

# Cruise Protection Plan



## Optional Upgrade Plan

**For Coverage Questions or  
Customer Service, Call:**

**1-800-888-7292**

**PLEASE NOTE:** This Cruise Protection Plan contains a Pre-Existing Conditions Exclusion (**unless waived, see page 9 for details**). Please read the Definitions and Exclusions Sections of Your Description of Coverage carefully.



## Schedule of Benefits - Plan # N701D

Benefit	Maximum Benefit Amount
Trip Cancellation .....	Up to Cruise Cost
Trip Interruption.....	Up to Cruise Cost
Trip Delay .....	\$500
Missed Connection (\$500 Per Day Maximum).....	\$500
Emergency Evacuation and Repatriation.....	\$100,000
Baggage and Personal Effects.....	\$1,000
Baggage Delay .....	\$250
One Call 24-Hour Assistance Services.....	Included

## POLICY OF INSURANCE

Nationwide Mutual Insurance Company  
One Nationwide Plaza  
MR-05-10  
Columbus OH 43215

This Policy describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company and herein referred to as the Company, and assistance services provided by One Call Worldwide Travel Services Network, Inc. Please refer to the Schedule of Benefits, as it provides You with specific information which You purchased.

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

NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.

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

*Robert W. Hornum*      *Mark A. O'Boyle*  
Secretary                      President

**TRAVEL PROTECTION POLICY  
EXCESS INSURANCE**

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#### Trip Cancellation & Trip Interruption

The Company will pay a benefit, up to the maximum shown on the Schedule of Benefits, if You are prevented from taking or unable to continue Your Covered Trip due to:

- Sickness, Accidental Injury or death of You, a Traveling Companion, or Family Member; which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Covered Trip. A Physician must advise cancellation of the Covered Trip on or before the Scheduled Departure Date;
- You or a Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault within ten (10) days of departure; or having Your principal place of residence made uninhabitable by fire, flood or other natural disaster;
- or burglary of Your principal place of residence within ten (10) days of departure;
- You or a Traveling Companion being directly involved in a traffic accident substantiated by a police report, while en route to departure;
- A transfer of You by the employer with whom You are employed on the Effective Date that requires Your principal residence to be relocated;
- The death or hospitalization of Your Host at Destination;
- If within 45 days of Your departure, a politically motivated Terrorist Attack occurs within a 50 mile radius of the territorial city limits of the foreign city to be visited by the program for which You have registered and if the United States government issues a travel advisory indicating that Americans should not travel to a city named on the itinerary;
- Your Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war;

- (i) Strike that causes complete cessation of services for at least 48 consecutive hours (Trip Cancellation only);
- (j) Weather at the departure site that causes complete cessation of services of the Common Carrier for at least 48 consecutive hours and prevents You from reaching Your destination (Trip Cancellation only);
- (k) Bankruptcy and/or Default of Your Travel Supplier which occurs more than 10 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the agency from whom the Insured purchased the Land/Sea Arrangements. Your Scheduled Departure Date must be no more than 15 months beyond 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;
- (l) An Insured is terminated, or laid off from employment subject to five years of continuous employment at the place of employment where terminated;
- (m) Natural disaster at the site of Your destination that renders their destination accommodations uninhabitable limited to the cost of the airfare of Your Covered Trip.

### **Trip Cancellation**

The Company will reimburse You for the following:

the amount of prepaid, forfeited, non-refundable Payments or Deposits that You paid for Your Covered Trip.

In no event shall the amount reimbursed exceed the amount You prepaid for the Covered Trip up to the maximum benefit shown on the Schedule of Benefits.

**Special Conditions:** You must advise the Travel Supplier and the Company as soon as possible in the event of a claim. The Company will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier as soon as reasonably possible.

### **Single Occupancy Coverage**

The Company will reimburse You, up to the maximum shown on the Schedule of Benefits for Trip Cancellation, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a person booked to share accommodations with You has his/her Covered Trip delayed, canceled, or interrupted for a covered reason and You do not cancel.

### **Trip Interruption**

The Company will pay for the following:

- (a) Unused, non-refundable land or sea expenses prepaid to Travel Suppliers;
- (b) The airfare paid less the value of applied credit from an unused travel ticket to return home or rejoin the original Land/Sea Arrangements limited to the cost of one-way economy airfare or similar quality as the originally issued ticket by scheduled carrier from the point of destination to the point of origin shown on the original travel tickets.

The Company will pay for reasonable additional accommodation and transportation expenses incurred by You (up to \$100 a day) if a Traveling Companion must remain hospitalized, or if You must extend the Covered Trip with additional hotel nights due to a Physician certifying that You cannot fly home due to an Accident or a Sickness but does not require hospitalization.

In no event shall the amount reimbursed exceed the maximum benefit shown on the Schedule of Benefits.

### **Trip Delay**

The Company will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if You are delayed en route to or from the Covered Trip for twelve (12) or more hours due to a defined Hazard.

### **Covered Expenses include:**

- (a) any prepaid, unused, non-refundable land and water accommodations;
- (b) any reasonable Additional Expenses incurred;
- (c) an Economy Fare from the point where You ended Your Covered Trip to a destination where You can catch up to the Covered Trip; or
- (d) a one-way Economy Fare to return You to Your originally scheduled return destination.

### **Missed Connection**

This benefit covers missed Cruise departures that result from cancellation or delay (for three (3) or more hours) of all regularly scheduled airline flights due to Inclement Weather or any Common Carrier caused delay. Maximum benefits of up to the amount shown in the Schedule of Benefits are provided to cover additional transportation expenses needed for You to join the departed Cruise, reasonable accommodation and meal expenses (up to the per day amount shown in the Schedule of Benefits) and nonrefundable trip payments for the unused portion of Your Cruise. Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to individuals who are able to meet their scheduled departure but cancel their Cruise due to Inclement Weather.

## **Emergency Evacuation & Repatriation of Remains**

### **Emergency Evacuation**

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

### **Emergency Evacuation means:**

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

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

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

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

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

If You suffer an Injury or Sickness while on the Trip, which results in hospitalization and the attending Physician advises You against driving Your vehicle home, the Company will pay the charges imposed up to \$1,000 to return the unattended vehicle to Your primary residence. This coverage is only afforded to non-commercial vehicles.

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

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

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

### **Excess Insurance Limitation**

The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

### **Repatriation of Remains**

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

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

### **Baggage/Personal Effects**

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

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

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

There will be a combined maximum limit of \$500 for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

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

### **Extension of Coverage:**

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

### **Baggage Delay (Outward Journey Only)**

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

You must be a ticketed passenger on a Common Carrier.

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

### **GENERAL DEFINITIONS**

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

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

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

**Additional Expense:** means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a Hazard and which were not provided by the Common Carrier or other party free of charge.

**Bankruptcy:** means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 L.S.C. Subsection 101 et seq.

**Bodily Injury:** means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident.

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

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

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

**Company:** means Nationwide Mutual Insurance Company.

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

**Cruise:** means any prepaid sea arrangements made by the Travel Supplier.

**Default:** means a material failure or inability to provide contracted services due to Financial Insolvency.

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

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

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

**Financial Insolvency:** means the total cessation of operations due to insolvency, with or without the filing of a Bankruptcy petition by a tour operator, cruise line, or airline provided the Financial Insolvency occurs more than 14 days following the Effective Date. There is no coverage for the Financial Insolvency of any person, organization, agency or firm from whom You purchased Travel Arrangements supplied by others.

**Hazard:** means (a) any delay of a Common Carrier (including Inclement Weather); (b) any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved; (c) any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot; (d) a closed roadway causing cessation of travel to the destination of the Covered Trip (substantiated by the department of transportation, state police, etc.).

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

**Host at Destination:** means a person with whom You are sharing pre-arranged overnight accommodations at the host's usual principal place of residence.

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

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

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

**Land/Sea Arrangements:** means any activities undertaken by You while on a Covered Trip.



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

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

**Payments or Deposits:** means the cash, check, or credit card amounts actually paid for Your Covered Trip. Payments made in the form of a certificate, voucher or discount are not Payments or Deposits as defined herein.

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

**Pre-Existing Condition:** means an illness, disease, or other condition during the 60 day period immediately prior to the Effective Date for which You, Your Traveling Companion or Family Member booked to travel with You: 1) exhibited symptoms which would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment or 3) took or received a prescribed for drugs or medicine. Item (3) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before the Effective Date.

The Pre-Existing Condition Exclusion is waived if a) payment for this plan is received by the Company, or its authorized representative, at time of initial deposit or with the final payment for Your Covered Trip; b) You insure the full cost of Your Covered Trip; c) and You are medically able to travel at the time the premium is paid.

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

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

**Sickness:** means an illness or disease of the body which: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body which begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by the policy unless it suddenly worsens or becomes acute after the Effective Date.

**Strike:** means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

**Terrorist Attack:** means an incident deemed an act of terrorism by the U.S. Department of State.

**Terrorist Incident:** means an incident deemed a terrorist act by the United States Government that causes property damage or Loss of life.

**Travel Arrangements:** means (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Covered Trip.

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

**Travel Supplier:** means airline, tour operator, cruise line, hotel or other organization that has made the Land and/or Sea arrangements or other travel plans for the Insured.

**Trip:** means any trip taken during the individual coverage term.

**You or Your:** refers to the Insured.

## LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Cancellation & Trip Interruption, Trip Delay, Missed Connection, Emergency Evacuation and Repatriation of Remains:

### Loss caused by or resulting from:

1. Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains);
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only) unless results in the death of a non-traveling immediate Family Member;
3. intentionally self-inflicted injuries;
4. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
5. participation in any military maneuver or training exercise any loss starting while the Insured is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to the Insured pro-rata any premium paid, less any benefits paid, for any period during which the Insured is in such service;
6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. mental or emotional disorders, unless hospitalized;
8. participation as a professional in athletics;
9. participation in underwater activities;
10. being under the influence of drugs or intoxicants, unless prescribed by a Physician unless results in the death of a non-traveling immediate Family Member;

11. commission or the attempt to commit a criminal act;
12. participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest speed contest shall not include any of the regatta races; scuba diving; spelunking or caving heliskiing extreme skiing;
13. dental treatment except as a result of an injury to sound natural teeth within twelve (12) months of the Accidental Injury limited to up to \$750;
14. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
15. pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
16. curtailment or delayed return for other than covered reasons;
17. traveling for the purpose of securing medical treatment;
18. services not shown as covered;
19. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
20. confinement or treatment in a government Hospital; however the United States government may recover or collect benefits under certain conditions;
21. care or treatment that is not medically necessary;
22. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
23. care or treatment that is payable under any Insurance policy that does not require deductible and/or coinsurance payments by You;
24. Injury or Sickness when traveling against the advice of a Physician;
25. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
26. this Policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto.

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

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

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collectors items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. prosthetic limbs;
15. prescribed medications;
16. keys, money, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. personal computers or telephones or computer hardware or software;
21. sporting equipment if loss or damage results from the use thereof.

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

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. radioactive contamination;
7. war or any act of war whether declared or not;
8. theft or pilferage while left unattended in any vehicle;
9. mysterious disappearance;
10. property illegally acquired, kept, stored or transported;
11. insurrection or rebellion;
12. imprudent action or omission;
13. property shipped as freight or shipped prior to the Scheduled Departure Date.

#### WHERE TO PRESENT A CLAIM

Present all claims to the Program Administrator:

**Trip Mate, Inc.\***  
9225 Ward Parkway, Suite 200  
Kansas City, Missouri 64114  
**Tel: 1-800-888-7292**  
**Plan Number: N701D**

Claims may also be reported/completed online at:

**www.tripmate.com**

\*In CA, dba Trip Mate Insurance Agency

#### GENERAL PROVISIONS

The following provisions apply to all coverages:

##### When Your Coverage Begins

Provided: (a) coverage has been elected; and (b) the required premium has been paid, all coverage (except Trip Cancellation) will begin on the Scheduled Departure Date when You depart for the first Travel Arrangement (or alternate Travel Arrangement if You must use an alternate Travel Arrangement to reach Your Covered Trip destination) for Your Covered Trip. Trip Cancellation coverage will begin on Your Effective Date. If coverage is purchased on the Scheduled Departure Date, such coverage will take effect at 12:01 A.M. local time at Your location on the day after the Scheduled Departure Date.

##### When Your Coverage Ends

Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the date this Policy is terminated, unless You purchased insurance prior to the date of termination. If insurance was purchased prior to the date of termination, insurance will continue to the end of the Individual Coverage Term; or
- (b) the Scheduled Return Date as stated on the travel tickets; or
- (c) the date You return to Your origination point if prior to the Scheduled Return Date; or
- (d) the date You leave or change Your Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy); or
- (e) the time this Policy terminates. If insurance was purchased prior to the date of termination, insurance will continue to the end of the Individual Coverage Term; or
- (f) If the Insured extends the return date, Your coverage will terminate at 11:59 P.M., local time, at the location of the Insured on the Scheduled Return Date; or
- (g) The date the Insured cancels the Covered Trip.

#### EXTENDED COVERAGE

Coverage will be extended under the following conditions:

(a) When You commence air travel from Your origination point: within two (2) days before the commencement of the Land/Sea Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than two (2) days before the commencement of the Land/Sea Arrangements, the extension of coverage shall be provided only during Your air travel (or);

(b) If You return to Your origination point: within two (2) days after the completion of the Land/Sea Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than two (2) days after the completion of the Land/Sea Arrangements, the extension of coverage shall be provided only during Your air travel; (or)

(c) If You are a passenger on a scheduled common carrier that is unavoidably delayed in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination (or);

In no event will coverage be extended for unscheduled extensions to Your Covered Trip for which premium has not been paid in advance.

#### ARBITRATION

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

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

## **Legal Actions**

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

## **Controlling Law**

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

## **Subrogation**

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

The following provisions will apply to Trip Cancellation & Trip Interruption, Trip Delay, Emergency Evacuation & Repatriation of Remains:

## **Payment of Claims**

The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

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

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

## **Notice of Claim**

Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and this Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of this Policy, or to the Company's designated representative.

## **Proof of Loss**

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

## **Physical Examination and Autopsy**

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

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

## **Notice of Loss**

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

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

## **Proof of Loss**

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

## **Settlement of Loss**

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

## **Valuation**

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

## **Disagreement Over Size of Loss**

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





## One Call

### Worldwide Travel Services Network

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

**Medical Consultation and Monitoring** - If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

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

**Emergency Medical Payments** - We will assist you in the advancement of funds or guarantee payments (up to the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

**Prescription Assistance** - We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

**Repatriation of Remains** - In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your Home.

**24 Hour Legal Assistance** - If while on your Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

**Nurse Helpline** - Registered nurses are available 24-Hours a day before and during your Trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer You to appropriate medical and legal providers, but neither the Insurer nor One Call Worldwide Travel Services Network, Inc. may be held responsible for the availability, quality or results of any medical treatment or Your failure to obtain medical treatment.

## One Call Travel Solutions

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**Message Services** - We will transmit emergency messages to family, friends or business associates and let you know that the message has been received.

**Language Interpretation Services** - We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

**Emergency Cash Transfer** - We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

**Pre-Trip Travel Services** - We provide 24-Hour information, help and advice for your planned Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

**Travel Document and Ticket Replacement** - When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

### One Call Concierge Services

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

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- assistance with locating available business services such as: 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

#### CONTACTING ONE CALL'S 24-HOUR SERVICE CENTER

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

<b>Within U.S.A. &amp; Canada</b>	<b>Outside U.S.A. &amp; Canada</b>
<b>1-800-555-9095</b>	<b>1-603-894-4710</b>

**YOUR PLAN NUMBER: N701D**

**The 24-Hour Assistance Services are provided by:**  
One Call Worldwide Travel Services Network, Inc.

# Cruise Protection Plan



## Optional Upgrade Plan

**For Coverage Questions or  
Customer Service, Call:**

**1-800-888-7292**

**NOTICE TO BUYERS:** This is a limited benefit health policy. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.



## SCHEDULE OF BENEFITS

Benefit	Maximum Benefit Amount
<b>Medical Expense/Emergency Assistance</b>	
Emergency Sickness Medical Expense.....	\$50,000
Emergency Accident Medical Expense .....	\$50,000
One Call 24-Hour Assistance Services.....	Included

### Plan # N701D

## POLICY OF INSURANCE

Nationwide Life Insurance Company  
One Nationwide Plaza  
MR-05-10  
Columbus OH 43215

This Policy describes all of the travel insurance benefits, underwritten by Nationwide Life Insurance Company and herein referred to as the Company, and assistance services provided by One Call Worldwide Travel Services Network, Inc. Please refer to the Schedule of Benefits, as it provides You with specific information about the program You purchased.

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

NO DIVIDENDS WILL BE PAYABLE UNDER THIS POLICY.

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

Secretary

President

## TRAVEL PROTECTION POLICY

### TABLE OF CONTENTS

#### GENERAL DEFINITIONS GENERAL PROVISIONS COVERAGES

Emergency Sickness Medical Expense  
Emergency Accident Medical Expense

#### LIMITATIONS AND EXCLUSIONS

## GENERAL DEFINITIONS

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

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

**Bodily Injury:** means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident.

**Company:** means Nationwide Life Insurance Company.

**Covered Expenses:** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

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

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

**Family Member:** means Your or Your Traveling Companion's legal or common law spouse, civil union partner, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

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

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

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

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

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



**Pre-Existing Condition:** means any injury, sickness or condition of Yours, Your Traveling Companion or You or Your Traveling Companion's Family Member for which within the sixty (60) day period prior to the effective date under this Policy (a) first manifested itself 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 Physician.

The Pre-Existing Conditions exclusion is waived for You if You enroll You in this Policy at the time You pay the deposit required for Your Trip (or within 14 days of the initial deposit) and You purchase the coverage under this Policy for the full cost of the Trip.

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

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

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

**Trip:** means any trip taken during the Individual Coverage Term.

**You or Your:** refers to the Insured.

## GENERAL PROVISIONS

The following provisions apply to all coverages:

### When Your Coverage Begins

All coverage will take effect at 12:01 A.M. local time, at Your location on the Scheduled Departure Date provided the required premium has been paid.

### When Your Coverage Ends

Your coverage will end at 11:59 local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to unforeseen and unavoidable circumstances covered by the Policy);
- (d) The date the Insured cancels the Covered Trip.

## Extended Coverage

Coverage will be extended under the following conditions:

- (a) When You commence air travel from Your origination point: within [two (2)] days before the commencement of the Land/Sea Arrangements, coverage shall apply from the time of departure from the origination point; or (ii) greater than [two (2)] days before the commencement of the Land/Sea Arrangements, the extension of coverage shall be provided only during Your air travel.
- (b) If You return to Your origination point: within [two (2)] days after the completion of the Land/Sea Arrangements, coverage shall apply until the time of return to the origination point; or (ii) greater than [two (2)] days after the completion of the Land/Sea Arrangements, the extension of coverage shall be provided only during Your air travel.
- (c) If You are a passenger on a scheduled common carrier that is unavoidably delayed in reaching the final destination coverage will be extended for the period of time needed to arrive at the final destination.

In no event will coverage be extended for unscheduled extensions

## Legal Actions

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

## Controlling Law

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

## Subrogation

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

## Payment of Claims

The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) the Insured's spouse;
- b) the Insured's child or children jointly;
- c) an Insured's parents jointly if both are living or the surviving parent if only one survives;

- d) an Insured's brothers and sisters jointly; or
- e) the Insured's estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other Insurance Policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

## Notice of Claim

Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered loss first begins or as soon as reasonably possible. Notice should include Your name, the Travel Supplier's name and this Policy number. Notice should be sent to the Company's administrative office, at the address shown on the cover page of this Policy, or to the Company's designated representative.

## Proof of Loss

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

## Physical Examination and Autopsy

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

## BENEFITS

### Emergency Sickness Medical Expense

The Company will pay benefits up to the maximum shown on the Schedule of Benefits, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that first manifests itself during the Covered Trip.

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

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

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery from a Sickness.
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will advance payment to a Hospital, up to the maximum shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of Sickness.

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

### **Emergency Accident Medical Expense**

The Company will pay benefits up to the maximum shown on the Schedule of Benefits, if You incur Covered Medical Expenses as a result of Emergency Treatment of an Accidental Injury that occurs during the Covered Trip.

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

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

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms; Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a hospital room for recovery from an Accidental Injury.

- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges mean charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Covered Trip.

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

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

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

### **LIMITATIONS AND EXCLUSIONS**

The following exclusions apply to Emergency Sickness Medical Expense and Emergency Accident Medical Expense:

#### **Loss caused by or resulting from:**

- 1. Pre-Existing Conditions, as defined in the Definitions section, unless coverage was purchased at time of guaranteed payment;
- 2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only) unless results in the death of a non-traveling immediate Family Member;
- 3. intentionally self-inflicted injuries;
- 4. war or act of war (whether declared or not);
- 5. participation in any military maneuver or training exercise any loss starting while the Insured is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to the Insured pro-rata any premium paid, less any benefits paid, for any period during which the Insured is in such service;
- 6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 7. mental or emotional disorders, unless hospitalized;
- 8. participation as a professional in athletics;
- 9. participation in underwater activities;

- 10. alcoholism or drug addiction;
- 11. commission or the attempt to commit a criminal act;
- 12. participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (speed contest shall not include any of the regatta races); scuba diving; spelunking or caving; heliskiing or extreme skiing. Bodily contact sports means any; sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate;
- 13. dental treatment except as a result of an injury to sound natural teeth within twelve (12) months of the Accidental Injury limited to \$750;
- 14. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
- 15. pregnancy and childbirth (except for complications of pregnancy) except if hospitalized;
- 16. curtailment or delayed return for other than covered reasons;
- 17. traveling for the purpose of securing medical treatment;
- 18. services not shown as covered;
- 19. confinement or treatment in a government Hospital; however the United States government may recover or collect benefits under certain conditions;
- 20. care or treatment that is not medically necessary;
- 21. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
- 22. care or treatment that is payable under any Insurance policy that does not require deductible and/or coinsurance payments by You;
- 23. Injury or Sickness when traveling against the advice of a Physician;
- 24. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.



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**YOUR PLAN NUMBER: N701D**

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