

**NOTICE TO WASHINGTON STATE RESIDENTS:** This is not your insurance policy. To obtain your state-specific insurance policy, call 1-877-220-4166. Certain provisions and limitations detailed in this Description of Coverage may differ from your insurance policy.

**INTERNATIONAL AIR TICKET PROGRAM  
DESCRIPTION OF COVERAGE  
Policy Number: 5092-9505002**

**IMPORTANT**

This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as Your record of coverage under the plan.

**READ THIS DOCUMENT CAREFULLY PLEASE!**

Insurance coverage underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania Insurance Company, NAIC No. 19445, with its principal place of business at 70 Pine Street, New York, NY 10270 and currently authorized to transact business in all states and the District of Columbia.

This is only a brief description of the insurance coverage(s) available under Policy series T30337NUFIC-BK (In Washington Policy Series T30249NUFIC-WA and T30250NUFIC-WA). Full details of the coverage are contained in the policy. If there are any conflicts between this document and the policy, the policy shall govern. Coverage may not be available in all states.

**SCHEDULE OF BENEFITS**

<b>Part A. TRAVEL ARRANGMENT PROTECTION</b>	<b>Maximum Limit (Per Person)</b>
Trip Cancellation	Trip Cost
Trip Interruption	Trip Cost
Trip Delay	\$500 (\$100 per day)
<b>Part B. MEDICAL PROTECTION</b>	
Accident and Sickness Medical	\$10,000 (\$1,000 Dental Limit)
Emergency Evacuation / Repatriation	\$25,000
Accidental Death and Dismemberment (Air Common Carrier Only)	\$50,000
<b>Part C. BAGGAGE PROTECTION</b>	
Baggage & Personal Effects	\$1,000
Baggage Delay	\$300 (\$150 per day)

**EXCESS INSURANCE PROVISION:**

The coverage provided under the policy is secondary to any coverage provided by a Common Carrier and all other valid and collectible Insurance or indemnity and shall apply only when such other benefits are exhausted.

**ELIGIBILITY, EFFECTIVE AND TERMINATION DATES**

**Eligibility:** Persons eligible for insurance under the policy are any travelers who purchase coverage through the Travel Supplier, accepts, enrolls and pays the premium for coverage 24 hours prior to departure. Coverage is available to US Residents only.

**Effective Date:** Trip Cancellation benefit will be effective at 12:01 a.m. on the day after the premium is paid to the travel agent. All other coverage's will begin on the later of: (a) the date and time the Insured starts his/her Trip; or (b) the scheduled Departure Date shown on the enrollment form.

**Termination Date:** All coverage ends on the earliest of: (a) the date the Trip is completed; (b) the scheduled Return Date; (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip; or (d) cancellation of the Trip covered by the policy. The policy covers Trips up to 180 days in length.

**Extension of Coverage:** All coverage will be extended if: (a) the Insured's entire Trip is covered by the policy; and (b) the Insured's return is delayed by unforeseeable circumstances beyond his/her control.

If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date the Insured reaches his/her Return Destination; or (b) seven (7) days after the date the Trip was scheduled to be completed.

## DEFINITIONS

**(Capitalized terms within this Description of Coverage are defined herein)**

**"Baggage"** means luggage, travel documents, and personal effects, whether owned, borrowed, or rented, taken by the Insured on the Trip.

**"Business Partner"** means a person who: (1) is involved with the Insured or the Insured's Traveling Companion in a legal partnership; and (2) is actively involved in the daily management of the business.

**"Common Carrier"** means an air, land or sea conveyance operated under a license for the transportation of passengers for hire.

**"Complications of Pregnancy"** means conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include nonelective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

**"Departure Date"** means the date on which the Insured is originally scheduled to leave on his/her Trip.

**"Destination"** means any place where the Insured expects to travel to on his/her Trip as shown on the Enrollment Form.

**"Domestic Partner"** means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured. The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**"Experimental or Investigative"** means treatment, device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used. This includes any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

**"Family Member"** means the Insured's, or Traveling Companion's spouse, Domestic Partner, child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparent, grandchild, step-child, step-brother, step-sister, step-parent, parent-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian or legal ward.

**"Hospital"** means a facility that: (1) is operated according to law for the care and treatment of sick or injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians available at all times.

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

**"Injury/Injured"** means a bodily injury caused by an accident occurring while the Insured's coverage under the Policy is in force and resulting directly and independently of all other causes of loss covered by the Policy. The injury must be verified by a Physician.

**"Insured"** means an eligible person:

(a) for whom any required enrollment form has been completed;

- (b) for whom any required plan cost has been paid;
- (c) for whom a Trip is scheduled; and
- (d) who is covered under the Policy

**“Insurer”** means National Union Fire Insurance Company of Pittsburgh, Pa.

**“Medically Necessary”** means that a treatment, service, or supply:

- (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;
- (2) meets generally accepted standards of medical practice;
- (3) is ordered by a Physician and performed under his or her care, supervision, or order; and
- (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

**“Mental, Nervous or Psychological Disorder”** means a mental or nervous health condition including, but not limited to: anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

**“Natural Disaster”** means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

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

**“Reasonable and Customary Charges”** means an expense which:

- (1) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured’s condition;
- (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (3) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

**“Return Date”** means the date on which the Insured is scheduled to return to the point where the Trip started or to a different specified Return Destination.

**“Return Destination”** means the place to which the Insured expects to return from his/her Trip.

**“Sickness”** means an illness or disease diagnosed or treated by a Physician.

**“Strike”** means a stoppage of work which:

- (1) is announced, organized, and sanctioned by a labor union and
- (2) interferes with the normal departure and arrival of a Common Carrier.

This includes work slowdowns and sickouts. The Insured’s Trip Cancellation coverage must be effective prior to when the Strike is foreseeable. A Strike is foreseeable on the date labor union members vote to approve a Strike.

**“Travel Supplier”** means the airline that provides pre-paid travel arrangements for the Insured’s Trip.

**“Traveling Companion”** means a person or persons with whom the Insured has coordinated travel arrangements and intends to travel with during the Trip.

**“Trip”** means the period of time between the Departure Date and the Return Date for which prepaid travel arrangements are arranged by or purchased through the Travel Supplier. Travel is primarily arranged by Common Carrier and only incidentally by private conveyance.

**“Uninhabitable”** means: (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; (3) immediate safety hazards have yet to be cleared; or (4) the rental property is without electricity, gas, sewer service or water.

## **TRIP CANCELLATION AND/OR INTERRUPTION**

The Insurer will pay a benefit up to the Maximum Limit shown in the Schedule of Benefits, if an Insured cancels his or her Trip or is unable to continue on his or her Trip due to the following unforeseen events:

- (a) Sickness, Injury or death of an Insured, Family Member, Traveling Companion, or Business Partner. Injury or Sickness must be so disabling as to reasonably cause a Trip to be delayed, canceled, or interrupted;
- (b) Inclement Weather causing delay or cancellation of travel;
- (c) Strike causing complete cessation of travel services at the point of departure or Destination.
- (d) the Insured’s primary residence being made Uninhabitable by Natural Disaster, vandalism, or burglary.

- (e) the Insured being subpoenaed, required to serve on a jury, hijacked, or quarantined;
- (f) the Insured and/or Traveling Companion is directly involved in or delayed due to an automobile accident, substantiated by a police report, while en route to the Insured's Destination;

**Trip Cancellation Benefits:** The Insurer will reimburse the Insured for forfeited Trip Cost up to the Maximum Limit shown on the Schedule of Benefits for Trips that are canceled prior to their scheduled departure due to the unforeseen events shown above.

**Trip Interruption Benefits:** The Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule of Benefits for Trips that are interrupted due to the unforeseen events shown above for:

- (a) forfeited, insured Trip Cost or
  - (b) additional transportation expenses incurred by the Insured, either
    - (i) to the Return Destination; or
    - (ii) from the place that the Insured left the Trip to the place that the Insured may rejoin the Trip; or
  - (c) additional transportation expenses incurred by the Insured to reach the original Trip Destination if the Insured is delayed, and leaves after the Departure Date.
- However, the benefit payable under (b) and (c) above will not exceed the cost of economy airfare or first class if the Insured's original tickets were first class less any refunds paid or payable, by the most direct route.

#### **TRIP DELAY**

The Insurer will reimburse the Insured up to the Maximum Limit(s) shown on the Schedule of Benefits for reasonable additional expenses, until travel becomes possible, if the Trip is delayed 12 or more consecutive hours due to one of the unforeseen events listed below:

- (a) the Insured's or Traveling Companion's lost or stolen passports, travel documents, or money;
- (b) the Insured or Traveling Companion is quarantined;
- (c) Natural Disaster;
- (d) Injury or Sickness of the Insured or Traveling Companion.

Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay per Insured, per Trip.

#### **BAGGAGE, PERSONAL EFFECTS AND/OR TRAVEL DOCUMENTS**

The Insurer will reimburse the Insured, up to the Maximum Limit shown in the Schedule of Benefits for loss, theft or damage to the Insured's Baggage and personal effects during the Insured's Trip. Items over \$150 must be accompanied by original receipts. The Insurer will reimburse the Insured not more than: \$500 for the first item; thereafter, no more than \$250 per each additional item.

The Insurer will pay the lesser of:

1. the cash value (original cash value less depreciation) as determined by the Insurer or,
2. the cost of replacement.

#### **BAGGAGE DELAY**

If the Insured's Baggage is delayed or misdirected by the Common Carrier for more than 24 hours while on a Trip, the Insurer will reimburse the Insured up to the Maximum Limit shown on the Schedule of Benefits for the purchase of necessary personal effects which are required for the Insured's Trip. Necessary personal effects do not include jewelry, perfume and alcohol. Incurred expenses must be accompanied by receipts. This benefit does not apply if Baggage is delayed after the Insured has reached his or her Return Destination.

#### **SICKNESS/ACCIDENT MEDICAL EXPENSE BENEFIT**

If, while on a Trip, an Insured suffers an Injury or a Sickness that requires him or her to be treated by a Physician during the course of the Trip, the Insurer will reimburse the Insured up to the Maximum Limit(s) shown in the Schedule of Benefits. The Insurer will pay the Reasonable and Customary Charges incurred for Medically Necessary covered expenses received due to that Injury or Sickness incurred by the Insured within one year from the date of Injury or Sickness, provided initial treatment was received during the Trip. Benefits are also provided for emergency dental treatment, up to the inside limit of \$1,000 as shown in the Schedule of Benefits, for repair or replacement of sound natural teeth as a result of an Injury.

#### **Covered Expenses:**

The Insurer will pay for:

- services of a Physician or Registered Nurse (R.N.),
- Hospital charges;
- X-ray(s);

- local ambulance services to or from a Hospital;
- prosthetic devices;

#### **Additional Covered Expenses:**

Coverage for emergency dental treatment does not apply if treatment or expenses are incurred after the Insured has reached his or her Return Destination, regardless of the reason. The treatment must be given by a Physician or dentist.

#### **EMERGENCY EVACUATION**

The Insurer will pay for Covered Emergency Evacuation Expenses incurred if an Insured suffers an Injury or Sickness while he or she is on a Trip that warrants his or her Emergency Evacuation. Benefits payable are subject to the Maximum Limit shown on the Schedule of Benefits for all Emergency Evacuations due to all Injuries from the same accident or all Sicknesses from the same or related causes.

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

- ordered by the attending Physician who must certify that the severity of the Insured's Injury or Sickness warrants his or her Emergency Evacuation and adequate medical treatment is not locally available;
- required by the standard regulations of the conveyance transporting the Insured; and
- authorized in advance by AIG Travel Assist. In the event the Insured's Injury or Sickness prevents prior authorization of the Emergency Evacuation, AIG Travel Assist must be notified as soon as reasonably possible.

The Insurer will also pay a benefit for reasonable and customary charges incurred for an escort's transportation and accommodations if an attending Physician recommends in writing that an escort accompany the Insured. Benefits are only available under Emergency Evacuation if they are not provided under another coverage in the plan.

#### **ADDITIONAL BENEFITS**

In addition to the above covered expenses, if the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original Return Date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or same class as the Insured's original tickets.

If the Insured is hospitalized for more than 14 days following a covered Emergency Evacuation, the Insurer will pay subject to the limitations set out herein, expenses for:

- Return of Children:** If the Insured is unable to travel due to a covered Emergency Evacuation, the Insurer will pay to return any of the Insured's Children who were accompanying the Insured when the Injury or Sickness occurred back to the Insured's residence in the United States, including the cost of an attendant, if necessary; Such expenses shall not exceed the cost of a one-way economy airfare ticket less the value of any applied credit from any unused return travel tickets for each person.
- Beside Visit:** To bring one person chosen by the Insured to and from the medical facility where the Insured is confined if the Insured is alone following a covered Emergency Evacuation. The Insurer will pay for expenses to bring one person chosen by the Insured. The payment will not exceed the cost of one round-Trip economy airfare ticket.

#### **REPATRIATION OF REMAINS**

The Insurer will pay Repatriation Covered Expenses up to the Maximum Limit shown on the Schedule of Benefits to return the Insured's body to their primary place of residence if he or she dies during the Trip. AIG Travel Assist must make all arrangements and authorize all expenses in advance.

**Repatriation Covered Expenses** include, but are not limited to, the reasonable customary expenses for:

- embalming;
- cremation;
- the most economical coffins or receptacles adequate for transportation of the remains; and
- transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible.

#### **ACCIDENTAL DEATH AND DISMEMBERMENT - AIR COMMON CARRIER**

The Insurer will pay this benefit if, while on a Trip, the Insured is Injured while riding as a passenger in or boarding or alighting from or being struck or run down by an air Common Carrier. If more than one Loss is sustained by an Insured as

a result of the same accident, only one amount, the largest applicable to the Losses incurred, will be paid. The Insurer will not pay more than 100% of the Maximum Limit for all Losses due to the same accident. Loss must occur within 90 days of the accident.

100% of the Maximum Limit is applied to Loss of life; both hands or feet; sight of both eyes; one hand and one foot; either hand or foot and sight of one eye; speech and hearing in both ears. 50% of the Maximum Limit is applied to Loss of either hand or foot; sight of one eye; quadriplegia; paraplegia; hemiplegia; speech; hearing in both ears. 25% of the Maximum limit is applied to Loss of thumb and index finger of the same hand.

"Loss" with regard to:

- (a) hand or foot means actual severance through or above the wrist or ankle joints;
- (b) eye means entire and irrecoverable Loss of sight in that eye;
- (c) speech or hearing means entire and irrecoverable Loss of speech or hearing in both ears; and
- (d) thumb and index finger means actual severance through or above the joint that meets the palm.

## **EXPOSURE**

The Insurer will pay a benefit for covered Losses as specified above which result from an Insured being unavoidably exposed to the elements due to an accidental Injury during the Trip. The Loss must occur within 365 days after the event which caused the exposure.

## **DISAPPEARANCE**

The Insurer will pay a benefit for loss of life as specified above if an Insured's body cannot be located one year after a documented disappearance.

## **EXCLUSIONS AND LIMITATIONS**

### **GENERAL EXCLUSIONS**

This plan does not cover any loss caused by or resulting from:

- (a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, Traveling Companion or Business Partner;
- (b) pregnancy, childbirth, or elective abortion, other than Complications of Pregnancy;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (d) mountaineering;
- (e) war or act of war, whether declared or not, civil disorder, riot, or insurrection;
- (f) operating or learning to operate any aircraft, as student, pilot, or crew;
- (g) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (h) loss or damage caused by detention, confiscation, or destruction by customs;
- (i) any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, whether insured or not;
- (j) Mental, Nervous or Psychological Disorder;
- (k) if the Insured's tickets do not contain specific travel dates (open tickets);
- (l) use of drugs, narcotics, or alcohol, unless administered upon the advice of a Physician;
- (m) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded);
- (n) Experimental or Investigative treatment or procedures;
- (o) traveling for the purpose of securing medical treatment;
- (p) care or treatment which is not Medically Necessary;
- (v) **PRE-EXISTING MEDICAL CONDITION EXCLUSION:**

The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness or other condition of an Insured, Traveling Companion, or Family Member which, within the 60 day period immediately preceding and including the Insured's coverage effective date: (a) first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) for which care or treatment was given or recommended by a Physician; (c) required taking prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the required prescription drugs or medicines.

### **PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER**

The Insurer will waive the pre-existing medical condition exclusion if the following conditions are met:

1. This plan is purchased within 24 hours of making the Initial Trip Payment;

2. All Insured's are medically able to travel when plan cost is paid;

***The following exclusions apply to Baggage/Personal Effects:***

Benefits will not be provided for any loss or damage to or resulting (in whole or in part) from:

- (a) animals, rodents, insects or vermin;
- (b) motor vehicles, aircraft, and other conveyances;
- (c) artificial prosthetic devices, false teeth, any type of eyeglasses, sunglasses, contact lenses, or hearing aids;
- (d) tickets, keys, notes, securities, accounts, bills, currency, deeds, food stamps or other evidences of debt, credit cards,
- (e) money, stamps, stocks and bonds, postal or money orders;
- (f) property shipped as freight, or shipped prior to the Departure Date;
- (g) contraband, illegal transportation or trade.
- (h) property used in trade, business or for the production of income.
- (i) defective materials or craftsmanship;
- (j) normal wear and tear;
- (k) deterioration.

***The following exclusions apply to Trip Cancellation and Trip Interruption:***

Unless otherwise provided by this plan, benefits will not be provided for any loss resulting (in whole or in part) from:

- (a) travel arrangements canceled by an airline, cruise line, or tour operator, except as provided elsewhere in the plan;
- (b) change in plans by the Insured, a Family Member, or Traveling Companion, for any reason;
- (c) financial circumstances of the Insured, a Family Member, or a Traveling Companion;
- (d) any business or contractual obligations of the Insured, a Family Member, or Traveling Companion;
- (e) any government regulation or prohibition;
- (f) an event which occurs prior to the Insured's coverage Effective Date;
- (g) failure of any tour operator, Common Carrier, person or agency to provide the bargained-for travel arrangements.

***The following exclusions apply to the Sickness/Accident Medical Expense Benefit***

Unless otherwise provided by this plan, benefits will not be provided for any loss resulting (in whole or in part) from:

- (a) routine physical examinations;
- (b) replacement of hearing aids, eye glasses, contact lenses, sunglasses, and artificial teeth;
- (c) routine dental care;
- (d) any service provided by the Insured, a Family Member, or Traveling Companion or Traveling Companion of Family Member.

***The following exclusions apply to Accidental Death and Dismemberment (Common Carrier Air Only):***

- (a) Sickness or disease of any kind.
- (b) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

**PAYMENT OF CLAIMS**

**Claim Procedures: Notice of Claim:** The Insured must call AIG Travel Assist as soon as reasonably possible, and be prepared to describe the loss, the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. AIG Travel Assist will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to AIG Travel Assist, Inc. Claims Department P.O. Box 8003 Stevens Point, WI 54481, call toll free to 1-877-220-4167 or direct to 1-817-826-7260.

**Claim Procedures: Proof of Loss:** The claim forms must be sent back to Insurer no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the policy must be submitted to AIG Travel Assist no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of loss should be sent to AIG Travel Assist by the date claim forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name, and the policy number.

**Payment of Claims: When Paid:** Claims will be paid as soon as AIG Travel Assist receives complete proof of loss and verification of age.

**Payment of Claims: To Whom Paid:**

Benefits are payable to the Insured who applied for coverage and paid any required plan cost. Any benefits payable due to that Insured's death, will be paid to the survivors of the first surviving class of those that follow:

- (1) the Beneficiary named by that Insured and on file with the AIG Travel Assist

- (2) to his or her spouse, if living. If no living spouse, then
- (3) in equal shares to his or her living Children. If there are none, then
- (4) in equal shares to his or her living parents. If there are none, then
- (5) in equal shares to his or her living brothers and sisters. If there are none, then
- (6) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

**Medical Expense Payment of Loss:** The Insured must provide AIG Travel Assist with: (a) all medical bills and reports for medical expenses claims

## **GENERAL PROVISIONS**

**Physical Examination and Autopsy.** The Insurer at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

**Legal Actions.** No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

**ARBITRATION.** Notwithstanding anything in this coverage to the contrary, any claim arising out of or relating to this contract, or its breach, may be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial rules except to the extent provided otherwise in this clause. Judgment upon the award rendered in such arbitration may be entered in any court having jurisdiction thereof. All fees and expenses of the arbitration shall be borne by the parties equally. However, each party will bear the expense of its own counsel, experts, witnesses, and preparation and presentation of proofs. The arbitrators are precluded from awarding punitive, treble or exemplary damages, however so denominated. If more than one Insured is involved in the same dispute arising out of the same Policy and relating to the same loss or claim, all such Insureds will constitute and act as one party for the purposes of the arbitration. Nothing in this clause will be construed to impair the rights of the Insureds to assert several, rather than joint, claims or defenses.

**Concealment or Fraud:** The Insurer does not provide coverage if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

**Payment of Premium:** Coverage is not effective unless all premium due has been paid to the Insurer prior to a date of loss or insured occurrence.

**Termination of the Policy:** Termination of the policy will not affect a claim for loss which occurs while the policy is in force.

**Transfer of Coverage:** Coverage under the policy cannot be transferred by the Insured to anyone else.

From time to time, we may provide persons who apply for travel insurance coverage with travel-related services including, but not limited to the items listed below. The exact language of the services will be amended to reflect the requirements of the third party entity providing such services:

The following services are not part of the insurance coverage. All are travel-related service benefits, not financial benefits. Non-insurance services are provided by AIG Travel Assist, Inc.

### **24-Hour Medical Assistance**

**24-Hour Medical Monitoring:** Physicians monitor Your condition by maintaining close contact with the attending Physicians, Your family Physician, and Immediate Family Members.

**Emergency Medical Payments:** If a Hospital demands a cash deposit or settlement prior to leaving, AIG Travel Assist will assist in arranging the advancement of funds to cover on-site Medical Expenses.

**Prescription Assistance:**

Arrangements for replacement of lost or stolen medication, through a local pharmacy or special courier.

**Transportation of Dependents:**

In the event of hospitalization, arrangements will be made for unattended minors traveling with You to be flown home.

**Family Visit:**

If You are hospitalized for ten or more days, AIG Travel Assist will arrange transportation for an Immediate Family Member or close friend to visit You.

**24-Hour Travel Assistance**

**Travel Documents Assistance:** AIG Travel Assist will help retrieve, report, and reissue lost or stolen travel documents.

**Emergency Cash Transfer:** AIG Travel Assist will, whenever possible, coordinate with You and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

**Emergency Message Center:** Transmission of emergency messages to family and business associates.

**Interpretation Services:** AIG Travel Assist will provide emergency language support or referral to the appropriate local services.

**Travel to Sanctioned Countries:**

Federal law prohibits unlicensed travel to sanctioned countries by U.S. citizens and permanent residents. Therefore, any expenses incurred or claims made related to travel to a sanctioned country are not covered under this plan, unless the insured is traveling under a license issued by the U.S. Department of Treasury Office of Foreign Asset Control. For more information on these sanctions, please review the Office of Foreign Asset Control internet website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).