLUSION:

The Company will not pay for any expense as a result of any illness, disease, or other condition during the 180 day period immediately prior to the date Your coverage is effective for which You or Your Traveling Companion, Business Partner or Family Member scheduled or booked to travel with You: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this Exclusion does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 180 day period before coverage is effective under this Certificate.

Waiver of the Pre-Existing Condition Exclusion

The exclusion for Pre-Existing Condition will be waived provided:

- a) Your Payment or Deposit for this Certificate and enrollment form are received at or before the final Payment due date for Your Trip; and
- b) You insure all Prepaid Trip costs that are subject to cancellation penalties or restrictions; and
- c) You are not disabled from travel at the time Your premium is paid.

SECTION V. GENERAL PROVISIONS

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

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

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

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

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

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

All other Benefits will be paid directly to You, unless otherwise directed. Any accrued benefits unpaid at Your death will be paid to Your estate. If You have assigned Your benefits, We will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment. All or a portion of all benefits provided by the Certificate may, at Our option, be paid directly to the provider of the service(s) to You. All benefits not paid to the provider will be paid to You.

Subrogation: If the Company has made a payment for a loss under this Certificate, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

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

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

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance or claim has been concealed or misrepresented.

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

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

SECTION VI. STATE ENDORSEMENTS

These Amendatory Endorsements are attached to and made a part of the Policy issued to the Group and Blanket Accident and Health Trust (the Policyholder).

The Amendatory Endorsements are attached to and made a part of the Certificate issued to the Insured. The provisions of the Amendatory Endorsements are effective on the Effective Date and will expire concurrently with the Certificate, unless otherwise terminated.

ARKANSAS

The Policy/Certificate are hereby amended for Arkansas as follows:

1. The **Legal Actions** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Legal Actions: All policy terms will be interpreted under the laws of the state in which the policy was issued. Legal action or suit for a claim may be brought against Us within the time allowed by law.

2. The **Subrogation** provision appearing in **SECTION V General Provisions** is amended to include this sentence which will appear as follows at the end of the provision:

The Company is entitled to recovery only after You have the Insured has been fully compensated for the loss sustained.

If there is a conflict between the Policy/Certificate and this Rider, the terms of this Endorsement will govern. T210-AE AR

COLORADO

This Amendatory Endorsement is attached to and made a part of the Policy and or Certificate issued to the Insured. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

The DEFINITIONS section of the policy is amended to include the following:

Dependent means a spouse, a partner in a civil union, and unmarried child under nineteen years of age, an unmarried child who is a full-time student under twenty-four years of age and who is financially dependent upon the parent, and an unmarried child of any age who is medically certified as disabled and dependent upon the parent. "Dependent" shall include a designated beneficiary, as defined in section 15-22-103 (1), C.R.S., if an employer elects to cover a designated

beneficiary as a dependent.

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern. All other terms and conditions of the policy remain unchanged. T210-AE-CO

CONNECTICUT

The Certificate is hereby amended for **Connecticut Residents** as follows:

1. The following is added to the **Face Page** of the Certificate:

Upon request by an Insured, the Master Group Policy, situated in Illinois, is available for examination.

2. The following Exclusion 4. in **SECTION IV GENERAL EXCLUSIONS** is deleted and replaced as follows:

4. no indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Insured's Legally Qualified Physician;

3. Exclusion 19. in **SECTION IV GENERAL EXCLUSIONS** referencing chemical, biological, radiological or similar agents is deleted in its entirety and will not appear.

4. The **Excess Insurance** provision in **SECTION V GENERAL PROVISIONS** is deleted and will not appear.

5. The **Subrogation** provision in **SECTION V GENERAL PROVISIONS** is deleted and replaced as follows:

Subrogation: If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right as permitted by law. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss, as permitted by law.

6. The following is added to **SECTION V GENERAL PROVISIONS:**

Required Connecticut Statement regarding termination of Participating Organization or Master Group Policy: In the event of termination of the Participating Organization or the Master Group Policy, coverage issued under this Certificate for which the required premium payment has been paid prior to that termination date will continue until the end of Your Trip.

7. **SECTION VI COORDINATION OF BENEFITS** is deleted in its entirety and will not appear.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE CT

DISTRICT OF COLUMBIA

The Certificate is hereby amended for **District of Columbia** as follows:

1. The following will appear at the bottom of the Cover Page, directly above the **TABLE OF CONTENTS:**
LIMITED BENEFIT COVERAGE

2. **SECTION V GENERAL PROVISIONS** is amended to include the following provisions:

Fraud Warning as required for District of Columbia Residents: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Required District of Columbia Statement regarding termination of Participating Organization or Master Group Policy: In the event of termination of the Participating Organization or the Master Group Policy, coverage issued under this Certificate for which the required premium payment has been paid prior to that termination date will continue until the end of Your Trip.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE DC

FLORIDA

The Policy/Certificate are hereby amended for **Florida Residents** as follows:

The **Legal Actions** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Legal Actions: No legal action may be brought to recover on the Policy until 60 days after the Company receives Proof of Loss. No legal action for a claim may be brought against Us more than 5 years after the time required by law for giving Proof of Loss. This 5 year time period is extended from the date Proof of Loss is furnished and the date the claim is denied in whole or in part.

If there is a conflict between the Policy/Certificate and this Rider, the terms of this Endorsement will govern. T210-AE-FL RESIDENTS ONLY

GEORGIA

The Policy/Certificate are hereby amended for **Georgia Residents** as follows:

The **Concealment and Misrepresentation** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Concealment and Misrepresentation: 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 misrepresented.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this **Georgia** Amendatory Endorsement will govern. T210-AE-GA

HAWAII

The Certificate is hereby amended for **Hawaii Residents** as follows:

The following is added to **SECTION V GENERAL PROVISIONS** as follows:

Representations: All statements made by the Insured are deemed representations and not warranties. No statement made by the Insured shall be used in any contest unless a copy of the instrument containing the statement is or has been furnished to the Insured or to the Insured's beneficiary, if any. A misrepresentation, unless it is made with actual intent to deceive or unless

it materially affects the acceptance of the risk assumed by the Company, shall not prevent a recovery under the Certificate.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE-HI

IDAHO

The Policy/Certificate are hereby amended for **Idaho** as follows:

1. The following is added at the bottom of **SECTION V General Provisions:** **Contact Information for the Idaho Department of Insurance:**

Idaho Department of Insurance
Consumer Affairs
700 W. State Street, 3rd Floor
PO Box 83720
Boise, ID 83720-0043

1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE-ID

ILLINOIS

The Policy/Certificate are hereby amended for **Illinois** as follows:

A. Item b.(i) under "**Other Covered Reasons**" in both **TRIP CANCELLATION** and **TRIP INTERRUPTION** appearing in **SECTION I COVERAGES** is deleted and replaced as follows:

(i) the building structure itself is unstable and there is a risk of collapse;

B. Item 1. in the **Injury** definition in both **TRIP CANCELLATION** and **INTERRUPTION DUE TO YOUR INABILITY TO DIVE** and **LOST DIVING DAYS** appearing in **SECTION I COVERAGES** is deleted and replaced as follows:

1. is direct and independent of disease or bodily infirmity;

C. Item B. in the Exclusions in **TRIP CANCELLATION** and **INTERRUPTION DUE TO YOUR INABILITY TO DIVE** is deleted and replaced as follows:

B. The Company will not be liable for claims, under the Coverage Part B, directly arising from any hazardous pursuit or occupation or flying except while flying as a passenger in a fully-licensed multi-engine passenger-carrying aircraft.

D. The last sentence in the definition of "**Injury**" or "**Injuries**" appearing in **SECTION II DEFINITIONS** is deleted and replaced as follows:
The Injury must be the direct cause of loss and must be independent of disease or bodily infirmity and must not be caused by, or result from, Sickness.

E. The definition of "**Complications of Pregnancy**" appearing in **SECTION II DEFINITIONS** is deleted and replaced as follows:
"**Complications of Pregnancy**" means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, hyperemesis gravidarum, preeclampsia, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include nonelective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

F. Item 1) in the definition of "**Pre-Existing Condition**" appearing in **SECTION II DEFINITIONS** is deleted and replaced as follows:
1) received or received a recommendation for a test, examination, or medical treatment for a condition which manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment;

G. Item 1) in the Pre-Existing Condition Exclusion appearing in **SECTION IV General Exclusions** is deleted and replaced as follows:

1) received or received a recommendation for a test, examination, or medical treatment for a condition which manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment;

H. The **Time of Payment of Claims** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Time of Payment of Claims: We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss. Failure to pay within such period shall entitle the Insured to interest at the rate of 9% per annum from the 30th day after receipt of acceptable proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. T210-AE IL

LOUISIANA

The Policy/Certificate are hereby amended for **Louisiana** as follows:

1. The **Time of Payment of Claims** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Time of Payment of Claims: We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

2. The **Legal Actions** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Legal Actions: No legal action for a claim can be brought against the Company until 45 days after the Company receives proof of loss. No legal action for a claim can be brought against the Company more than 3 years after the time required for giving proof of loss. This 3-year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

3. The **Concealment and Misrepresentation** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Concealment and Misrepresentation: The entire coverage will be void, if when applying for coverage, You the Insured made a fraudulent statement or misrepresentation with the intent to deceive. Fraud or misrepresentation with

the intent to deceive after coverage is in force is grounds for cancellation and grounds to deny coverage for benefits related to such fraud, concealment, or misrepresentation. Coverage for other benefits will continue until the cancellation is effective.

4. The **Subrogation** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:

Subrogation: If the Company make any payment under this coverage and the person to or for whom payment is made has a right to recover damaged from another, the Company shall be subrogated to that right. However, the Company's right to recover is subordinate to Your the Insured's right to be fully compensated.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE LA

MARYLAND

The Policy/Certificate are hereby amended for **Maryland** as follows:

1. On the **Cover Page**, the last sentence in the third paragraph indicating "When so returned, the coverage under this Certificate is void from the beginning" is deleted and will not appear.
2. The **Concealment and Misrepresentation** provision appearing in **SECTION V GENERAL PROVISIONS** is deleted and replaced as follows:
Concealment and Misrepresentation: 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 misrepresented.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this **Maryland** Amendatory Endorsement will govern. T210-AE MD

MAINE

The Certificate is hereby amended for **Maine Residents** as follows:

1. The references to \$1,000 within the Maximum Benefit Amount/Principal Sum ranges in the **SCHEDULE OF**

BENEFITS for Accidental Death and Dismemberment, 24-Hour (Other than Air Flight), 24-Hour (Other than Common Carrier), Air Flight Only and Common Carrier Only are deleted and replaced with \$2,000.

2. The bottom three Types of Losses in **24-HOUR ACCIDENTAL DEATH AND DISMEMBERMENT** are deleted and replaced as follows:

Loss of thumb and index finger of the same hand
100% of Principal Sum
Loss of Speech
100% of Principal Sum
Loss of Hearing One Ear Both Ears One Ear 50% of Principal Sum
100% of Principal Sum

3. The definition of **Actual Cash Value** appearing in **SECTION II DEFINITIONS** is deleted and replaced as follows:

"Actual Cash Value" means the replacement cost of an insured item of property at the time of loss, less the value of Physical Depreciation as to the item damaged. As used in this definition, Physical Depreciation means a value as determined according to standard business practices.

4. The **Concealment and Misrepresentation** provision in **SECTION V GENERAL PROVISIONS** is deleted and replaced as follows:

Concealment and Misrepresentation: The entire coverage will be cancelled, if before, during or after a loss, any material fact or circumstance relating to this insurance has been fraudulent or materially misrepresented. Notice of cancellation of the entire coverage will be delivered to the Insured at the Insured's last known address, and cancellation shall become effective 10 days after receipt by the Insured.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE ME

MINNESOTA

The Certificate is hereby amended for **Minnesota Residents** as follows:

1. The third paragraph of the **Face Page** is deleted and replaced as follows:

Insurance is provided by a Group Policy situated in a state other than Minnesota. Certificates delivered to residents of Minnesota are subject to the terms of the Certificate and this Minnesota Amendatory Endorsement and not the Group Policy.

2. All references to **"Confirmation of Benefits"** are hereby deleted and will not apply.
3. The following is added to appear as General Exclusion 31. or will appear as the last numbered Exclusion in **SECTION IV GENERAL EXCLUSIONS**:
31. Air, water or other pollution, or threat of a pollutant release;
4. The **Time of Payment of Claims and Concealment and Misrepresentation** provisions in **SECTION V GENERAL PROVISIONS** are deleted and replaced as follows:
Time of Payment of Claims: We, or Our designated representative, will pay the claim within five business days after receipt of acceptable proof of loss.
Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance was orally misrepresented or misrepresented in writing with intent to deceive and defraud, or the misrepresentation increases the risk of loss.
5. The following is added as the last sentence in the **Subrogation** provision in **SECTION V GENERAL PROVISIONS**:
The Company may not subrogate itself to the rights of an Insured to proceed against another person if that other person is an Insured by the Company for the same loss.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern.
T210-AE MN

NEBRASKA

The Policy/Certificate are hereby amended for **Nebraska** as follows:

- A. Item 1. in the definition of **Pre-Existing Condition** appearing in **SECTION II DEFINITIONS** is deleted and replaced as follows:

1) received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or exhibited a subjective indication of a disease or a change in condition as perceived by You which would have prompted a reasonable person to seek diagnosis, care or treatment;

- B. In Exclusion 4. appearing in **SECTION IV GENERAL EXCLUSIONS**, the reference to "races" is changed to "organized races".

- C. In Exclusion 7. appearing in **SECTION IV GENERAL EXCLUSIONS**, the reference to "any race" is changed to "any organized race".

- D. Item 1. in the **PRE-EXISTING CONDITION EXCLUSION** provision appearing in **SECTION IV GENERAL EXCLUSIONS** is deleted and replaced as follows:

1) received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or exhibited a subjective indication of a disease or a change in condition as perceived by You which would have prompted a reasonable person to seek diagnosis, care or treatment;

- E. The **Time of Payment of Claims** provision appearing in **SECTION V GENERAL PROVISIONS** is deleted and replaced as follows:

Time of Payment of Claims: We, or Our designated representative, will pay the claim immediately (or within 30 days) after receipt of acceptable proof of loss.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern.
T210-AE NE

NEVADA

The Policy is hereby amended for **Nevada** as follows:

1. **SECTION V TERMINATION OF MASTER POLICY** is deleted and replaced as follows:
If the Policy has been in effect for less than 70 days, the Policyholder or the Company may terminate the Master Policy by giving 31 days advance written notice to the other party. Termination is without prejudice to any claims that exist on

such date.

If the Policy has been in effect for 70 days or more, the Company may terminate the Master Policy before the expiration of the agreed term for any one of the following grounds:

- (a) failure to pay premium when due;
- (b) conviction of the Insured of a crime arising out of acts increasing the hazard insured against;
- (c) discovery of fraud or material misrepresentation in the obtaining of the Master Policy or in the presentation of a claim thereunder;
- (d) discovery of an act of omission or a violation of any condition of the Master Policy.

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern.
T210-AE NV

OHIO

The Certificate is hereby amended for **Ohio** as follows:

- A. The following statement is added to the **Face Page** of the Certificate:

WARNING: Any person who knowingly, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

- B. The **Who is Eligible For Coverage** provision appearing **SECTION III INSURING PROVISIONS** is deleted and replaced as follows:

Who Is Eligible For Coverage:

A citizen or resident of the United States of America who is booked for travel on Your Trip, completes the enrollment form and for whom the required premium payment is paid.

- C. The **Excess Insurance** provision appearing in **SECTION V GENERAL PROVISIONS** is deleted and will not appear.

- D. **SECTION V GENERAL PROVISIONS** is amended to include the following provision at the end:

Required Ohio Statement regarding termination of Participating Organization or Master Group Policy:

In the event of termination of the Participating Organization or the Master Group Policy, coverage issued under this Certificate for which the required premium payment has been paid prior to that termination date will continue until the end of Your Trip.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern.
T210-AE OH

OKLAHOMA

The Policy/Certificate are hereby amended for **Oklahoma** as follows:

1. The third paragraph on the **Face Page** is deleted and replaced as follows:
Insurance provided by this Certificate is subject to all the terms and conditions of the Group Policy, situated in a state other than Oklahoma. Certificates delivered to residents of Oklahoma are subject to the terms of this Certificate and not the Group Policy.
2. The following statement is added to the **Face Page** of the Certificate:
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.
3. Exclusion 2. pertaining to war appearing in **SECTION IV General Exclusions** is deleted and replaced as follows:
 2. war or any act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
4. The last sentence in the **Medically Fit to Travel Exclusion** provision appearing in **SECTION IV General Exclusions** is deleted and replaced as follows:
If Coverage for a Trip is purchased and it is later determined that You, Family Member booked to travel with You were not Medically Fit to Travel, as defined in this Certificate Plan, at the time of purchase of

Coverage for a Trip, the Coverage is cancelled and premium paid will be returned.

5. The **Payment of Claims** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:
If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) the Insured's estate, We may pay up to \$1,000 to the Insured's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.
6. The **Concealment and Misrepresentation** provision appearing in **SECTION V General Provisions** is deleted and replaced as follows:
Concealment and Misrepresentation: 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 misrepresented.
7. **SECTION V General Provisions** is amended to include the following provisions:
Conformity with Oklahoma statutes: The provisions of this Certificate conform to the requirements of Oklahoma law and this Certificate controls over any conflicting statutes of any state in which You reside on or after the effective date of this Certificate.
Required Oklahoma Statement regarding premium: The exact amount of premium will be determined upon purchase of the coverage under this Certificate, and the basis and rates upon which the premium will be the determined are the plan design, Trip cost and age of the Insured. The average per Trip premium is \$39.49 USD.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Oklahoma Endorsement will govern. T210-AE OK

RHODE ISLAND

The Certificate is hereby amended for **Rhode Island** as follows:

1. The definition of **Family Member** in **SECTION II DEFINITIONS** is deleted and replaced as follows:
"Family Member" means any of the following: Your legal

spouse (or common-law spouse where legal), legal guardian or ward, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, a person who is a party to a civil union with You as Your dependent and spouse.

2. The **Time of Payment of Claims** provision in **SECTION V GENERAL PROVISIONS** are deleted and replaced as follows:
Time of Payment of Claims: We, or Our designated representative, will pay the claim within 60 days after receipt of acceptable proof of loss.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern.
T210-AE RI

SOUTH CAROLINA

The Certificate is hereby amended for **South Carolina** as follows:

1. The **Payment of Claims, Physical Examination and Autopsy and Legal Actions** provisions in **SECTION V GENERAL PROVISIONS** are deleted and replaced as follows:
Payment of Claims: Benefits will be paid to the Insured. Loss of Life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Insured's estate. Any other benefits unpaid at death may be paid, at the Company's option, either to the Insured's beneficiary or estate.
Physical Examination and Autopsy: The Company at its own expense may have the Insured examined as often as reasonably necessary while a claim is pending and in cases of death of the Insured the Company at its own expense also may have an autopsy performed during the period of contestability unless prohibited by law. The autopsy must be performed in South Carolina.
Legal Actions: No legal action may be brought to recover on this Certificate within sixty days after written proof of loss has been given as required by this Certificate. No such action may be brought after six years from the time written proof of loss is required to be given.

2. The following provision is added as the last provision in **SECTION V GENERAL PROVISIONS**:

Change of Beneficiary: The Insured can change the beneficiary at any time by giving the Company written notice. The beneficiary's consent is not required for this or any other change in the Certificate, unless the designation of the beneficiary is irrevocable.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE SC

SOUTH DAKOTA

The Policy/Certificate are hereby amended for **South Dakota** as follows:

1. The following Exclusion 4. appearing in **SECTION IV GENERAL EXCLUSIONS** is deleted in its entirety:

4. being intoxicated as defined herein, or under the influence of any controlled substance unless administered or prescribed by a Legally Qualified Physician";

2. Exclusion 10. appearing in **SECTION IV GENERAL EXCLUSIONS** is deleted and replaced as follows:

10. any amount paid under any Worker's Compensation, Disability Benefit or similar law;

3. The last sentence of the **Legal Actions** provision appearing in **SECTION V GENERAL PROVISIONS** is deleted and replaced as follows:

No legal action for a claim may be brought against Us after 6 years from the time written Proof of Loss is required to be furnished.

If there is a conflict between the Policy/Certificate and this Rider, the terms of this Endorsement will govern. T210-AE SD

UTAH

The Policy/Certificate are hereby amended for Utah as follows:

1. The third paragraph of the **Exposure and Disappearance** provision in **[[24-HOUR] [24-HOUR OTHER THAN AIR FLIGHT] [24-HOUR OTHER THAN COMMON CARRIER] ACCIDENTAL DEATH AND DISMEMBERMENT]** and **[AIR**

FLIGHT ONLY][ACCIDENTAL DEATH AND DISMEMBERMENT] and the second paragraph of the **Exposure and Disappearance** provision in **[[COMMON CARRIER] ACCIDENTAL DEATH AND DISMEMBERMENT]** appearing in **SECTION I COVERAGES** is deleted and replaced as follows:

If, while insured under this Coverage, You are in an Accident resulting in the disappearance, sinking or damaging of an air or water conveyance on which You are covered by this Coverage, it will be presumed, unless there is evidence to the contrary, that You suffered loss of life as a result of those Injuries.]

2. The definition of **Family Member** appearing in **SECTION [II] DEFINITIONS** is amended to include a child placed for adoption with the Insured.

3. The definition of **Complications of Pregnancy** appearing **SECTION [II] DEFINITIONS** is deleted and replaced as follows:

["Complications of Pregnancy" means diseases or conditions the diagnoses of which are distinct from pregnancy but are adversely affected or caused by pregnancy and not associated with a normal pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, ectopic pregnancy which is terminated, a spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia, pre-eclampsia and toxemia.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy.]

4. The **Proof of Loss** provision appearing in **SECTION [V] GENERAL PROVISIONS** is amended to include the following sentence at the end of the provision:

Failure to give notice or file proof of loss does not bar recovery under the Certificate if the Company fails to show that it was prejudiced by the failure to provide proof in a timely manner.

5. The **Time of Payment of Claims** provision appearing in **SECTION [V] GENERAL PROVISIONS** is deleted and replaced as follows:

Time of Payment of Claims: We, or Our designated representative, will pay the claim within 30 days after receipt of acceptable proof of loss.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE UT

The Policy/Certificate are hereby amended for Utah as follows:

1. The definition of **Hospital** appearing in **SECTION [III] DEFINITIONS** is deleted and replaced as follows:

["Hospital" means (a facility that is licensed and operating within the scope of such license. This definition may not preclude the requirement of medical necessity of hospital confinement or other treatment.]

2. The **Excess Insurance** provision appearing in **SECTION [V] GENERAL PROVISIONS** is deleted.

3. The **SECTION [VI] COORDINATION OF BENEFITS** is deleted.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern. T210-AE UT3

VERMONT AMENDATORY ENDORSEMENT

The Policy/Certificate are hereby amended for **Vermont** as follows:

A. The references to "Usual and Customary" are replaced by **"Reasonable and Necessary"**.

B. The definition of **"Usual and Customary"** appearing in **SECTION II DEFINITIONS** will now appear as the definition of **"Reasonable and Necessary"**.

C. The following exclusions appearing in **SECTION IV GENERAL EXCLUSIONS** are deleted and/or deleted and replaced as follows:

4. riding or driving in races, or speed or endurance competitions or events, when racing in a professional capacity;
5. deleted in its entirety (relating to mountaineering);

7. participating in [bodily contact sports] [parachuting [except parasailing]] [extreme skiing, skiing outside marked trails or heli-skiing] [any race in a professional capacity] [speed contests [not including any of the regatta races]] [spelunking or caving];

25. deleted in its entirety (relating to device, weapon, material employing chemical, biological, radiological).

D. The **Time of Payment of Claims** provision appearing in **SECTION V GENERAL PROVISIONS** is deleted and replaced as follows:

Time of Payment of Claims: We, or Our designated representative, after settlement has been agreed upon, will pay the claim in the agreed amount within 10 working days.

E. The last sentence in the **Physician Examination and Autopsy** provision appearing in **SECTION V GENERAL PROVISIONS** is deleted and replaced as follows:

The Company may have an autopsy done (at the expense of the Company) unless the law or Your religion forbids it.

F. The following is added as the last sentence in the **Legal Actions** provision appearing in **SECTION V GENERAL PROVISIONS**:

However, Your right to bring legal action against Us is not conditioned upon Your compliance with the provisions of any appraisal condition.

G. **SECTION V GENERAL PROVISIONS** is amended to include the following provision at the end of that section: **Vermont law regarding civil unions:** Vermont law requires that insurance policies and certificates 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 Vermont law regarding civil unions, the civil union must be established in the state of Vermont according to Vermont law. It is understood that definitions and provisions within this Certificate designating Insured, Eligible Person, Family Member, You/and or Your and another other certificate definitions and provisions designating an Insured under this Certificate are amended, whenever 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.

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern.
T210-AE VT

WYOMING

The Certificate is hereby amended for Wyoming as follows:

1. In the definition of **Pre-Existing Condition** appearing in **SECTION II DEFINITIONS**, Item 1) is deleted and replaced as follows:
1) received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute, resulting in actual diagnosis, care or treatment received;
2. In the **Pre-Existing Condition Exclusion** provision appearing in **SECTION IV GENERAL EXCLUSIONS**, Item 1) is deleted and replaced as follows:
1) received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute, resulting in actual diagnosis, care or treatment received;

If there is a conflict between the Policy/Certificate and this Endorsement, the terms of this Endorsement will govern.
T210-AE WY

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



Marc J. Adeo
Chairman and CEO

James Kraus
Secretary

When used throughout this document "The Company", "Our", "We", or "Us" means:

United States Fire Insurance Company

GRIEVANCE PROCEDURES

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

DEFINITIONS

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

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

INFORMAL GRIEVANCE PROCEDURE

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

If we don't have all the information necessary to review

your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information. If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

FORMAL GRIEVANCE PROCEDURE

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

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

First Level Review

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

GRIEVANCE

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate

training and expertise to evaluate the matter.

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

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

Second Level Review

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

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
 - ❖ attend the Second Level Review
 - ❖ present his/her case to the review panel;
 - ❖ submit supporting materials before and at the review meeting;
 - ❖ ask questions of any member of the review panel;
 - ❖ be assisted or represented by a person of

his/her choice, including a provider, family member, employer representative, or attorney.

- ❖ request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

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

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

The panel must be comprised of persons who:

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

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

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

of 3 or more persons.

GRIEVANCE

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

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

EXPEDITED REVIEW

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

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an

appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24- hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as

expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations

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

PRIVACY POLICY AND PRACTICES

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

Your Privacy is Our Concern

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

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

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

consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?

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

To whom do we disclose information about you?

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

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

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

How to contact Us

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

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

2019年 Arlington Nagaokakyo visit Itinerary as of 6/10

JUL 5 (Fri)	18:25 21:00	JL3009 Coarch	Arrive(Itami Airport) Arrive (Teisan Bus Paking lot Nagaokakyo) Meet host family ~Enjoy your stay!~
JUL 6 (Sat)			Host family Day * Explore around Neighborhood, go shopping and rest.
JUL 7 (Sun)	11:00 16:00		Picnic with host families * BBQ or lunch box Go back with host family
JUL 8 (Mon)	8:45 9:00 10:00 10:20 12:00 12:20 13:20 17:00	Mini-bus	Meet (City Hall) Courtesy Visit to Mayor & Superintendent Visit Yokokuji Temple *Experience Tracing Buddhist scripture , Temple Quiz Departure Lunch (Kappa Sushi) Depart for Kinkakuji(Golden pavillion) Dismissed (City Hall)
JUL 9 (Tue)	8:30 12:00 13:30 17:00 19:00		Meet (Kotari Elementary School) *Join Exchange program with 1st.-6th. Graders School Lunch Departure Afternoon Schedule TBA Dismissed (City Hall) Karaoke Night * TBA
JUL 10 (Wed)	8:30 12:00 17:00		Meet (Nagaoka daisan(#3) JHS) *Join Exchange Program Lunch - Lunch Box by host family *Join Exchange Program *Join Club Activities Dismissed(Nagaoka daisan#3 JHS)
JUL 11 (Thu)	8:30 12:00 17:00		Meet (Nishiotokuni HS) *Join Exchange Program Lunc-Lunch Box by host family *Join Exchange Program *Join Club Activities Dismissed (Nishiotokuni HS)
JUL 12 (Fri)	8:30 17:00 19:00	Mini-bus	Meet (City Hall) Visit Nara Visit Fushimi Inari Shrine Dismissed (City Hall) Farewell Party
JUL 13 (Sat)			Host family Day
JUL 14 (Sun)	9:00 16:00	Mini-bus	Meet (City Hall) Visit Uzumsa Samurai Movie Park Arashiyama area Dismissed (City Hall)
JUL 15 (Mon)			Host family Day
JUL 16 (Tue)	11:00 11:30 12:30 14:40	Coarch JL3006	Meet (Teisan Bus Parking lot) Depart Nagaokakyo Arrive (Itami Airport) Depart for Narita Airport

