

Dream. Explore. Travel On.



360° GROUP PREMIER

TRAVEL PROTECTION

The 360° Group Premier protection plan provides maximum travel protection for all ages at competitive group rates; includes trip cancellation & interruption benefits, emergency medical coverage, along with 24/7 travel assistance & concierge services.

PLAN HIGHLIGHTS

- Primary coverage, no deductibles
- Same great rate for all ages
- Pre-existing medical condition exclusion waiver
- Trip cancellation/interruption benefit includes:
 - Sickness, injury or death³
 - Inclement weather
 - Financial default & labor strikes
 - Business reasons
 - Terrorist incident
- 3 hour missed connection benefit
- 5 hour trip delay benefit
- 12 hour baggage delay benefit
- Fast online claims⁵

BASE PLAN BENEFITS & BONUS COVERAGES

Benefits	Coverage ¹
Trip Cancellation	100% of trip cost (\$15,000 limit)
Trip Interruption	150% of trip cost (\$22,500 limit)
Trip Delay	\$1,000 (\$250/day)
Equipment Delay	\$200
Missed Connection	\$1,000
Baggage & Personal Effects	\$1,500
Baggage Delay	\$250
Emergency Medical & Dental Expenses	\$50,000 (\$500 dental sublimit)
Emergency Evacuation & Repatriation	\$250,000
Accidental Death & Dismemberment ⁶	\$10,000
Travel Assistance & Concierge Services ⁴	Included

BONUS COVERAGES

If plan is purchased at or before final trip payment.

- | | |
|---|----------|
| • Pre-existing Medical Condition Exclusion Waiver | Included |
| • Financial Default Coverage | Included |

BASE PLAN RATES

Trip Cost	Plan Cost
\$0 ²	\$37
\$1 - \$500	\$68
\$501 - \$1,000	\$99
\$1,001 - \$1,500	\$137
\$1,501 - \$2,000	\$177
\$2,001 - \$3,000	\$239
\$3,001 - \$4,000	\$316
\$4,001 - \$5,000	\$397
\$5,001 - \$6,000	\$472
\$6,001 - \$7,000	\$550
\$7,001 - \$8,000	\$629
\$8,001 - \$9,000	\$706
\$9,001 - \$10,000	\$783
\$10,001 - \$11,000	\$887
\$11,001 - \$12,000	\$970
\$12,001 - \$13,000	\$1,053
\$13,001 - \$14,000	\$1,136
\$14,001 - \$15,000	\$1,219

Rates are per traveler and subject to change. Maximum trip length allowed 364 days.

¹ All coverages per insured up to limits listed. Coverage and rates may vary by state. Please see your policy for details or call 888.574.7026. ² Includes \$1,000 in Trip Interruption - Return Air only. Coverage for Trip Interruption and Trip Interruption - Return Air Only cannot be combined. ³ Of you, a traveling companion, family member, domestic partner or business partner. ⁴ Provided by the designated provider as listed in the Policy. ⁵ Based on industry average. Fastest payment on approved claims is based on 'electronic payment' of claim. ⁶ Not available for NH residents. 04.19

TRAVEL ASSISTANCE SERVICES⁴

Includes a wide range of services before and during trips through a 24/7 toll free number.

MEDICAL SERVICES INCLUDE:

- Medical Assistance
- Medical Consultation & Monitoring
- Medical Evacuation
- Emergency Medical Payments
- Prescription Assistance
- Dependent Transportation & Family Visits
- Repatriation of Remains

ASSISTANCE SERVICES INCLUDE:

- 24 Hour Legal Assistance
- Message Services
- Language Interpretation Services
- Emergency Cash Transfer
- Pre-Trip Travel Services
- Travel Document & Ticket Replacement
- Concierge Services
- Business Services

PRE-EXISTING CONDITION EXCLUSION WAIVER

Pre-existing medical conditions are eligible for coverage when:

- Plan is purchased at or before final trip payment
- Full trip cost is insured
- The traveler is medically able to travel at the time of plan purchase

A pre-existing condition is an Injury, Sickness or other condition (excluding any condition from which death ensues) of an Insured, Traveling Companion, Business Partner or Family Member within the 60 day period immediately preceding and including the Insured's coverage effective date.

This exclusion also applies to those not traveling.

This plan does not cover any loss caused by or resulting from: intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner while sane or insane; Normal Pregnancy or Childbirth, other than Unforeseen Complications of Pregnancy, of the Insured, a Traveling Companion or a Family Member; participation in professional athletic events; motor sport, or motor racing, including training or practice for the same; mountain climbing that requires the use of equipment such as; pick-axes, anchors, bolts, crampons, carabineers, and lead or top-rope anchoring or other specialized equipment; operating or learning to operate any aircraft, as student, pilot, or crew; air travel on any air-supported device, other than a regularly scheduled airline or air charter; war (whether declared or not) or act of war, participation in a civil disorder, riot, insurrection or unrest; any unlawful acts committed by the Insured; Mental, Nervous or Psychological Disorder; if the Insured's tickets do not contain specific travel dates (open tickets); being under the influence of drugs or narcotics, unless administered upon the advice of a Physician or intoxication above the legal limit; any Loss that occurs at a time when this coverage is not in effect; traveling solely or substantially for the purpose of securing medical treatment; any Trip taken outside the advice of a Physician; Pre-Existing Medical Conditions of an Insured, Traveling Companion, Business Partner or Family Member (within a 60 day period immediately preceding coverage effective date). The following exclusions also apply to the Medical Expense Benefit: routine physical examinations; mental health care; replacement of hearing aids, eye glasses, contact lenses, sunglasses; routine dental care; any service provided by the Insured, a Family Member, or Traveling Companion; alcohol or substance abuse or treatment for the same; Experimental or Investigative treatment or procedures; care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease; coverage for Trips less than 100 miles from the Insured's Primary Residence (also applies to the Emergency Evacuation Benefit). The following exclusions also apply to Accidental Death and Dismemberment: Benefits will not be provided for the following: loss caused by or resulting directly or indirectly from Sickness or disease of any kind; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm. Please refer to your policy for a complete list of plan exclusions and limitations. The purchase of this product is not required in order to purchase any other travel product or service. Your travel retailer might not be licensed to sell travel insurance and will only be able to provide general information about the product. An unlicensed travel retailer may not answer questions about the terms and conditions of the insurance offered and may not evaluate the adequacy of your existing insurance coverage. The products being offered provide insurance coverage that only applies during your covered trip. You may have insurance coverage from other sources that provide similar benefits but may be subject to different restrictions depending upon the coverage. You may wish to compare the terms of the travel policy offered through Travelex with any existing life, health, home and automobile insurance policies you may have. If you have questions about your coverage under your existing insurance policies, contact your insurer or insurance agent or broker. The product descriptions provided here are only brief summaries and may be changed without notice. The full coverage terms and details, including limitations and exclusions, are contained in the insurance policy. If you have questions about coverage available under our plans, please review the policy or contact us. Travelex Insurance Services Inc. 9140 West Dodge Road, Suite 300, Omaha, NE 68114. Toll Free 888.574.7026. Email: customersolutions@travelexinsurance.com. Any inquiry regarding claims may be directed to travelex.claims@bhspecialty.com, P.O. Box 31003 Charlotte, NC 28231-1003; 855.205.6054. Inquirers regarding new, existing or denied claims and any other claims questions may also be directed to this address. To view state specific fraud warnings, visit travelexinsurance.com/company/fraud-warning. Consumers in California may also contact: California Department of Insurance Hotline 800.927.4357 or 213.897.8921. Travelex Insurance Services, Inc. CA Agency License #0D10209. Consumers in Maryland may contact: Maryland Insurance Administration 800.492.6116 or 410.468.2340. Travel Insurance is underwritten by Berkshire Hathaway Specialty Insurance Company; NAIC #22276 under Policy Form series (all states except as otherwise noted) PG-TA-IPL-USE. In KS, MA, MN, MO, MT, OR, VA, and VT Policy Form series PG-TA-IPL-NV. In CA Policy Form # PG-TA-IPL-USEIM and PG-TA-IPL-CAEAH, CO Policy Form # PG-TA-IPL-COEAH and PG-TA-IPL-COEIM, IL Policy Form # PG-TA-IPL-ILE, IN Policy Form # PG-TA-IPL-INEAH and PG-TA-IPL-NVIM, MD Policy Form # PG-TA-IPL-MDE, NH Policy Form # PG-TA-IPL-NHE, NY Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-NVAH-NY, PA Policy Form # PG-TA-IPL-USEIM and PG-TA-IPL-NVAH-PA, TX Policy Form # PG-TA-IPL-TXEAH and PG-TA-IPL-TXEIM, UT Policy Form # PG-TA-IPL-UTE, WA Policy Form # PG-TA-IPL-NVIM and PG-TA-IPL-WAEAH. To view the policy based on your state of residence, please visit: policy.travelexinsurance.com/APGB-1217. 8ZC 04.19



For Plan Questions Call Travelex at 888.574.7026
or Contact your Travel Professional to Enroll
Plan #: APGB-1217

VIEW PLAN DETAILS

View your policy: policy.travelexinsurance.com/APGB-1217



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TRAVEL INSURANCE

OFFER & ENROLLMENT FORM

ENROLLMENT FORM

Please complete the enrollment form to purchase travel insurance.

TRIP DETAILS

Tour Name _____

Destination _____

Departure Date MM / DD / YYYY Return Date MM / DD / YYYY

TRAVELER DETAILS

Traveler #1 Full Name _____
Trip Cost \$ _____

Traveler #2 Full Name _____
Trip Cost \$ _____

Traveler #3 Full Name _____
Trip Cost \$ _____

Traveler #4 Full Name _____
Trip Cost \$ _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

TRAVEL INSURANCE PLAN CALCULATION

Travel Protection Plan Rate (calculate below for all travelers)

\$ _____	+	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
Traveler #1		Traveler #2		Traveler #3		Traveler #4		Base Plan Total

Total Amount Due _____
(and authorized as payment)

Please submit payment to your travel provider.

IS TRAVEL PROTECTION FOR ME?

Travel insurance is recommended to help protect you and your trip investment for events such as cancellations, delays and emergencies.

Please read the following travel insurance purchase options and return the completed form to your travel provider. Contact us if you have any questions.

I (We) have been advised that a Travelex Group protection plan is available at an additional cost. I (We) have read and understand the Exclusions and Limitations provided. I (We) **DO** wish to purchase trip protection. Sign and date below and return this form to your travel provider.

I (We) have been advised that a Travelex protection plan is available at an additional cost. I (We) **DO NOT** wish to purchase trip protection. Sign and date below and return this form to your travel provider.

 SIGNATURE DATE

 SIGNATURE DATE

NEXT STEPS:

If you elected to purchase travel insurance please complete the enrollment form and return to your travel provider.



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Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Please visit travelexinsurance.com/company/fraud-warning to view the state specific fraud warnings or call 888.574.7026. 01.18