

Dream. Explore. Travel On.





PLAN BENEFITS & BONUS COVERAGES

Benefits	Coverage ¹
Trip Cancellation	100% of trip cost (\$20,000 limit)
Trip Interruption	150% of trip cost (\$30,000 limit)
Trip Delay ⁸	\$1,000 (\$250/day)
Sporting Equipment Delay	\$200
Missed Connection	\$1,000
Baggage & Personal Effects	\$1,500
Baggage Delay	\$250
Emergency Medical & Dental Ex	rpenses \$50,000 (\$500 dental sublimit)
Emergency Evacuation & Repat	riation \$250,000
Accidental Death & Dismember	rment ⁵ \$10,000
Travel Assistance & Concierge S	Services ⁷ Included

BONUS COVERAGES

If plan is purchased at or before final trip payment.

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

360° GROUP PREMIER

TRAVEL PROTECTION

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

PLAN HIGHLIGHTS

- Primary coverage, no deductibles
- Pre-existing medical condition exclusion waiver³
- · Trip cancellation/interruption benefit includes:
 - Sickness, injury or death4
 - Inclement weather
 - Financial default³ & labor strikes
 - Business reasons
 - Terrorist incident
- · 3 hour missed connection benefit
- 5 hour trip delay benefit
- · 12 hour baggage delay benefit
- Fast online claims⁶

PLAN RATES

Trip Cost	Age 0-24	Age 25+
\$O ²	\$28	\$43
\$1 - \$500	\$28	\$80
\$501 - \$1,000	\$36	\$116
\$1,001 - \$1,500	\$52	\$160
\$1,501 - \$2,000	\$68	\$207
\$2,001 - \$3,000	\$97	\$280
\$3,001 - \$4,000	\$130	\$370
\$4,001 - \$5,000	\$164	\$464
\$5,001 - \$6,000	\$198	\$552
\$6,001 - \$7,000	\$232	\$644
\$7,001 - \$8,000	\$266	\$736
\$8,001 - \$9,000	\$299	\$826
\$9,001 - \$10,000	\$333	\$916
\$10,001 - \$11,000	\$368	\$1,038
\$11,001 - \$12,000	\$403	\$1,135
\$12,001 - \$13,000	\$438	\$1,232
\$13,001 - \$14,000	\$473	\$1,329
\$14,001 - \$15,000	\$508	\$1,426
\$15,001 - \$16,000	\$543	\$1,524
\$16,001 - \$17,000	\$578	\$1,623
\$17,001 - \$18,000	\$613	\$1,721
\$18,001 - \$19,000	\$648	\$1,819
\$19,001 - \$20,000	\$684	\$1,918

Rates are per traveler and subject to change.

1 All coverages per insured up to limits listed. Coverage, rates and maximum trip length 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 Coverage when plan is purchased at or before final trip payment. 4 Of you, a Traveling Companion, Family Member or Business Partner. 5 Not available for NH residents. 6 Based on industry average. Fastest payment on approved claims is based on 'electronic payment' of claim. 7 Provided by the designated provider as listed in the Policy. 8 \$200/day for IL residents 08.21

TRAVEL ASSISTANCE SERVICES⁷

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.

and PG-TA-IPL-TXEIM, UT Policy Form # PG-TA-IPL-UTE, WA Policy Form # PG-TA-IPLNVIM and PG-TA-IPL-WAEAH. 2GV 08.21

This exclusion also applies to those not traveling.



For plan questions call Travelex at 888.574.7026 or **Contact your Travel Professional to Enroll:** Plan # GPB-0521

VIEW PLAN DETAILS

View your policy: policy.travelexinsurance.com/GPB-0521

InterTrav Corporation 1-630-377-5840 travel@intertravcorp.com

Please fill out and return the form on the next page.

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; pickaxes, 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 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 Travelex Insurance Services Inc. are contained in the insurance policy. If you have questions about coverage available under our plans, please review the policy or contact Travelex Insurance Services Inc. Toll Free 888.574.7026 Email: <u>customersolutions@travelexinsurance.com</u>. Any inquiry regarding claims may be directed to <u>travelex.claims@bhspecialty.com</u>; 855.205.6054. To view state specific fraud warnings, visit <u>travelexinsurance.com/company/fraud-warning</u>. 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-USE.M and PG-TA-IPL-CAEAH, CO Policy Form # PG-TA-IPL-COEAH and PG-TA-IPL-COEAH and PG-TA-IPL-NVIB, IN Policy Form # PG-TA-IPL-INE, NY Policy Form # PG-TA-IPL-NVIB, NY Policy Form # PG-TA-IPL-NVIB, MD Policy Form # PG-TA-IPL-NVIB, NY P

Travel On.



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 policy, including Exclusions and
Limitations, as well as the fraud warning and travel retailer
contained in the attached flyer. I (We) do wish to purchase
trip protection. Sign and date below and return this form
to your travel provider.

1	I (We) have been advised that a Travelex protection plan
J	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.

TRAVEL INSURANCE

OFFER & ENROLLMENT FORM

ENROLLMENT FORM

Please complete the enrollment form to purchase travel insurance.

Tour Name	
Destination	
Departure Date MM / DD / YYYY	Return Date MM / DD / YYYY
TRAVELER DETAILS	
Traveler #1 Full Name Date of Birth MM / DD / YYYY	
Traveler #2 Full Name	Same Strait
Date of Birth MM / DD / YYYY	Trip Cost \$
Traveler #3 Full Name	Trip Cost \$
Date of Birth MM / DD / YYYY	- Irip Cost
Traveler #4 Full Name Date of Birth MM / DD / YYYY	
Address	
City	
Phone	
Email	
	CULATION
TRAVEL INSURANCE PLAN CALC	
Travel Protection Plan Rate	- for each terrolled
	ge for each traveler) \$ = \$

Please submit payment to your travel provider.



