

Comparison of Coverage Features – ALL PLANS –	Basic	Classic	Classic Plus
CANCELLATION OR INTERRUPTION DUE TO:	See Description of Coverage for complete details of the Plans		
Sickness, Injury or Death	Yes	Yes	Yes
A Pre-Existing Medical Condition	No	Yes*	Yes*
Cessation of Services of a Common Carrier due to an unannounced strike, mechanical breakdown or bad weather (12 Hours or more)	Yes	Yes	Yes
Home, destination or workplace uninhabitable from a natural disaster	Home & Destination	Yes	Yes
Involuntary termination of your employment	No	Yes	Yes
Permanent transfer of employment	Yes	Yes	Yes
Being hijacked, quarantined or called to jury duty	Yes	Yes	Yes
A Terrorist Incident	Yes	Yes	Yes
Revocation of previously granted military leave due to war	No	Yes	Yes
Bankruptcy or Default of a travel supplier	No	Yes*	Yes*
Hurricane Warning issued for Your Trip destination	No	Yes	Yes
TRAVEL DELAY DUE TO:			
Sickness or Injury (included in Trip Interruption Benefit)	Yes	Yes	Yes
Common Carrier delay; quarantine, hijacking, strike, natural disaster, terrorism or riot; lost or stolen passports or travel documents	Yes	Yes	Yes
MEDICAL EXPENSE / ASSISTANCE:	Primary coverage on all plans		
Covers Pre-Existing Medical Conditions	No	Yes*	Yes*
Medical Evacuation to your hospital of choice	No	Yes	Yes
Covers airfare cost for one visitor from home if you are hospitalized during your trip	Yes	Yes	Yes
ONE CALL 24 HOUR ASSISTANCE SERVICES:			
Medical and Legal Assistance Services	Yes	Yes	Yes
Concierge and Business Assistance Services	Yes	Yes	Yes

*Provided Plan is purchased within 21 days of initial trip deposit date and full cost of Trip is insured.

Coverage for Supplier Bankruptcy or Default and Pre-Existing Conditions

Bankruptcy or Default - benefits are available (Classic and Classic Plus Plans Only) due to Bankruptcy or Default, as defined, of any airline, cruise line or travel supplier occurring more than 14 days after Your benefit effective date, provided You have purchased the plan within 21 days of the date of Your initial trip deposit.

Pre-Existing Condition Coverage this policy exclusion is waived (under the Classic and Classic Plus Plans only) provided You have purchased the plan within 21 days of the date of Your initial trip deposit.

What is a Pre-Existing Condition?


“Pre-Existing Condition” means any injury, sickness or condition (including any condition from which death ensues) of You, Your Traveling Companion, or Your or Your Traveling Companion’s Family Member traveling with You which within the 60 day period prior to the effective date of Your Trip Cancellation coverage under the Policy: (a) manifested itself, became acute 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 Legally Qualified Physician.

Classic Plus
Extra!

Cancel For Any Reason Benefit

With the Classic Plus Plan, If purchased within 21 days of original deposit, it allows You to cancel your Trip for ANY reason not otherwise covered by the policy and be reimbursed for 75% of the unused non-refundable prepaid expenses for Travel Arrangements You paid for Your Trip., provided You insure the full cost of Your non-refundable Travel Arrangements and cancel Your Trip two (2) days or more before Your Scheduled Trip Departure Date. Of course, if You need to cancel Your Trip for a covered reason within the policy provisions, You can still be reimbursed for up to 100% regardless of whether or not You purchased the Cancel For Any Reason Benefit.

IMPORTANT - If any subsequent arrangements (or any other arrangements not made through Your travel agent) are added to Your Trip after You pay Your premium, You must insure the cost of those arrangements.



This Plan is Underwritten By: United States Fire Insurance Company under Form Series TP 401. In KS, LA, SD, TX, and UT Form #'s TP-401 CW. In WA under Form #TP-401-WA. In OR under Form #TP-401 OR.

Notice: If You are a resident of one of the following states (KS, LA, MN, OR, SD, TX, UT, WA) Your coverage is provided on an individual policy form. Your policy number is Your complete name plus T925B (Basic), T925C (Classic) or T925P (Classic Plus). If You live in any other state Your coverage is provided via a certificate. Your policy or certificate (including State Exceptions for AR, FL, GA, ID, IL, KS, LA, ME, MN, MS, MO, MT, NH, NY, OR, SC, SD, TX, UT, VT, WA, WV, WI, and WY) is available at www.tripmate.com. You can also request this information by calling TravelSafe at 1-888-885-7233.

24 Hour Assistance Service is provided by: One Call Travel Services Network, Inc.

Note: This policy contains disability insurance benefits or health insurance benefits, or both, that apply only during a covered Trip. You may have coverage from other sources that already provides You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan.

Your Satisfaction Is Important To Us


If You are not satisfied for any reason, You may return Your certificate to TravelSafe within 10 days after receipt. Your plan payment will be refunded (less Enrollment Processing Fee), provided You have not filed a claim or departed on Your Trip. When so returned, the certificate is void from the beginning.

FOR INSURANCE INQUIRIES
888-885-7233
TO REPORT A CLAIM
888-411-5378

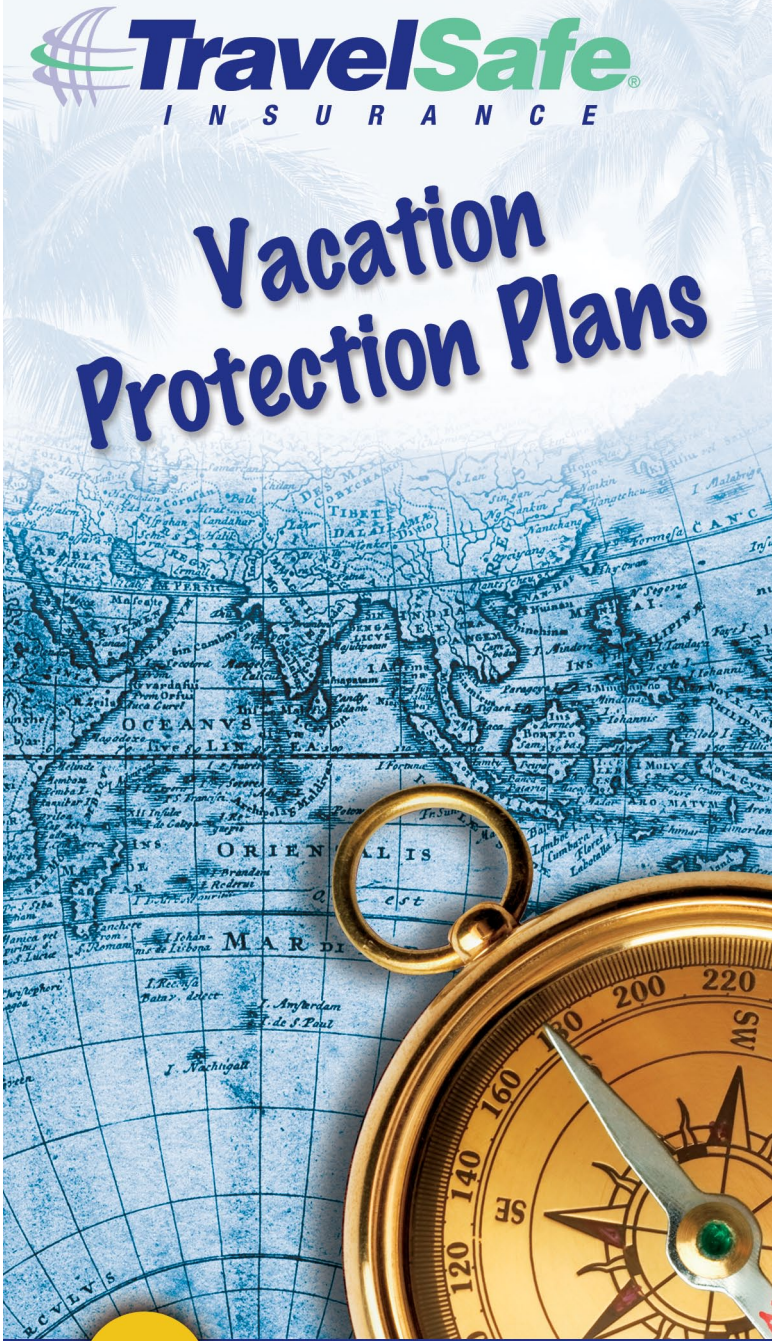
Your TravelSafe Travel Agent is

Travel Agent Code

Agent Initials



Vacation Protection Plans



24

Hour Peace of Mind
WORLDWIDE
— Since 1971 —

12/12

Benefit Schedule	Basic	Classic	Classic Plus
	Benefit Limits		
Trip Cancellation	Trip Cost	Trip Cost	Trip Cost
Trip Interruption	Trip Cost	150% of Trip Cost	150% of Trip Cost
Travel Delay (6 hrs or more)	\$100/\$500	\$150/\$750	\$150/\$750
Missed Connection (3 hrs or more)	\$500	\$2,500	\$2,500
Medical Expense/Assistance			
Accident & Sickness Medical	\$35,000	\$100,000	\$100,000
Emergency Medical Evacuation and Repatriation of Remains	\$100,000	\$1,000,000	\$1,000,000
Non-Medical Emergency Evacuation	No	\$25,000	\$25,000
One Call 24-Hour Assistance	Included	Included	Included
Baggage and Personal Effects	\$500	\$2,500	\$2,500
Baggage Delay (12 hrs or more)	\$100	\$250	\$250
Accidental Death & Dismemberment	No	\$25,000	\$25,000
Cancel For Any Reason Benefit	No	No	Yes See Below

Classic Plus
Extra!

Cancel For Any Reason Benefit

With the **Classic Plus Plan**, we will reimburse You for 75% of the unused non-refundable prepaid expenses for Travel Arrangements You paid for Your Trip, provided:

- 1) Your payment for this plan is received within 21 days of Your initial deposit/payment for Your Trip;
- 2) You insure 100% of the cost of all Travel Arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier; and
- 3) You cancel Your Trip two (2) days or more before Your Scheduled Departure Date.

If You insure an amount less than Your total prepaid Trip costs that are subject to cancellation penalties or restrictions: 1) the maximum benefit for Trip Cancellation will be limited to the amount of coverage purchased (150% of the amount purchased for Trip Interruption under the Classic & Classic Plus Plans); and 2) there will be no coverage available under the Cancel For Any Reason Benefit (Classic Plus Plan).

Rate Schedule	Rates Per Person By Age																	
	Basic Plan Rates					Classic Plan Rates						Classic Plus Plan Rates						
Trip Cost	19-34	35-55	56-64	65-72	73-79	19-34	35-55	56-64	65-72	73-79	80+	19-34	35-55	56-64	65-72	73-79	80+	
\$0	\$33	\$37	\$44	\$76	\$120	\$38	\$44	\$53	\$83	\$134	\$148	\$61	\$66	\$80	\$116	\$187	\$207	
\$1 to \$500	\$30	\$34	\$40	\$68	\$109	\$33	\$38	\$46	\$72	\$117	\$129	\$53	\$57	\$69	\$101	\$163	\$181	
\$501 to \$1,000	\$37	\$41	\$48	\$72	\$114	\$42	\$47	\$55	\$78	\$123	\$165	\$67	\$71	\$83	\$109	\$172	\$231	
\$1,001 to \$1,500	\$47	\$55	\$64	\$99	\$179	\$53	\$64	\$74	\$106	\$192	\$223	\$85	\$96	\$111	\$148	\$268	\$312	
\$1,501 to \$2,000	\$66	\$75	\$86	\$134	\$241	\$76	\$86	\$99	\$144	\$260	\$307	\$122	\$129	\$149	\$201	\$364	\$429	
\$2,001 to \$2,500	\$86	\$103	\$115	\$168	\$303	\$98	\$118	\$132	\$181	\$327	\$390	\$157	\$177	\$198	\$253	\$458	\$545	
\$2,501 to \$3,000	\$96	\$118	\$145	\$208	\$367	\$111	\$136	\$168	\$224	\$397	\$473	\$178	\$204	\$252	\$313	\$556	\$662	
\$3,001 to \$3,500	\$110	\$143	\$196	\$257	\$430	\$128	\$165	\$226	\$278	\$464	\$555	\$205	\$248	\$339	\$390	\$650	\$778	
\$3,501 to \$4,000	\$133	\$165	\$239	\$297	\$491	\$154	\$192	\$277	\$321	\$532	\$638	\$246	\$288	\$416	\$450	\$745	\$894	
\$4,001 to \$4,500	\$155	\$187	\$272	\$337	\$556	\$179	\$217	\$315	\$364	\$602	\$721	\$286	\$326	\$473	\$510	\$843	\$1,010	
\$4,501 to \$5,000	\$176	\$209	\$314	\$390	\$618	\$204	\$242	\$364	\$422	\$670	\$806	\$326	\$363	\$546	\$591	\$938	\$1,129	
\$5,001 to \$5,500	\$206	\$232	\$347	\$509	\$682	\$239	\$269	\$402	\$550	\$737	\$899	\$382	\$404	\$603	\$770	\$1,032	\$1,259	
\$5,501 to \$6,000	\$220	\$254	\$380	\$561	\$744	\$255	\$294	\$441	\$607	\$806	\$971	\$408	\$441	\$662	\$850	\$1,128	\$1,360	
\$6,001 to \$6,500	\$242	\$275	\$412	\$605	\$808	\$280	\$319	\$479	\$655	\$875	\$1,056	\$448	\$479	\$719	\$917	\$1,225	\$1,479	
\$6,501 to \$7,000	\$264	\$298	\$446	\$669	\$870	\$305	\$346	\$518	\$723	\$943	\$1,139	\$488	\$519	\$777	\$1,013	\$1,320	\$1,595	
\$7,001 to \$7,500	\$286	\$323	\$479	\$717	\$934	\$332	\$374	\$556	\$777	\$1,011	\$1,222	\$531	\$561	\$834	\$1,088	\$1,416	\$1,711	
\$7,501 to \$8,000	\$308	\$343	\$510	\$767	\$997	\$357	\$398	\$593	\$831	\$1,081	\$1,305	\$571	\$597	\$890	\$1,163	\$1,513	\$1,827	
\$8,001 to \$8,500	\$330	\$369	\$545	\$817	\$1,060	\$384	\$428	\$633	\$885	\$1,149	\$1,388	\$614	\$642	\$950	\$1,239	\$1,609	\$1,943	
\$8,501 to \$9,000	\$351	\$385	\$577	\$865	\$1,122	\$407	\$447	\$671	\$938	\$1,217	\$1,471	\$651	\$671	\$1,007	\$1,313	\$1,703	\$2,059	
\$9,001 to \$9,500	\$373	\$407	\$611	\$917	\$1,186	\$434	\$472	\$710	\$992	\$1,284	\$1,554	\$694	\$708	\$1,065	\$1,389	\$1,798	\$2,176	
\$9,501 to \$10,000	\$395	\$428	\$645	\$963	\$1,250	\$459	\$497	\$750	\$1,044	\$1,355	\$1,637	\$734	\$746	\$1,125	\$1,461	\$1,896	\$2,292	
	Up to Age 18 - \$12 Flat Rate					Up to Age 18 - \$14 Flat Rate						Up to Age 18 - \$22 Flat Rate						

Questions? For Trips over 30 days or \$10,000, CALL TravelSafe at 888-885-7233

Optional Benefits Available With All Plans					
AIR FLIGHT ACCIDENTAL DEATH & DISMEMBERMENT		EXTENDED PERSONAL PROPERTY PAC		RENTAL CAR DAMAGE (Collision Damage Waiver)	
Benefit Limit	Rate	Benefit Limit	Rate	Benefit Limit	Rate
\$100,000	\$10	\$1,000	\$15	\$35,000	\$7.00 Per Day
\$250,000	\$25	Covers Cell Phones, Laptops, Tablets & PDAs (a \$100 deductible applies)			
\$500,000	\$50	and Sports Equipment Rental.			

ENROLL ONLINE at www.travelsafe.com - It's Easy!
(Be sure to enter the 7 digit code from the back cover of this brochure)

Mail or Fax Your Enrollment and Payment, it's easy!

Mail Enrollment Form
(Checks payable to TravelSafe or by credit card*)
P.O. Box 7050, Wyomissing, PA 19610-6050

Fax Enrollment Form
Include a copy of your completed and signed check marked "Check by Fax" or include your credit card information and fax to 1-800-303-6015. Do not mail original enrollment form or check.

MAIL OR FAX ENROLLMENT FORM (Please Print)

Calculate Your Plan Cost: Rates are per person based upon your individual Trip Cost. Select Your Plan (Basic, Classic or Classic Plus) and then the rate from the correct column in the Rate Schedule and enter the amount in the Plan Cost column below. The rates for optional benefits are shown below the Rate Schedule. **Important:** There must be at least one adult (over age 18) on an enrollment for the child Flat Rate to apply.

Pax	Enrollment Information	Select Plan: <input type="checkbox"/> Basic <input type="checkbox"/> Classic <input type="checkbox"/> Classic Plus	Plan Cost				
	Insured Name (First, Middle Initial, Last)	Gender	Age	Departure Date	Return Date	Trip Cost	
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Benefit Amount Rate Per Pax # Pax							
Opt. Air Flight AD&D <input type="checkbox"/> Pax #1 <input type="checkbox"/> Pax #2 <input type="checkbox"/> Pax #3 <input type="checkbox"/> Pax #4 \$ _____ \$ _____ X ____ =							<input type="text"/>
Opt. Extended Personal Property Pac <input type="checkbox"/> Pax #1 <input type="checkbox"/> Pax #2 <input type="checkbox"/> Pax #3 <input type="checkbox"/> Pax #4 X \$15.00 Each =							<input type="text"/>
Opt. Rental Car Damage - \$35,000 Benefit Amount # of Rental Days _____ X \$ 7.00 Per Day =							<input type="text"/>
Enrollment Processing Fee (required) + \$ 8.00							
Total Cost for all Participants							<input type="text"/>

Initial Trip Deposit Date ____ / ____ / ____

Agency Name _____ Agent Name _____

Enter the seven digit Travel Agent Code shown on the back of this brochure. ____ _

Indicate below the types of travel arrangements You are insuring: Travel Destination _____

☐ Air - Airline _____ ☐ Land - Travel Supplier _____

☐ Cruise - Cruise Line _____ ☐ Other _____

Primary Traveler Name/Address

Last Name _____ First Name _____ Initial _____ Street Address _____

City _____ State _____ Zip Code _____ Home Phone (Include Area Code) _____ Work Phone (Include Area Code) _____

Send Confirmation by: (Please select one) ☐ E-Mail ☐ Fax ☐ Mail Send To: _____

Fax # with area code or e-mail address here if by fax or e-mail

Form of Payment: ☐ Check ☐ AMEX ☐ Discover ☐ MC ☐ Visa

Card # _____

Cardholder Name: _____ Validation Code* _____ Exp. Date ____ / ____

Address: _____

I authorize TravelSafe to charge my credit card for the total plan cost.

Signature: _____ Date ____ / ____ / ____

* You will find the validation code (last 3 digits) at the end of the signature strip on the back of Your card if using Discover, Mastercard or VISA. For American Express, the number (4 digits) is on the front of the card above and to the right of the card number.

Detach Here

