

*Description of 24-Hour  
Emergency Assistance Services  
for  
CSA Travel Protection*



**FOR CERTIFICATE INQUIRIES OR CUSTOMER SERVICE, CALL:  
(800) 348-9505**

**FOR EMERGENCY ASSISTANCE  
24 HOURS A DAY DURING YOUR TRIP, CALL:**

**IN THE U.S.  
(866) 816-2068**

**COLLECT WORLDWIDE  
(603) 328-1737**

This plan is administered by CSA Insurance Services.

## AVAILABLE SERVICES

Various 24-Hour Emergency Assistance Services are provided under the CSA Travel Protection packages. A description of all 24-Hour Emergency Assistance Services offered are contained in this document.

The 24-Hour Emergency Assistance Services are only available to persons whose primary residence is in the United States or Canada. This plan is administered by Customized Services Administrators.

## DESCRIPTION OF 24-HOUR EMERGENCY ASSISTANCE SERVICES

**ASSISTANCE SERVICES WILL BE PROVIDED BY  
CSA'S DESIGNATED PROVIDER.**

### How to Call the 24-Hour Emergency Hotline

If you need emergency help for an available service, you can call toll-free 24 hours a day to (866) 816-2068 from within the United States, or call (collect) (603) 328-1737 from anywhere else. You should have your certificate or policy number, your location, a local telephone number, and details of the situation. The assistance provider will confirm your enrollment and assist you. If you cannot call collect from your location, dial direct and give the assistance coordinator your telephone number and location and they will call you back.

**Seek local help if your emergency is immediate and life-threatening, and contact the assistance provider by calling the hotline as soon as reasonably possible.**

Help services have been included in this program to provide, whenever possible, on-the-spot and immediate assistance for those unexpected problems that can arise during your trip.

There may be times when circumstances beyond the assistance provider's control hinder their endeavors to provide help services; they will, however, make all reasonable efforts to provide services and help resolve your problem.

The assistance provider's staff will do their best to refer you to appropriate providers. However, the assistance provider and CSA cannot be held responsible for the quality or results of any services provided by these independent practitioners.

### Availability of Services

The 24-hour Emergency Assistance Services become available when you actually start your trip. Services end the earliest of: midnight on the day the program expires; when you reach your return destination; or when you complete your trip.

## Medical Referral

If an emergency occurs during a trip that requires you to seek urgent medical advice you should call the 24-hour hotline to obtain the names of local qualified doctors who speak your language. If additional medical services are required, the assistance provider is prepared to consult with the attending physician and provide such assistance as they believe to be in your best interest.

## Emergency Cash Transfer

If your cash or traveler's checks are lost or stolen, or unanticipated emergency expenses are incurred, the assistance provider will, whenever possible, help arrange for an emergency cash transfer in currency, traveler's checks, or other form acceptable to the assistance provider. These funds must come from your major credit card(s) or from family and/or friends.

## Legal Referral

The assistance provider will provide travelers with access or referrals to the most conveniently located attorneys available during regular working hours. Assistance will also be provided in obtaining bail bonds in those geographical locations where such bonds are customarily issued. You are responsible for contracted legal fees.

## Lost Ticket and Passport Assistance

The assistance provider will, whenever possible, provide you with referrals and information to assist in obtaining replacement for lost or stolen travel documents, passports, travel tickets, etc.

## Emergency Prescription Refill Assistance

The assistance provider will assist you, whenever possible, in obtaining a replacement of an existing prescription when your medication has been lost, stolen, or if you are in need of a refill. The prescription will be refilled by a licensed pharmacist or other authorized personnel in the country in which you are traveling. It will be replaced with the same brand of medication prescribed in the U.S., or the equivalent in the country in which you are traveling. The refill may require a visit to a local physician. You should be prepared to furnish the assistance provider with a copy of your original prescription and/or the name and phone number of your regular attending physician. Replacement medication and visit to a local physician will be at your expense.

# GOLD PLAN

## State-Specific Certificate

### Certificate of Insurance

**CSA TRAVEL PROTECTION**

FOR CERTIFICATE INQUIRIES OR CUSTOMER SERVICE, CALL:

**(800) 348-9505**

FOR EMERGENCY ASSISTANCE

24 HOURS A DAY DURING YOUR TRIP, CALL:

IN THE U.S.

**(866) 816-2068**

COLLECT WORLDWIDE

**(603) 328-1737**

TAKE ALONG SOME PEACE OF MIND.

This plan is administered by CSA Insurance Services.

TAHC5000GES

### WHO IS ELIGIBLE FOR COVERAGE?

A person who has arranged to take a Covered Trip, pays the required plan payment, and is a resident of the United States of America or Canada.

#### When Coverage Begins

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of 1) The date the plan payment has been received by us; 2) The date and time you start your Covered Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your plan payment is received. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Covered Trip if the required plan payment is received.

#### When Coverage Ends

Your coverage automatically ends on the earlier of:

1. The date the Covered Trip is completed;
2. The Scheduled Return Date;
3. Your arrival at the return destination on a round trip, or the destination on a one-way trip;
4. Cancellation of the Covered Trip covered by the plan.

All coverages under the plan will be extended if your entire Covered Trip is covered by the plan and your return is delayed by unavoidable circumstances beyond your control.

If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

### SUMMARY OF COVERAGES

#### Air Flight Accident

We will pay this benefit up to the amount on the Schedule if you are injured in an Accident which occurs while you are on a Covered Trip and covered under the certificate, and you suffer one of the losses listed below within 180 days of the Accident. The principal sum is the benefit amount shown on the Schedule.

We will pay 100% of the principal sum for the loss of: life; both hands or feet, or sight of both eyes; one hand and one foot; or one hand or one foot and sight of one eye. We will pay 50% of the principal sum for loss of: one hand or one foot, or sight of one eye.

If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

#### Exposure and Disappearance

If by reason of an Accident covered by the certificate, you are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which benefits are otherwise payable, such loss shall be covered hereunder.

If you are involved in an Accident which results in the sinking or wrecking of a conveyance in which you were riding and your body is not located within one year of such Accident, it will be presumed that you suffered loss of life resulting from Injury caused by the Accident.

#### Air Flight Benefits

The benefits provided by the certificate for Air Flight apply only if you sustain a covered loss in an Accident which occurs while a passenger in or on, boarding or alighting from an aircraft of a regularly scheduled airline or an air charter company that is licensed to carry passengers for hire.

#### Medical or Dental Expense Benefits

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) Benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Trip; 3) Benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you or in accordance with the coordination of benefits provision, which is set forth below in jurisdictions where excess coverage provisions are not permitted. We will pay that portion of Covered Expenses which exceeds the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

**Please refer to the Definitions for an explanation of Pre-Existing Conditions which are excluded under the Medical or Dental Expense Benefits.**

#### Covered Expenses:

1. Expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services, incurred by you within one year from the date of your Sickness or Injury;
2. Expenses for emergency dental treatment incurred by you during a Covered Trip.

#### Your duties in the event of a Medical or Dental Expense:

1. You must provide us with all bills and reports for medical and/or dental expenses claimed.
2. You must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance.
3. You must sign a patient authorization to release any information required by us, to investigate your claim.

#### Emergency Assistance Benefits

We will pay this benefit, up to the amount on the Schedule for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) Benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a

Covered Trip; 3) Benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you or in accordance with the coordination of benefits provision, which is set forth below in jurisdictions where excess coverage provisions are not permitted. We will pay that portion of covered expenses which exceeds the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

#### **Covered Expenses:**

1. Expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisor's prior approval;
2. Expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the United States of America or Canada, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
3. Expenses for transportation, not to exceed the cost of one round-trip economy class air fare, to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
4. Expenses for transportation, not to exceed the cost of one-way economy class air fare, to your place of residence in the United States of America or Canada, including escort expenses, if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s);
5. Expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence in the United States of America or Canada, from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the certificate;
6. Repatriation expenses for preparation and air transportation of your remains to your place of residence in the United States of America or Canada, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the United States of America or Canada.

#### **DEFINITIONS**

In this Certificate, "you", "your" and "yours" refer to the Insured. "We", "us" and "our" refer to the company providing this coverage. In addition, certain words and phrases are defined as follows:

**ACCIDENT** means a sudden, unexpected, unintended and external event, which causes Injury.

**ACTUAL CASH VALUE** means purchase price less depreciation.

**COMMON CARRIER** means any land, water or air conveyance operated under a license for the transportation

of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**COVERED TRIP** means: 1) A period of round-trip travel away from Home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 365 days or, 2) A period of one-way travel that starts in the US or Canada (except US citizens may begin their trip outside the US, if returning to the US); the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and arrival dates and defined departure and arrival places specified when the Insured enrolls; and the trip does not exceed 31 days in length.

**DOMESTIC PARTNER** means a person who is at least eighteen years of age and you can show: 1) Evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) Evidence of cohabitation for at least the previous 6 months; and 3) An affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**ELECTIVE TREATMENT AND PROCEDURES** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

**FAMILY MEMBER** includes your or your Traveling Companion's dependent, spouse, child, spouse's child, son/daughter-in-law, parent(s), sibling(s), brother/sister, grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, guardian, Domestic Partner, foster child, or ward.

**HOME** means your primary or secondary residence.

**HOSPITAL** means an institution, which meets all of the following requirements:

1. It must be operated according to law;
2. It must give 24-hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. It must provide diagnostic and surgical facilities supervised by Physicians;
4. Registered nurses must be on 24-hour call or duty; and
5. The care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**INJURY** means bodily harm caused by an accident which: 1) Occurs while your coverage is in effect under the plan; and 2) Requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**INSURED** means an eligible person who arranges a Covered Trip, and pays any required plan payment.

#### **OTHER VALID AND COLLECTIBLE GROUP INSURANCE**

means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**PHYSICIAN** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member of yours.

**PRE-EXISTING CONDITION** means an illness, disease, or other condition during the 180-day period immediately prior to your effective date for which you or your Traveling Companion or Family Member is scheduled or booked to travel with you:

1. Received, or received a recommendation for a diagnostic test, examination, or medical treatment; or
2. Took a prescription for drugs or medicine.

Item 2 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 180-day period before coverage is effective under this Certificate.

#### **The exclusion for Pre-Existing Conditions will be waived if:**

1. Your premium for this insurance plan and your enrollment form are received within 14 days of the date your initial trip deposit is received;
2. You are not disabled from travel at the time you pay your premium;
3. The booking for this trip must be the first and only booking for this travel period and destination.

**SCHEDULED DEPARTURE DATE** means the date on which you are originally scheduled to leave on your Covered Trip.

**SCHEDULED RETURN DATE** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**SICKNESS** means an illness or disease of the body which requires examination and treatment by a Physician.

**TRAVELING COMPANION** means a person whose name(s) appear(s) with you on the same Covered Trip arrangement.

**USUAL AND CUSTOMARY CHARGE** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile and the Anesthesia Relative Value Guide.

## **CERTIFICATE EXCLUSIONS**

**We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses items 1 and 2 (emergency medical evacuation) or item 6 (repatriation of remains) of the Emergency Assistance Benefits coverage.**

**The following exclusion applies to the Air Flight Accident coverage:**

We will not pay for loss caused by or resulting from Sickness of any kind.

**The following exclusion applies to all coverages:**

We will not pay for any loss under the certificate, caused by, or resulting from:

- a. Your, or your Traveling Companion's, or your Family Member's booked to travel with you, suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
- b. Mental, nervous, or psychological disorders;
- c. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- d. Normal pregnancy or resulting childbirth or elective abortion;
- e. Participation as a professional in athletics;
- f. Participation in organized amateur and interscholastic athletic or sports competition or events;
- g. Riding or driving in any motor competition;
- h. Declared or undeclared war, or any act of war;
- i. Civil disorder (does not apply to Travel Delay);
- j. Service in the armed forces of any country;
- k. Nuclear reaction, radiation or radioactive contamination;
- l. Operating or learning to operate any aircraft, as pilot or crew;
- m. Mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air-supported device, other than on a regularly scheduled airline or air charter company;
- n. Any unlawful acts, committed by you or a Traveling Companion;

- o. Any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
- p. A loss or damage caused by detention, confiscation or destruction by customs;
- q. Elective Treatment and Procedures;
- r. Medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
- s. A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

## **TRAVEL INSURANCE IS UNDERWRITTEN BY**

Monumental General Casualty Company under Policy Form # TAHC2000GPC; Certificate # TAHC2000GCC.

Stonebridge Casualty Insurance Company under Policy Form # TAHC5000GPS, Certificate # TAHC5000GCS.

## **GENERAL PROVISIONS**

**Arbitration** If we and you disagree on the amount of loss, either may make written demand for arbitration. In this event, each party will select a competent and impartial arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will 1) Pay the expense if incurred and 2) Bear the expenses of the third arbitrator equally. A decision agreed to by two arbitrators will be binding.

**Concealment or Fraud** We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage plan.

**Conformity to Law** Any provision of the plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**Duplication of Coverage** You may only purchase one certificate from us for each Covered Trip. If you do purchase more than one certificate for a specific Covered Trip, the Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund plan payments received from you under any other certificate.

**Entire Contract** Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application or enrollment form.

The plan may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of the certificate plan. No agent or other person may change the certificate plan or waive any of its terms. The change will be endorsed on the certificate plan.

**Examination Under Oath** As often as we may reasonably require, you or any person making a claim under the plan must submit to examination under oath.

**Maximum Limit of Coverage** The maximum benefit amount for each claim is listed in the Schedule or enrollment form, subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

**Our Right to Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our rights.

## **CLAIMS PROVISIONS**

**Notice of Claim** We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Proof of Loss Written** Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

**Physical Examination and Autopsy** At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

**Legal Actions** No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

**Payment of Claims** Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

## ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE

### Who is Eligible for Coverage?

A person who has arranged to take a Covered Trip, pays the required plan payment, and is a resident of the United States of America or Canada.

### When Coverage Begins

All coverages (except Pre-Departure Trip Cancellation and Post-Departure Trip Interruption) will take effect on the later of 1) The date the plan payment has been received by us; 2) The date and time you start your Covered Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Trip.

Pre-Departure Trip Cancellation coverage will take effect at 12:01 A.M. Standard Time on the day after the date your plan payment is received. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Covered Trip if the required plan payment is received.

### When Coverage Ends

Your coverage automatically ends on the earlier of:

1. The date the Covered Trip is completed;
2. The Scheduled Return Date;
3. Your arrival at the return destination on a round trip, or the destination on a one-way trip;
4. Cancellation of the Covered Trip covered by the plan.

All coverages under the plan will be extended if your entire Covered Trip is covered by the plan and your return is delayed by unavoidable circumstances beyond your control. If coverage is extended for the above reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or seven (7) days after the Scheduled Return Date.

## SUMMARY OF COVERAGES

### Pre-Departure Trip Cancellation

We will pay a Pre-Departure Trip Cancellation Benefit, up to the amount in the Schedule, if you are prevented from taking your Covered Trip due to your, a Family Member's or Traveling Companion's, Sickness, Injury, or death, that occurs before departure on your Covered Trip. The Sickness or Injury must: a) Commence while your coverage is in effect under the plan; b) Require the examination and treatment by a Physician, in person, at the time the Covered Trip is canceled; and c) In the written opinion of the treating Physician, be so disabling as to prevent you from taking your Covered Trip.

**We will pay a benefit if you are prevented from taking your Covered Trip due to Other Covered Events, as defined, that occur before departure on your Covered Trip.**

### Pre-Departure Trip Cancellation Benefits

We will reimburse you, up to the amount in the Schedule, for the amount of forfeited, prepaid, non-refundable, non-refunded, and published payments or deposits that you paid for your Covered Trip. We will pay your additional cost as a result of a change in the per-person occupancy rate for prepaid

travel arrangements if a Traveling Companion's Covered Trip is canceled and your Covered Trip is not canceled.

### Post-Departure Trip Interruption

We will pay a Post-Departure Trip Interruption Benefit, up to the amount in the Schedule, if: 1) Your arrival on your Covered Trip is delayed beyond the Scheduled Departure Date; or 2) You are unable to continue on your Covered Trip after you have departed on your Covered Trip due to your, Family Member's or Traveling Companion's, Sickness, Injury, or death. For item 1) above, the Sickness or Injury must: a) Commence while your coverage is in effect under the plan; b) For item 2 above, commence while you are on your Covered Trip and your coverage is in effect under the plan; and c) For both items 1 and 2 above, require the examination and treatment by a Physician, in person, at the time the Covered Trip is interrupted or delayed; and d) In the written opinion of the treating Physician, be so disabling as to delay your arrival on your Covered Trip or to prevent you from continuing your Covered Trip.

**We will pay a benefit if: 1) Your arrival on your Covered Trip is delayed beyond the Scheduled Departure Date; or 2) You are unable to continue on your Covered Trip after you have departed on your Covered Trip due to Other Covered Events, as defined.**

### Post-Departure Trip Interruption Benefits

We will reimburse you, less any refund paid or payable, for unused land or water travel arrangements, plus one of the following:

1. The additional transportation expenses by the most direct route from the point you interrupted your Covered Trip:
  - a. To the next scheduled destination where you can catch up to your Covered Trip; or
  - b. To the final destination of your Covered Trip; or
2. The additional transportation expenses incurred by you by the most direct route to reach your original Covered Trip destination if you are delayed and leave after the Scheduled Departure Date.

However, the benefit payable under 1 and 2 above will not exceed the cost of a one-way economy air fare (or first class, if the original tickets were first class) by the most direct route less any refunds paid or payable for your unused original tickets.

3. Your additional cost as a result of a change in the per-person occupancy rate for prepaid travel arrangements if a Traveling Companion's Covered Trip is interrupted and your Covered Trip is continued.

### Travel Delay

If your Covered Trip is delayed for 12 hours or more, we will reimburse you, up to the amount shown in the Schedule for reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls and local transportation while you are delayed. We will not pay benefits for expenses incurred after travel becomes possible.

Travel Delay must be caused by or result from: Common Carrier delay; or loss or theft of your passport(s), travel documents or money; or quarantine; or hijacking; or natural disaster; or adverse weather; or a documented traffic

accident while you are en route to departure; or unannounced strike; or a civil disorder; or you, a Family Member traveling with you, or a Traveling Companion's Injury or Sickness; or a Family Member traveling with you or a Traveling Companion's death.

### Baggage and Personal Effects Benefit

We will reimburse you, less any amount paid or payable from any Other Valid and Collectible Insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage or destruction of your Baggage, passports or visas during your Covered Trip. We will also pay for loss due to unauthorized use of your credit cards, if you have complied with all of the credit card conditions imposed by the credit card companies.

### Valuation and Payment of Loss

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 75% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss.

We may take all or part of damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will: 1) Repair or replace any part to restore the pair or set to its value before the loss; or 2) Pay the difference between the value of the property before and after the loss.

### Continuation of Coverage

If the covered Baggage, passports or visas are in the custody of a Common Carrier, and delivery is delayed, this coverage will continue until the property is delivered to you. This continuation of coverage does not include loss caused by or resulting from the delay.

### Items Not Covered

We will not pay for damage to or loss of: animals; property used in trade, business or for the production of income; household furniture; musical instruments; brittle or fragile articles; sporting equipment if the loss results from the use thereof; boats; motors; motorcycles; motor vehicles; aircraft; other conveyances or equipment, or parts for such conveyances; artificial limbs or other prosthetic devices; artificial teeth; dental bridges; dentures; dental braces; retainers or other orthodontic devices; hearing aids; any type of eyeglasses, sunglasses or contact lenses; documents or tickets, except for administrative fees required to reissue tickets; money; stamps; stocks and bonds; postal or money orders; securities; accounts; bills; deeds; food stamps; credit cards, except as noted above; property shipped as freight or shipped prior to the Scheduled Departure Date; or contraband.

### Losses Not Covered

We will not pay for loss arising from: defective materials or craftsmanship; or normal wear and tear, gradual deterioration, inherent vice; or rodents, animals, insects or vermin; or mysterious disappearance; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

### **Your Duties in the Event of a Loss**

In case of loss, theft or damage to Baggage and personal effects, you should: 1) Immediately report the situation incident to the hotel manager, tour guide or representative, transportation official, local police or other local authorities and obtain their written report of your loss; and 2) Take reasonable steps to protect your Baggage from further damage, and make necessary, reasonable and temporary repairs. We will reimburse you for these expenses. We will not pay for further damage if you fail to protect your Baggage.

### **Baggage Delay Benefit**

We will reimburse you up to the amount shown in the Schedule for the cost of reasonable additional clothing and personal articles purchased by you, if your Baggage is delayed for 24 hours or more during your Covered Trip.

### **Rental Car Damage Benefit (CALL FOR AVAILABILITY)**

If you rent a car while on your Covered Trip and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in your control while in your possession, or the car is stolen while in your possession and not recovered, we will pay you the lesser of: a) The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or b) The Actual Cash Value of the car, up to the amount shown on the Schedule.

Coverage is provided to you, provided you are a licensed driver, and are listed on the rental agreement. This coverage is primary to other forms of insurance or indemnity.

#### **Coverage is not provided for loss due to:**

1. Any obligation of you, a Traveling Companion or a Family Member traveling with you assume under any agreement (except insurance collision Deductible).
2. Rentals of trucks, campers, trailers, off-road, or motor bikes, motorcycles, recreational vehicles or Exotic Vehicles.
3. Any loss which occurs if you or Travel Companion or Family Member traveling with you are in violation of the rental agreement.
4. Failure to report the loss to the proper local authorities and the rental car company.
5. Damage to any other vehicle, structure or person as a result of a covered loss.

### **Your Duties in the Event of a Loss:**

You must:

1. Take all reasonable, necessary steps to protect the vehicle and prevent further damage to it;
2. Report the loss to the appropriate local authorities and the rental company as soon as possible;
3. Obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number;
4. Provide us all documentation such as rental agreement, police report and damage estimate.

## **DEFINITIONS**

In this Certificate, "you", "your" and "yours" refer to the Insured. "We", "us" and "our" refer to the company providing this coverage. In addition, certain words and phrases are defined as follows:

**ACCIDENT** means a sudden, unexpected, unintended and external event, which causes Injury.

**ACTUAL CASH VALUE** means purchase price less depreciation.

**COMMON CARRIER** means any land, water or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**BAGGAGE** means luggage, personal possessions and travel documents taken by you on the Covered Trip.

**COVERED TRIP** means: 1) A period of round-trip travel away from Home to a destination outside your city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 365 days or, 2) A period of one-way travel that starts in the US or Canada (except US citizens may begin their trip outside the US, if returning to the US); the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and arrival dates and defined departure and arrival places specified when the Insured enrolls; and the trip does not exceed 31 days in length.

**DEDUCTIBLE** means the amount, which must be incurred by you before benefits are paid under the certificate plan.

**DOMESTIC PARTNER** means a person who is at least eighteen years of age and you can show: 1) Evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) Evidence of cohabitation for at least the previous 6 months; and 3) An affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**ELECTIVE TREATMENT AND PROCEDURES** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

**EXOTIC VEHICLE** includes Alfa Romeo, Aston Martin, Auburn, Avanti, Bentley, Bertone, BMC/Leyland, BMW M Series, Bradley, Bricklin, Cosworth, Clenet, De Lorean, Excalibre, Ferrari, Iso, Jaguar, Jensen Healy, Lamborghini, Lancia, Lotus, Maserati, Morgan, Pantera, Panther, Pininfarina, Rolls Royce, Rover, Stutz, Sterling, Triumph, TVR, Corvette, Mercedes Benz, Porsche, and MG. You must contact CSA Travel Protection at (800) 348-9505 before renting to obtain confirmation that the vehicle is covered.

**FAMILY MEMBER** includes your or your Traveling Companion's dependent, spouse, child, spouse's child, son/daughter-in-law, parent(s), sibling(s), brother/sister, grandparent(s), grandchild, step-brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, guardian, Domestic Partner, foster child, or ward.

**FINANCIAL INSOLVENCY** means the total cessation or complete suspension of operations due to insolvency, with or without the filing of a bankruptcy petition, or the total cessation or complete suspension of operations following the filing of a bankruptcy petition, whether voluntary or involuntary, by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services which is duly licensed in the state(s) of operation other than the entity or the person, organization, agency or firm from whom you directly purchased or paid for your Covered Trip provided the Financial Insolvency occurs more than 7 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the total cessation or complete suspension of operations for losses caused by fraud or negligent misrepresentation by the supplier of travel services.

**HOME** means your primary or secondary residence.

**HOSPITAL** means an institution, which meets all of the following requirements:

1. It must be operated according to law;
2. It must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis;
3. It must provide diagnostic and surgical facilities supervised by Physicians;
4. Registered nurses must be on 24 hour call or duty; and
5. The care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

**INJURY** means bodily harm caused by an accident which: 1) Occurs while your coverage is in effect under the plan; and 2) Requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**INSURED** means an eligible person who arranges a Covered Trip, and pays any required plan payment.

**OTHER COVERED EVENTS** means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Certificate:

1. Common Carrier delays resulting from inclement weather, or mechanical breakdown of the aircraft, ship or boat or

motor coach on which you are scheduled to travel, or organized labor strikes that affect public transportation;

2. Arrangements canceled by an airline, cruise line, motor coach company, or tour operator, resulting from inclement weather, mechanical breakdown of the aircraft, ship or boat or motor coach on which the Insured is scheduled to travel, or organized labor strikes that affect public transportation.

**Items 1 and 2 above are subject to the following conditions:**

- a. The scheduled carrier connecting times must meet airline required legal minimum connect times; and
- b. The scheduled time between arrival at the Scheduled Trip Departure City and the scheduled trip departure must be 2 hours or longer.

3. Arrangements canceled by a tour operator, cruise line, airline, rental car company, hotel, condominium, railroad, motor coach company, or other supplier of travel services, resulting from Financial Insolvency;

**Coverage for Financial Insolvency is included if:**

Your premium for this insurance plan and your enrollment form is received within 14 days of the date your initial trip deposit is received.

See the definition of Financial Insolvency which details the coverage provided.

4. A change in plans by you, a Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Certificate:

- a. Being directly involved in a documented traffic accident while en route to departure;
- b. Being hijacked, quarantined, required to serve on a jury, or required by a court order to appear as a witness in a legal action, provided you, a Family Member traveling with you or a Traveling Companion is not 1) A party to the legal action, or 2) Appearing as a law enforcement officer;
- c. Your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane or other natural disaster;
- d. Being called into active military service to provide aid or relief in the event of a natural disaster;
- e. A documented theft of passports or visas;
- f. A Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Covered Trip provided the Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Covered Trip;
- g. A cancellation of your Covered Trip if your arrival on the Trip is delayed and causes you to lose 50% or more of the scheduled Covered Trip duration due to the reasons covered under the Covered Travel Delay Benefit.

**OTHER VALID AND COLLECTIBLE GROUP INSURANCE**

means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an

employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**PHYSICIAN** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or a Family Member of yours.

**PRE-EXISTING CONDITION** means an illness, disease, or other condition during the 180-day period immediately prior to your effective date for which you or your Traveling Companion or Family Member is scheduled or booked to travel with you:

1. Received, or received a recommendation for a diagnostic test, examination, or medical treatment; or
2. Took a prescription for drugs or medicine.

Item 2 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 180-day period before coverage is effective under this Certificate.

**The exclusion for Pre-Existing Conditions will be waived if:**

1. Your premium for this insurance plan and your enrollment form are received within 14 days of the date your initial trip deposit are received;
2. You are not disabled from travel at the time you pay your premium;
3. The booking for this trip must be the first and only booking for this travel period and destination.

**SCHEDULED DEPARTURE DATE** means the date on which you are originally scheduled to leave on your Covered Trip.

**SCHEDULED RETURN DATE** means the date on which you are originally scheduled to return to the point where the Covered Trip started or to a different final destination.

**SICKNESS** means an illness or disease of the body which requires examination and treatment by a Physician.

**TERRORIST ACT** means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

**TRAVELING COMPANION** means a person whose name(s) appear(s) with you on the same Covered Trip arrangement.

**USUAL AND CUSTOMARY CHARGE** means those charges for necessary treatment and services that are reasonable

for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile and the Anesthesia Relative Value Guide.

**CERTIFICATE EXCLUSIONS**

**We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the plan, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses items 1 and 2 (emergency medical evacuation) or item 6 (repatriation of remains) of the Emergency Assistance Benefits coverage.**

**The following exclusion applies to all coverages:**

We will not pay for any loss under the certificate, caused by, or resulting from:

- a. Your, or your Traveling Companion's, or your Family Member's booked to travel with you, suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO & MO);
- b. Mental, nervous, or psychological disorders;
- c. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
- d. Normal pregnancy or resulting childbirth or elective abortion;
- e. Participation as a professional in athletics;
- f. Participation in organized amateur and interscholastic athletic or sports competition or events;
- g. Riding or driving in any motor competition;
- h. Declared or undeclared war, or any act of war;
- i. Civil disorder (does not apply to Travel Delay);
- j. Service in the armed forces of any country;
- k. Nuclear reaction, radiation or radioactive contamination;
- l. Operating or learning to operate any aircraft, as pilot or crew;
- m. Mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air-supported device, other than on a regularly scheduled airline or air charter company;
- n. Any unlawful acts, committed by you or a Traveling Companion;
- o. Any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law;
- p. A loss or damage caused by detention, confiscation or destruction by customs;
- q. Elective Treatment and Procedures;
- r. Medical treatment during or arising from a Covered Trip undertaken for the purpose or intent of securing medical treatment;
- s. Financial Insolvency of the person, organization or firm from whom you directly purchased or paid for your Covered Trip, Financial Insolvency which occurred before your effective date for the Trip Cancellation Benefits, or Financial Insolvency which occurs within 7 days following your effective date for the Trip Cancellation Benefits;

- t. Business, contractual or educational obligations of you, a Family Member, or a Traveling Companion;
- u. Failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements other than Financial Insolvency;
- v. A loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

### **TRAVEL INSURANCE IS UNDERWRITTEN BY**

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Monumental General Casualty Company under Policy Form # TAHC2000GPC; Certificate # TAHC2000GCC.

Stonebridge Casualty Insurance Company under Policy Form # TAHC5000GPS, Certificate # TAHC5000GCS.

### **GENERAL PROVISIONS**

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**Arbitration** If we and you disagree on the amount of loss, either may make written demand for arbitration. In this event, each party will select a competent and impartial arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will 1) Pay the expense if incurred and 2) Bear the expenses of the third arbitrator equally. A decision agreed to by two arbitrators will be binding.

**Concealment or Fraud** We do not provide coverage if you have intentionally concealed or misrepresented any material fact or circumstance relating to the coverage plan.

**Conformity to Law** Any provision of the plan that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**Duplication of Coverage** You may only purchase one certificate from us for each Covered Trip. If you do purchase more than one certificate for a specific Covered Trip, the Maximum Limit of Coverage payable will be as specified in the certificate with the highest level of benefits. We will refund plan payments received from you under any other certificate.

**Entire Contract** Any statement you make is a representation and not a warranty. No statement will be used by us to void or reduce benefits unless that statement is a part of any written application or enrollment form.

The plan may be changed at any time by written agreement between us. Only our President, Vice President or Secretary may change or waive the provisions of the certificate plan. No agent or other person may change the certificate plan or waive any of its terms. The change will be endorsed on the certificate plan.

**Examination Under Oath** As often as we may reasonably require, you or any person making a claim under the plan must submit to examination under oath.

**Maximum Limit of Coverage** The maximum benefit amount for each claim is listed in the Schedule or enrollment form,

subject to the individual benefit amount and the company's Maximum Limit of Liability. The total limit of our liability for any one covered event, in which two or more persons submit a claim, is subject to the individual benefit amount and the company's Maximum Limit of Liability. In the event of multiple claims by you for one event, the available funds will be distributed in order of notice of claim by each insured subject to the above limitations.

**Our Right to Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our rights.

### **CLAIMS PROVISIONS**

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**Notice of Claim** We must be given written notice of claim within 90 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Notice may be given to us or to our authorized agent. Notice should include the claimant's name and enough information to identify him or her.

**Proof of Loss** Written Proof of Loss must be sent to us within 90 days after the date the loss occurs. We will not reduce or deny a claim if it was not reasonably possible to give us written Proof of Loss within the time allowed. In any event, you must give us written Proof of Loss within twelve (12) months after the date the loss occurs unless you are legally incapacitated.

**Physical Examination and Autopsy** At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law or your religion forbids it.

**Legal Actions** No legal action may be brought to recover on the plan within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given. If a time limit of the plan is less than allowed by the laws of the State where you live, the limit is extended to meet the minimum time allowed by such law.

**Payment of Claims** Benefits for loss of life will be paid to your estate, or if no estate, to your beneficiary. All other benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate, or if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

### **WHERE TO PRESENT A CLAIM**

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**All claims should be presented to the Program Administrator:**  
 CSA Travel Protection  
 P. O. Box 939057  
 San Diego, CA 92193-9057  
 (800) 541-3522 (Toll-Free)