

# Certificate of Insurance

**FOR SERVICE, VISIT OR CALL:**

**www.accessamerica.com**  
**1-800-284-8300**

**FOR EMERGENCY ASSISTANCE  
DURING YOUR TRIP CALL:**

**1-800-654-1908**  
(From U.S.)

**1-804-281-5700**  
(Collect)



Don't forget to take this  
document with you!

## Your Travel Insurance Certificate

Thank you for buying a travel insurance **plan** from Access America!

**Your plan** is described in the following documents:

- This certificate, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure **you** read these documents carefully. This certificate may describe coverage **your plan** doesn't include. Make sure **you** refer to all of these documents to understand what **your plan** covers. Contact **us** immediately if **you** think there's a mistake on **your** letter of confirmation.

All dollar amounts in these documents are in US dollars.



### **We can help!**

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico  
and the U.S. Virgin Islands  
All other locations, call collect

**1-800-654-1908**  
**1-804-281-5700**

**California Residents:** Please note that **we** are doing business in California as WASC Insurance Agency and **our** California License # is 0B01400.

Access America branded plans are underwritten by Jefferson Insurance Company. World Access Service Corp., a company of Mondial Assistance, is the licensed producer and administrator for this plan.

## WHAT'S INSIDE

|                                                        |           |
|--------------------------------------------------------|-----------|
| <b>Section 1: Our agreement with you .....</b>         | <b>3</b>  |
| <b>Section 2: What this certificate includes .....</b> | <b>4</b>  |
| Your trip is canceled or interrupted .....             | 5         |
| You get sick or hurt while traveling .....             | 10        |
| You're delayed or you miss your flight or cruise ..... | 11        |
| Your baggage is lost, damaged, stolen or delayed ..... | 13        |
| Other coverage .....                                   | 14        |
| <b>Section 3: What this certificate excludes .....</b> | <b>15</b> |
| General exclusions .....                               | 15        |
| Specific exclusions .....                              | 16        |
| <b>Section 4: Who is covered and when .....</b>        | <b>17</b> |
| Who is covered by your plan .....                      | 17        |
| When your coverage begins and ends .....               | 17        |
| <b>Section 5: Help while traveling .....</b>           | <b>18</b> |
| How to reach us .....                                  | 18        |
| Medical assistance .....                               | 18        |
| Emergency medical transportation .....                 | 19        |
| Legal assistance .....                                 | 20        |
| Travel and document assistance .....                   | 20        |
| Other assistance services .....                        | 21        |
| <b>Section 6: Claims information .....</b>             | <b>22</b> |
| How to make a claim .....                              | 22        |
| Important information about claims .....               | 22        |
| <b>Section 7: Definitions .....</b>                    | <b>24</b> |

## SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean World Access Service Corp., Access America and Jefferson Insurance Company. Access America branded plans are underwritten by Jefferson Insurance Company and administered by World Access Service Corp., a company of Mondial Assistance
- **Jefferson** means Jefferson Insurance Company
- **you** and **your** mean the people listed on **your** letter of confirmation

All of the information about travel insurance in this document is subject to the terms and conditions of the Group Policy underwritten by **Jefferson**. No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions. **Our** coverage may be broader than described in the policy. If there is a discrepancy between the Group Policy and the certificate, the Group Policy governs.

### About this agreement

It is important that **you** read the certificate carefully. **You** have a duty to make all reasonable efforts to minimize any loss.

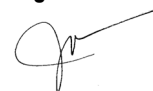
**We** have issued the certificate and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this certificate are for convenience only.

### Satisfaction Guarantee

**We** will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company



Jon Ansell, President



Fred Faett, Secretary

Jefferson Insurance Company  
2805 North Parham Road, Richmond, VA 23294

## SECTION 2: WHAT THIS CERTIFICATE INCLUDES

This is a *named perils* travel insurance certificate, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your** letter of confirmation to confirm **your** coverage and limits.

**Your plan** also includes assistance services, which are described in Section 5, *Help while traveling*.

| Coverage*                           | When it applies                                                    | Page      |
|-------------------------------------|--------------------------------------------------------------------|-----------|
|                                     | <b>Your trip is canceled or interrupted</b>                        | <b>5</b>  |
| Trip cancellation                   | <b>Your trip</b> is canceled before <b>you</b> get started         |           |
| Trip interruption                   | <b>Your trip</b> is interrupted after <b>you've</b> left           |           |
|                                     | <b>You get sick or hurt while traveling</b>                        | <b>10</b> |
| Emergency medical/dental            | <b>You</b> have to pay for <b>emergency medical or dental care</b> |           |
|                                     | <b>You're delayed or you miss your flight or cruise</b>            | <b>11</b> |
| Travel delay                        | <b>Your</b> travel is delayed six hours or more                    |           |
| Missed connection                   | <b>You</b> miss <b>your</b> connecting flight or cruise            |           |
|                                     | <b>Your baggage is lost, damaged, stolen or delayed</b>            | <b>13</b> |
| Delayed baggage                     | <b>Your baggage</b> is delayed by a <b>common carrier</b>          |           |
| Lost, damaged or stolen baggage     | <b>Your baggage</b> is lost, damaged or stolen                     |           |
|                                     | <b>Other coverage</b>                                              | <b>14</b> |
| Existing medical condition coverage | <b>You</b> have an <b>existing medical condition</b>               |           |

\* Underwritten by Jefferson Insurance Company

### How to read Section 2

|                        |                                                                                                                                              |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When it applies</b> | Tells <b>you</b> when <b>you're</b> eligible to make a claim. These situations and events are called <b>covered reasons</b> .                |
| <b>What it covers</b>  | Tells <b>you</b> the kinds of things <b>you</b> can be reimbursed for. <b>You'll</b> find out more in Section 6, <i>Claims information</i> . |

#### We can help!



Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in Section 5, *Help while traveling*.



#### Important

Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event. Please see Section 3, *What this certificate excludes*, for more information.

## YOUR TRIP IS CANCELED OR INTERRUPTED



#### Important

**You** need to contact **your travel suppliers** within 72 hours of canceling or interrupting **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



#### We can help!

Need help sending an emergency message or getting flight information? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Trip cancellation and Trip interruption

### When it applies

**Your trip** is canceled before **you** get started, or interrupted after **you've** left, for one of the following **covered reasons**:

#### Health

*Injury, illness or medical condition*

**You** or a **traveling companion** are seriously ill or injured.

#### Specific requirement

The **injury, illness or medical condition** must be disabling enough to make a reasonable person delay, cancel or interrupt their **trip**.

- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel or interrupt **your trip** before **you** cancel or interrupt it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation or interruption.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement

- The **injury, illness** or **medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

*Death*

**You**, a **traveling companion** or **family member** dies.

Specific requirement

- A **traveling companion** or **family member's** death must occur before or during **your trip**.

*Quarantine*

**You** or a **traveling companion** is **quarantined**.

*Pregnancy*

**You** become pregnant (*trip cancellation* coverage only).

*Childbirth*

**You** need to attend the birth of an **immediate family member's** child (*trip cancellation* coverage only).

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### **Transportation and accommodation**

*Financial default*

**Your** tour operator, airline or cruise line ceases operations due to **financial default**.

Specific requirements (all must apply)

- **You** purchased this insurance within 14 days of making **your** first **trip** deposit or first **trip** payment.
- The **financial default** happens more than seven days after **your plan's** effective date.
- The tour operator, airline or cruise line isn't the entity **you** purchased **your plan** or **your** travel services from, or an affiliate of that entity, and was included in **our List of covered suppliers** on **your plan's** effective date.

Please note that **Jefferson** can choose to give **you** a **trip** of similar value instead of cash.

*Traffic accident*

**You** or a **traveling companion** are in a traffic **accident** on the way to **your** point of departure.

*Family or friends can't accommodate you as planned*

Family or friends outside the United States can't accommodate **you** as planned because someone in the household has died or been diagnosed

with a serious **illness** or **injury**.

---

### **Legal**

*Jury duty or court-ordered appearance*

**You're** summoned by a court order or subpoena to serve on a jury or appear in court.

*Legal separation or divorce*

**You** or a **traveling companion** legally separate or divorce after **your plan's** effective date but before **your scheduled departure date**.

Specific requirement

- **You** purchased **your plan** within 14 days of making **your** first **trip** deposit or first **trip** payment.

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### **Environment**

*Home uninhabitable*

**Your primary residence** is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

*Destination uninhabitable*

**Your destination** is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

*Canceled services*

**Your** airline, cruise line, or tour operator or **travel supplier** stops offering all services for at least 24 consecutive hours where **you're** departing, arriving or making a connection because of:

- a **natural disaster**
- **severe weather**
- a strike
- a Federal Aviation Administration (FAA) mandate

Specific requirements (all must apply)

- **Your travel supplier** doesn't offer **you** a substitute itinerary.
- The striking workers aren't employed by the supplier **you** purchased **your plan** or travel services from, or an affiliate of that supplier.

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### **Politics and violence**

*Hijacking*

**You** or a **traveling companion** are hijacked.

*Terrorism*

A **terrorist event** happens at **your** U.S. or foreign **destination** within 30 days of the day **you're** scheduled to arrive.

Specific requirement

- For locations outside the United States, **you're** not covered if there's

been a **terrorist event** at **your destination** in the 30 days before **your plan's** effective date.

---

### **Work**

#### *Termination or layoff*

**You** or a **traveling companion** are terminated or laid off from a company after **your plan's** effective date.

Specific requirements (all must apply)

- The termination or layoff isn't **your** fault.
- **You** worked for this employer for at least three continuous years.

#### *U.S. Armed Forces*

**You** or a **traveling companion** serving in the U.S. Armed Forces are reassigned, or have **your** personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

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### **Other**

#### *Extended travel delay*

**You** miss more than half of the total length of **your trip** because **your** travel is delayed.

Specific requirements (all must apply)

- **Your plan** must include *travel delay* coverage.
- **You** must be delayed for a **covered reason** listed under *travel delay* coverage.

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### **BizPack coverage**

If **you** purchased BizPack, the following covered reasons will apply:

#### *Place of work unsuitable for business*

The place where **you** work is unsuitable for business because of a **natural disaster**, fire, flood, burglary or vandalism, and **you're** required to work as a result.

#### *Work obligation*

**You** or a **traveling companion** are required to work during the time **you're** scheduled to travel.

Specific requirement

- **You** didn't know **you'd** be required to work when **you** purchased **your plan**.

#### *Merger or acquisition*

**You're** required to work during the time **you're** scheduled to travel because **your** employer is merging with another company or being acquired.

## **What it covers**

Specific requirements (all must apply)

- **You're** directly involved in the merger or acquisition.
- **You** didn't know **you'd** be required to work when **you** purchased **your plan**.

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

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### **Trip cancellation coverage**

#### *Non-refundable payments and deposits*

Payments and deposits **you** made before **your trip** was canceled, less any published **refunds you're** entitled to receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

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### **Trip interruption coverage**

#### *Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds you** receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

#### *Transportation*

Reasonable transportation expenses for getting to:

- **your** final **destination** or a place where **you** can continue **your trip**, or
- **your** original **destination** another way, if **your** travel is delayed for 24 hours or more at the start of **your trip**.

#### *Expenses for the cost of staying longer than you planned*

Extra **accommodation** and transportation expenses because a **traveling companion** is hospitalized.

#### *Special limit*

- Maximum of \$100 a day for up to five days.

## **Additional coverage**

## YOU GET SICK OR HURT WHILE TRAVELING



### We can help!

Need help finding a **doctor** or getting emergency cash from home to pay for treatment? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Emergency medical/dental

### When it applies

**You** have to pay for **emergency medical or dental care** for one of the following **covered reasons**:

- **you** have a sudden, unexpected **illness** or **injury** during **your trip** that's either life threatening or could cause serious and irreparable harm if it isn't treated
- **you** have an **injury** or infection, a lost filling or a broken tooth during **your trip** that requires immediate treatment by a **dentist**

Specific requirement

- The treatment is **medically necessary** and is provided by a **doctor, dentist, hospital** or **other licensed provider** during **your trip**.

### What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Reasonable and customary costs*

**Reasonable and customary costs** for supplies and services from a **doctor, dentist, hospital** or **other licensed provider**.

**California Residents:** If **you** are purchasing a **plan** that includes *emergency medical/dental coverage*, please note the following:

This **plan** contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered **trip**. **You** may have coverage from other sources that already provides **you** with these benefits. **You** should review **your** existing policies. If **you** have any questions about **your** current coverage, call **your** insurer or health plan.



### Important

This is secondary coverage. If **you** have health insurance, **you** must submit **your** claim to that provider first. Any benefits **you** receive from **your** primary insurance provider or from any excess coverage will be deducted from **your** claim.

If **you're** eligible for benefits or compensation through a government-funded program other than Medicaid, **you** don't qualify for this coverage.

## YOU'RE DELAYED OR YOU MISS YOUR FLIGHT OR CRUISE



### Important

**You** need to make reasonable efforts to continue **your trip** if **you're** delayed or **you** miss **your** flight or cruise. The coverage described here can help. Any **refunds you** receive from **your travel suppliers** will be deducted from **your** claim.



### We can help!

Need help rebooking **your** flight or arranging for alternative transportation? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Travel delay

### When it applies

**Your** travel is delayed for six or more consecutive hours for one of the following **covered reasons**.

*Strike or common carrier delay*

- **Your** departure is delayed by a **common carrier**.
- **Your** departure is delayed by an unannounced strike.

*Quarantine*

- **You** are **quarantined**.

*Natural disaster*

- There's a **natural disaster**.

*Politics, violence or theft*

- **Your** passports, money or other travel documents are lost or stolen.
- **Your** travel is delayed by a hijacking.
- **Your** travel is delayed by civil disorder or unrest.

### What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

**You** can claim one of the following:

*Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds you** receive.

or

*Meals, accommodation and transportation*

- Reasonable expenses for meals and **accommodation** while **you're** delayed.
- Reasonable additional transportation expenses.

Special limit

- Maximum of \$150 per person per day, up to the limit shown on **your** letter of confirmation.

Benefits are payable under only one of *missed connection* or *travel delay* coverage.

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## Missed connection

**When it applies** You miss **your** connecting flight or cruise for one of the following **covered reasons**:

- **you're** involved in or delayed by a traffic **accident**
- **severe weather** cancels one of **your** flights en route to the connection or cruise, or delays it for at least three hours

Specific requirements (all must apply)

- **You** allowed enough time in **your** itinerary to reach **your** flight or cruise on time.
- **You** aren't able to reach **your** connecting flight or cruise another way.

**What it covers** Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Prepaid expenses*

The unused part of **your** prepaid expenses if **you** miss at least 24 hours of **your trip**, less any **refunds you** receive.

*Meals, accommodation and transportation*

- Reasonable additional expenses for meals and **accommodation** related to **your** missed connection or cruise.
- Reasonable additional transportation expenses to get to **your** original **destination** or to a place where **you** can continue **your trip**.

Benefits are payable under only one of *missed connection* or *travel delay* coverage.

## YOUR BAGGAGE IS LOST, DAMAGED, STOLEN OR DELAYED



**Important**

Any **refunds you** receive will be deducted from **your** claim.



**We can help!**

Need help contacting local authorities or getting emergency cash from home? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

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## Lost, damaged or stolen baggage

**When it applies** **Your baggage** is lost, damaged or stolen while **you're** traveling.

Specific requirements (all must apply)

- **You** take reasonable steps to keep **your baggage** safe and intact, and to recover it.
- **You** file a report giving a description of the property and its value with the appropriate local authorities, **common carrier**, hotel or tour operator within 24 hours of the loss.

**What it covers** Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Actual price, actual cash value, repair or replacement (whichever is less)*

- *actual price* is the amount it would cost to buy a similar item
- *actual cash value* is the amount the item is worth based on its **current market value**. If **you** don't have an original receipt, **we'll** cover up to 75% of its **current market value**
- *repair or replacement* is the cost to repair or replace the item

Special limit

- Maximum \$500 in total for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items. **You** need to provide original receipts for these items or they won't be covered.

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## Delayed baggage

**When it applies** A **common carrier**, hotel or tour operator delays **your baggage** for 24 hours or more.

Specific requirement

- **You** report the loss and file a claim with the **common carrier**, hotel or tour operator.

### What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Reasonable essential items*

Reasonable essential items for **you** to use until **your baggage** arrives.

## OTHER COVERAGE



### Important

Please check **your** letter of confirmation to confirm **your** coverage and limits.

### Existing medical condition coverage

**Your plan** includes this coverage. **You**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your** first **trip** payment or first **trip** deposit
- **you** purchased *trip cancellation* coverage that covers the full cost of all **your** non-refundable **trip** arrangements
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**, and
- the total cost of **your trip** is \$20,000 per person or less.

## SECTION 3: WHAT THIS CERTIFICATE EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions, unless they're included in Section 2, *What this certificate includes*.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have *existing medical condition* coverage)
- intentional self-harm or attempting or committing suicide (only applies to **you**)
- pregnancy, unless there are unforeseen complications or problems with the pregnancy
- fertility treatments, childbirth or elective abortion
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom)
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom)

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member
- participating in or training for any professional or amateur sporting competition
- participating in extreme, high-risk sports like:
  - skydiving, hang gliding or parachuting
  - bungee jumping
  - caving
  - extreme skiing, heli-skiing or skiing outside marked trails
  - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate)
  - mountain climbing or any other high altitude activities
  - scuba diving below 120 feet (40 meters) or without a dive master

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**
- an **epidemic** or **pandemic**
- **natural disasters** like hurricanes, earthquakes, fires and floods
- air, water or other pollution, or the threat of a pollutant release
- **nuclear reaction**, radiation or radioactive contamination
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest
- **terrorist events**
- **financial default**
- **unlawful acts**

**You** aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates
- the departure and return dates on **your** enrollment or other form don't represent when **you** actually intended to travel

## SPECIFIC EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this certificate includes*.

### Trip cancellation and trip interruption coverage

- travel bulletins or alerts
- government prohibitions or regulations

### Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment
- defective materials or workmanship
- ordinary wear and tear

These items aren't covered:

- animals
- **cars** and accessories, motorcycles and motors, aircraft, boats and other vehicles
- bicycles, skis and snowboards (unless they're checked with a **common carrier**)
- eyeglasses, sunglasses and contact lenses
- hearing aids, artificial teeth and limbs
- wheelchairs and other mobility devices
- consumables, medicines, perfumes, cosmetics and perishables
- tickets, passports, deeds and other documents
- money, credit cards, securities, bullion, stamps and keys
- rugs and carpets
- property for business or trade
- **baggage** when it is:
  - shipped as freight
  - sent before **your scheduled departure date**
  - left in or on a **car** trailer
  - left in an unlocked **car**

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

**Your plan** covers the people listed on **your** letter of confirmation.

### WHEN YOUR COVERAGE BEGINS AND ENDS

**You're** only eligible for coverage if **we** accept **your** request for insurance.

**Your plan's** effective date depends on how **you** purchased it.

| if you purchased | it's effective:                                                  |
|------------------|------------------------------------------------------------------|
| in person        | the day and time <b>you</b> purchase <b>your plan</b>            |
| by mail          | the day after <b>your</b> enrollment or other form is postmarked |
| over the phone   | the day after <b>you</b> place <b>your</b> telephone order       |
| by fax           | the day after <b>we</b> receive <b>your</b> fax                  |
| online           | the day after <b>we</b> receive <b>your</b> online order         |

*Trip cancellation* coverage begins on **your plan's** effective date, as long as **we** receive **your** premium before **you** cancel **your trip** or make a claim.

All other coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

**Your** coverage ends on the earliest of:

- the day **you're** scheduled to return
- the day **you** actually return, if **you** come back earlier
- the day and time **you** cancel **your trip**

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

**Your plan** can't be renewed.

## SECTION 5: HELP WHILE TRAVELING

If **you** need help while traveling, **our** assistance team is available 24 hours a day.

**Our** services are here to help make challenging situations a little easier. With **our** global reach, **we** can get **you** in touch with licensed medical and legal professionals and other kinds of help.



### Important

Please note that the General exclusions for **your plan** also apply to **our** assistance services. **You'll** find the list of these exclusions in Section 3, *What this certificate excludes*.

## HOW TO REACH US

In the United States, Canada, Puerto Rico and U.S. Virgin Islands, call **1-800-654-1908**  
All other locations, call collect **1-804-281-5700**  
If **you** can't call collect, **we'll** call **you** back.

Please have this information ready when **you** call:

- **your** name, location and phone number
- **your** policy identification number

## MEDICAL ASSISTANCE

### *Finding a doctor, dentist or medical facility*

If **you** need care from a **doctor**, **dentist** or medical facility while **you're** traveling, **we** can help **you** find one.

### *Paying or guaranteeing your hospital bill*

If **you** need to be admitted to a **hospital** as an **inpatient** for longer than 24 hours, **we** can guarantee or advance payments up to the limit of **your emergency medical/dental coverage** (described in Section 2).

### *Monitoring your care*

If **you're** hospitalized, **our** medical staff will stay in contact with **you** and the **doctor** caring for **you**. **We** can also notify **your** family and **your doctor** back home of **your illness** or **injury** and update them on **your** status.

## EMERGENCY MEDICAL TRANSPORTATION



### Important

If **your** emergency is immediate and life threatening, seek local emergency care at once.

**Your** emergency medical transportation limit is the total amount available for all covered services described below. Please check **your** letter of confirmation to confirm that **you** have this benefit in **your plan** and **your** total dollar limit.

**You** or **your** representative must contact **us** and **we** must make all transportation arrangements in advance. **We** will not pay for any of the services listed in this section if **we** didn't authorize and arrange it.

### *Moving you to a hospital or medical clinic (Emergency medical evacuation)*

If **you're** seriously **ill** or **injured** during **your trip** and **our** medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- **our** medical team will consult with the local **doctor**;
- **we'll** identify the closest appropriate facility, make arrangements and pay to transport **you** to that facility; and
- **we'll** arrange and pay for a **medical escort** if **we** determine one is necessary.

### *Getting you home after your care (medical repatriation)*

If **you're** seriously **ill** or **injured** during **your trip**, under the care of a local **doctor** and unable to continue **your trip**, medical repatriation takes place once **our** medical team determines that **you** are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. **We'll**:

- arrange and pay (less any **refunds** for unused tickets) for **you** to be transported via a commercial transportation carrier in the same class of service that **you** were booked for **your trip**. The transportation will be to one of the following:
  - **your primary residence**;
  - a location of **your** choice in the United States; or
  - a medical facility near **your primary residence** or city of **your** choice in the United States. **We'll** take **your** request into consideration as long as the medical facility will accept **you** as a patient and is approved as medically appropriate for **your** continued care by **our** medical director.
- arrange and pay for a **medical escort** if **our** medical team determines a **medical escort** is necessary.

### *Bringing a friend or family member to you (transport to bedside)*

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** transport a friend or **family member** to stay with **you**. **We'll** arrange and pay for round-trip transportation in economy class on a **common carrier**.

#### *Getting your children home (return of dependents)*

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** arrange for and pay (less any **refunds** for unused tickets) to transport **your** children under the age of 23 who are traveling with **you** to one of the following:

- **your primary residence**; or
- a location of **your** choice in the United States.

Transportation will be on a **common carrier** in the same class of service they were originally booked.

#### *Transporting your remains (repatriation of remains)*

**We'll** arrange and pay for the reasonable and necessary services to transport **your** remains to one of the following:

- a funeral home near **your primary residence**; or
- a funeral home located in the United States.

**We'll** also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

**Your** representative must contact **us** in advance to make these arrangements. If this is not possible, **your** representative must contact **us** within a reasonable time, but no later than one year after the transportation.

## LEGAL ASSISTANCE

#### *Finding a legal advisor*

**We** can help **you** find local legal advice if **you** need it while **you're** traveling.

#### *Arranging a cash transfer*

If **you** need to pay legal fees, **we** can arrange to transfer funds from **your** family or friends.

## TRAVEL AND DOCUMENT ASSISTANCE

#### *Replacing lost travel tickets*

If **your** tickets are lost or stolen, **we** can contact the airline or other **common carrier**, and can help **you** with **your** travel arrangements if **your trip** is interrupted.

#### *Replacing lost passports and other travel documents*

If **your** passport or other travel documents are lost or stolen, **we** can help **you** reach the appropriate authorities, contact **your** family or friends, and assist **you** in getting **your** documents replaced.

## OTHER ASSISTANCE SERVICES

#### *Getting flight information*

If **you** miss **your** flight or it's canceled, **we** can give **you** arrival and departure times for other flights that will get **you** to **your** connecting flight or final **destination**.

#### *Getting emergency cash*

If **your** cash is lost or stolen or **you** need extra money to pay for unexpected expenses, **we** can arrange to transfer funds from **your** family or friends.

#### *Delivering emergency messages*

**We** can help **you** get an urgent message to someone back home. **We'll** try calling up to three times within 24 hours and confirm whether **we** were able to reach the person **you** asked **us** to contact.

#### **About our assistance services**

**Our** goal is to help **you** with **your** problem no matter where **you're** traveling.

**We'll** make all reasonable efforts to help **you** as **we've** described, but there may be times when **we** aren't able to resolve **your** problem for reasons that are beyond **our** control.

**We** will always do **our** best to refer **you** to appropriate professionals, but please be aware that they are independent providers and **we** can't be held responsible for the results of any services they provide.

## SECTION 6: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.accessamerica.com/claims](http://www.accessamerica.com/claims), email or call **us** and **we'll** be happy to help.

#### **Go online to:**

- find out what forms and documentation **you** need
- download a claims form and mail it in
- file a claim electronically and track its progress

#### **Email or call to:**

- find out what forms and documentation **you** need
- file a claim and check its progress

#### **Claims inquiry:**

- **Website:** [www.accessamerica.com/claims](http://www.accessamerica.com/claims)
- **Email:** [claimsinquiry@accessamerica.com](mailto:claimsinquiry@accessamerica.com)
- **Telephone:** 1-800-334-7525

### IMPORTANT INFORMATION ABOUT CLAIMS

**You** have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

#### *Assignment*

**You** can assign **your** rights under **your plan** by notifying **us** in writing.

#### *About beneficiaries*

If **you** die, benefits will be paid to **your** estate.

#### *Duplicate coverage*

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

#### *Medical examinations and autopsy*

**We** have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

#### *Recovery*

**We** have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

#### *Subrogation*

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

#### *About fraud*

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** enrollment or other form is deliberately misleading or inaccurate
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

#### *Resolving disputes*

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**, and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



#### **Important**

This is a *named perils* travel insurance certificate, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

**We'll** only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

## SECTION 7: DEFINITIONS

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Accident</b>             | An unexpected and unintended event that causes <b>injury</b> , property damage or both.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Accommodation</b>        | A hotel or other kind of lodging where <b>you</b> make a reservation and pay a fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Assault</b>              | Physical assault that requires treatment in a <b>hospital</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Baggage</b>              | Personal property <b>you</b> take on <b>your trip</b> and the suitcases or other kinds of containers <b>you</b> use to carry them.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Car or rental car</b>    | <p>A <b>car</b> or other vehicle designed for use on public roads that <b>you</b> own or that <b>you've</b> rented for the period of time shown in a <b>rental car agreement</b>. <b>Rental cars</b> don't include:</p> <ul style="list-style-type: none"> <li>• trucks</li> <li>• campers, trailers and recreational vehicles</li> <li>• motorcycles, motorbikes and all-terrain vehicles</li> <li>• off-road vehicles</li> <li>• vehicles that are older than 20 years</li> <li>• vehicles that haven't been manufactured in the last 10 years</li> <li>• vehicles that don't have to be licensed</li> <li>• vehicles that are rented for commercial or livery purposes, including limousines</li> <li>• vehicles that have a manufacturer's suggested retail price of more than \$75,000</li> <li>• other conveyances</li> </ul> |
| <b>Common carrier</b>       | A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Covered reasons</b>      | The specific situations and events that are covered by this certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Current market value</b> | The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Deductible</b>           | The dollar amount <b>you</b> must contribute to the loss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Dentist</b>              | Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Destination</b>          | A place more than 100 miles from <b>your primary residence</b> where <b>you</b> spend more than 24 hours of <b>your trip</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Doctor</b>               | Someone who is legally entitled to practice medicine, and is licensed if required. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

### Domestic partner

A person **you've** lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. **You** must be able to show evidence that **you've** lived together for 12 consecutive months.

### Emergency medical and/or dental care

Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like:

- elective cosmetic surgery or cosmetic foot care
- physical exams
- allergy treatments (unless life threatening)
- hearing aids, eyeglasses and contact lenses
- palliative care
- experimental treatment

### Epidemic

An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).

### Existing medical condition

An **illness** or **injury** that **you**, a **traveling companion** or **family member** were seeking or receiving treatment for or had symptoms of on the day **you** purchased **your plan**, or at any time in the 120 days before **you** purchased it.

**You**, a **traveling companion** or **family member** are considered to have an **existing medical condition** if **you**, a **traveling companion** or **family member**:

- saw or were advised to see a **doctor**
- had symptoms that would cause a prudent person to see a **doctor**
- were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed

### Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**
- parents and step-parents
- children and step-children (including adopted or soon to be adopted children)
- siblings
- grandparents and grandchildren
- the following in-laws: mother, father, son, daughter, brother, sister
- aunts, uncles, nieces and nephews
- legal guardians and wards
- business partners
- paid, live-in caregivers
- service animals (as defined by the Americans with Disabilities Act)

**Immediate family members** are:

- spouses and common-law, civil union and **domestic partners**
- parents and step-parents
- children and step-children (including adopted or soon to be

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | <p>adopted children)</p> <ul style="list-style-type: none"> <li>• siblings</li> <li>• grandparents and grandchildren</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Financial default</b>       | A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Hospital</b>                | <p>A facility whose primary function is to diagnose and treat sick and injured people under the supervision of <b>doctors</b>. It must:</p> <ul style="list-style-type: none"> <li>• have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses</li> <li>• be compensated by patients or their insurance providers for performing these services, and</li> <li>• be licensed where required.</li> </ul> |
| <b>Illness</b>                 | Sickness, infirmity or disease. It doesn't include conditions <b>you</b> already had or knew about when <b>you</b> purchased <b>your plan</b> (see <b>existing medical condition</b> ).                                                                                                                                                                                                                                                                                                                                                |
| <b>Injury</b>                  | Physical harm directly caused by an <b>accident</b> or <b>assault</b> , without other contributing causes.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Inpatient</b>               | Someone who receives medical or dental treatment while registered as a bed patient in a <b>hospital</b> or <b>other licensed provider</b> . Room and board is charged for the patient's stay, in addition to charges for medical treatment and care.                                                                                                                                                                                                                                                                                   |
| <b>Medical condition</b>       | <p>A physical condition <b>you</b> have, or have symptoms of, that <b>you</b>:</p> <ul style="list-style-type: none"> <li>• have seen or been advised to see a <b>doctor</b> about</li> <li>• have symptoms of that would cause a prudent person to see a <b>doctor</b></li> <li>• are taking prescribed medication for</li> </ul>                                                                                                                                                                                                     |
| <b>Medical escort</b>          | A professional person contracted by <b>our</b> medical team to accompany a seriously <b>ill</b> or <b>injured</b> person while they are being transported. A <b>medical escort</b> is trained to provide medical care to the person being transported. A friend or <b>family member</b> cannot be a <b>medical escort</b> .                                                                                                                                                                                                            |
| <b>Medically necessary</b>     | Treatment that's appropriate for <b>your illness</b> or <b>injury</b> , consistent with <b>your</b> symptoms, and that can safely be provided to <b>you</b> . It meets the standards of good medical practice and isn't for <b>your</b> convenience or the provider's convenience.                                                                                                                                                                                                                                                     |
| <b>Natural disaster</b>        | A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.                                                                                                                                                                                                                                                                                                                                   |
| <b>Other licensed provider</b> | A person or entity that isn't a <b>doctor</b> or <b>hospital</b> but provides medical or dental services, and is licensed where required.                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Outpatient</b>              | Someone who receives medical or dental treatment but doesn't have to                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                       |                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pandemic</b>                       | <p>stay at a <b>hospital</b> for overnight care.</p> <p>An <b>epidemic</b> over a wide geographic area that affects a large portion of the population.</p>                                                                                                                                                           |
| <b>Primary residence</b>              | <b>Your</b> permanent, fixed address and primary residence for legal and tax purposes. <b>We</b> call the place <b>your</b> primary residence is located <b>your place of residence</b> .                                                                                                                            |
| <b>Quarantine</b>                     | Mandatory isolation or restrictions on where <b>you</b> can go, intended to stop a contagious disease from spreading.                                                                                                                                                                                                |
| <b>Reasonable and customary costs</b> | What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers.                                                                                                       |
| <b>Refund</b>                         | Cash or a credit or voucher for future travel that <b>you</b> get from a travel agent, tour operator, airline, cruise line or other <b>travel supplier</b> , or any credit, recovery or reimbursement <b>you</b> get from <b>your</b> employer, another insurance company, a credit card issuer or any other entity. |
| <b>Scheduled departure date</b>       | The day and time <b>you</b> listed on <b>your</b> enrollment or other form as the day and time <b>you</b> plan to start <b>your trip</b> . <b>You</b> have paid for travel that starts on this date.                                                                                                                 |
| <b>Severe weather</b>                 | Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.                                                                                                                                                                                                                |
| <b>Terrorist event</b>                | When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.                                            |
| <b>Travel supplier</b>                | A travel agent, tour operator, airline, cruise line or other travel service provider.                                                                                                                                                                                                                                |
| <b>Traveling companion</b>            | A person traveling with <b>you</b> whose name appears with <b>yours</b> on the same <b>trip</b> arrangement and who will accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>traveling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader. |
| <b>Trip</b>                           | Round-trip or one-way travel to and from a place at least 100 miles from <b>your</b> home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.                                                                                                           |
| <b>Unlawful acts</b>                  | Felonies committed by <b>you</b> , a <b>traveling companion</b> or a <b>family member</b> , even if the <b>family member</b> isn't covered by <b>your plan</b> .                                                                                                                                                     |
| <b>Uninhabitable</b>                  | A <b>natural disaster</b> , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home unfit for use.                                                                                                                                                                       |
| <b>Unsuitable for business</b>        | A <b>natural disaster</b> , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their workplace unfit for use.                                                                                                                                                                  |

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