



## Delegate Protection Plan

### Important

This program is effective at the time of application with People to People Ambassador Programs unless otherwise indicated. Please keep this document as Your record of coverage.

### STONEBRIDGE CASUALTY INSURANCE COMPANY TRAVEL INSURANCE CERTIFICATE

Policy Number: MZ0911069H0001A

### DESCRIPTION OF COVERAGE

<b>Schedule:</b>	<b>Maximum Benefit</b>
People to People Ambassador Programs	Amount



#### PART A. TRAVEL ARRANGEMENT PROTECTION

Trip Cancellation.....	Total Program Cost
Trip Interruption.....	Total Program Cost
Trip Delay.....	\$500



#### PART B. MEDICAL PROTECTION

Emergency Evacuation/Repatriation.....	\$500,000
Accident/Sickness Medical Expense.....	\$100,000



#### PART C. BAGGAGE PROTECTION

Baggage and Personal Effects.....	\$1,500
Baggage Delay.....	\$500



#### PART D. TRAVEL ACCIDENT PROTECTION

Accidental Death & Dismemberment.....	\$25,000
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#### PART E. WORLDWIDE EMERGENCY ASSISTANCE (On Call International)

CareFree™ Travel Assistance.....	24/7
Medical Assistance.....	24/7
Emergency Services.....	24/7

*The benefits provided in this program are subject to certain restrictions and exclusions. Please read this brochure in its entirety for a complete description of all coverage terms and conditions.*

## SUMMARY OF COVERAGES



### PART A. TRAVEL ARRANGEMENT PROTECTION

#### Trip Cancellation and Trip Interruption Benefits

##### 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 Program due to your, an Immediate Family Member's, Traveling Companion's, or Business Partner's Sickness, Injury, or death or Other Covered Events as defined that occur(s) before departure on your Covered Program. 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 at the time the Covered Program is canceled; and c) in the written opinion of the treating Physician, be so disabling as to prevent you from taking your Covered Program.

##### Pre-Departure Trip Cancellation Benefits

We will reimburse you, up to the amount in the Schedule, for the amount of prepaid, non-refundable, and unused Payments or Deposits that you paid for your Covered Program. 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 Program is canceled and your Covered Program 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 Program is delayed; or 2) you are unable to continue on your Covered Program after you have departed on your Covered Program due to your, an Immediate Family Member's, Traveling Companion's, or Business Partner's Sickness, Injury, or death or Other Covered Events as defined. 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 Program 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 at the time the Covered Program 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 Program or to prevent you from continuing your Covered Program.

##### Post-Departure Trip Interruption Benefits

We will reimburse you, less any refund paid or payable, for unused land or water travel arrangements and/or the following: 1) the additional transportation expenses by the most direct route from the point you interrupted your Covered Program: a) to the next scheduled destination where you can catch up to your Covered Program; or b) to the final destination of your Covered Program; 2) the additional transportation expenses incurred by you by the most direct route to reach your original Covered Program 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 airfare 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 Program is interrupted and your Covered Program is continued; 4) reasonable additional accommodation and transportation expenses (up to \$100 per day) incurred to remain near a covered traveling Immediate Family Member or Traveling Companion who is hospitalized during your Program.

**Important:** You, your Traveling Companion and your Immediate Family Member booked to travel with you must be medically capable of travel on the day you purchase this coverage. The covered reason for cancellation or interruption of your Program must occur after your effective date of Trip Cancellation coverage.

**Please Note:** Benefits will not be paid for expenses not refunded in the event of the airline's or People to People Ambassador Programs' insolvency.

**"Other Covered Events"** means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy: a change in plans by you, an Immediate Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy: 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, an Immediate 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) having your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane, or other natural disaster; or d) your (your parent's/legal guardian's, if you are under 23 years of age) involuntary termination of employment or layoff which occurs after your effective date of coverage. You (your parent/legal guardian) must have been continuously employed with the same employer for 1 year prior to the termination or layoff.

#### **Trip Delay**

If your Covered Program is delayed, we will reimburse you, up to the amount shown in the Schedule, for unused land or water travel arrangements, less any refund paid or payable, and reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls, and economy transportation to catch up to your Program or to return Home. We will not pay benefits for expenses incurred after travel becomes possible.

Trip Delay must be caused by or result from: 1) Common Carrier delay; 2) loss or theft of your passport(s), travel documents, or money; 3) hijacking; 4) being Quarantined; 5) natural disaster; 6) a documented traffic accident while you are en route to departure; 7) unannounced strike; 8) a civil disorder.



## **PART B. MEDICAL PROTECTION**

### **Medical Expense/Emergency Assistance Benefits**

We will pay this benefit, up to the amount in 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 Program; 3) benefits payable as a result of incurred Covered Expenses incurred once you have returned Home will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. 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:**

##### **Accident Medical Expense/Sickness Medical Expense:**

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 26 weeks from the date of your Sickness or Injury;
2. expenses for emergency dental treatment incurred by you;

##### **Emergency Evacuation:**

3. 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 Advisors prior approval;
4. 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 when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
5. expenses for transportation not to exceed the cost of one round-trip economy class airfare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 2 days;
6. expenses for transportation not to exceed the cost of one way economy class airfare to your place of residence, 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), subject to the Program Medical Advisors prior approval;

7. expenses for one-way economy class airfare to your place of residence 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 plan;

**Repatriation:**

8. repatriation expenses for preparation and air transportation of your remains to your place of residence, or up to an equivalent amount for a local burial in the country where death occurred, if you die while on your Covered Program.



**PART C. BAGGAGE PROTECTION**

**Baggage and Personal Effects Benefits**

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 during your Covered Program.

**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 80% 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 a 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.

**Items Subject to Special Limitations**

We will not pay more than \$500 (or the Baggage and Personal Effects limit, if less) on all losses to jewelry; watches; precious or semi-precious gems; decorative or personal articles consisting in whole or in part of silver, gold, or platinum; cameras, camera equipment; digital or electronic equipment and media; and articles consisting in whole or in part of fur. There is a \$250 per article limit.

**Baggage Delay Benefits**

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 the cost of reasonable additional clothing and personal articles purchased by you if your Baggage is delayed by a Common Carrier for 24 hours or more during the Covered Program. You must be a ticketed passenger on a Common Carrier.



**PART D. TRAVEL ACCIDENT PROTECTION**

**Accidental Death and Dismemberment**

We will pay this benefit, up to the amount in the Schedule, if you are injured in an Accident which occurs while you are on a Covered Program and covered under the plan, and you suffer one of the losses listed below within 365 days of the Accident. The Principal Sum is the benefit amount shown in the Schedule.

<u>Loss:</u>	<u>Percentage of Principal Sum Payable:</u>
Life .....	100%
Both Hands; Both Feet; or Sight of Both Eyes .....	100%
One Hand and One Foot .....	100%
One Hand and Sight of One Eye .....	100%
One Foot and Sight of One Eye .....	100%
One Hand; One Foot; or Sight of One Eye.....	50%

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.



**PART E. WORLDWIDE EMERGENCY ASSISTANCE (On Call International)**

Not a care in the world... when you have our 24/7 global network to assist you

- **CareFree™ Travel Assistance**
- **Medical Assistance**
- **Emergency Services**

**CareFree™ Travel Assistance**

Travel Arrangements

- Arrangements for last-minute flight and hotel changes
- Luggage Locator (reporting/tracking of lost, stolen or delayed baggage)
- Hotel finder and reservations
- Airport transportation
- Rental car reservations and automobile return
- Coordination of travel for visitors to bedside
- Return travel for dependent/minor children
- Assistance locating the nearest embassy or consulate
- Cash transfers
- Assistance with bail bonds

Pre-Program Information

- Destination guides (hotels, restaurants, etc.)
- Weather updates and advisories
- Passport requirements

- Currency exchange
- Health and safety advisories

Documents and Communication

- Assistance with lost travel documents or passports
- Live email and phone messaging to family and friends
- Emergency message relay service
- Multilingual translation and interpretation services

**Medical Assistance and Managed Care**

- Medical case management, consultation and monitoring
- Medical Transportation
- Dispatch of a doctor or specialist
- Referrals to local medical and dental service providers
- Worldwide medical information, up-to-the-minute travel medical advisories, and immunization requirements
- Prescription drug replacement
- Replacement of eyeglasses, contact lenses and dental appliances

**Emergency Services**

- Emergency evacuation
- Repatriation of mortal remains
- Emergency medical and dental assistance
- Emergency legal assistance
- Emergency medical payment assistance
- Emergency family travel arrangements

CareFree™ Travel Assistance, Medical Assistance and Emergency Services can be accessed by calling On Call International at **1-866-816-2103** or, from outside the U.S. or Canada, call collect: **1-603-328-1754**

*\* If you have any difficulty making this collect call, contact the local phone operator to connect you to a US-based long-distance service. In this case, please let the Assistance Provider answering the phone know the number you are calling from, so that he/she may call you back. Any charges for the call will be considered reimbursable benefits.*

Note that the problems of distance, information, and communications make it impossible for Stonebridge Casualty Insurance Company, BerkelyCare, People to People Ambassador Programs, or On Call International to assume any responsibility for the availability, quality, use, or results of any emergency service. In all cases, you are still responsible for obtaining, using, and paying for your own required services of all types.

**DEFINITIONS**

In the certificate, “you”, “your”, and “yours” refer to the Insured. “We”, “us”, and “our” refer to the company providing the 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.

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

**Business Partner** means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

**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 Program** means a period of travel away from Home to a destination outside your city of residence; the purpose of the Program is business or pleasure and is not to obtain health care or treatment of any kind.

**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.

**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).

**Immediate Family Member** includes your or the Traveling Companion's spouse, child, spouse's child, son-daughter-in-law,

parent(s), sibling(s), grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, or ward.

**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 Program and pays any required plan payment.

**Insurer** means Stonebridge Casualty Insurance Company.

**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 specifically including People to People Ambassador Programs' Medical Protection Plan, Policy Number MZ0911069H0000A and/or Cruise Medical Protection Plan, Policy Number MZ0911069H0003A; 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.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid to the Policyholder for your Covered Program.

**Physician** means a person licensed as a medical doctor by the jurisdiction in which he/she is a 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 an Immediate Family Member of yours.

**Policy** means the contract issued to the Policyholder providing the benefits specified herein.

**Policyholder** means the legal entity in whose name this Policy is issued, as shown on the benefit Schedule.

**Program** means a trip for which coverage has been elected and the plan payment paid, and all travel arrangements are arranged by People to People Ambassador Programs prior to the Scheduled Departure Date of the trip. Also covered by this definition are any direct round-trip air flights booked by others, to and from the scheduled Covered Program departure and return cities, provided the dates of travel for the air flights are within 4 total days of the scheduled land Program or cruise dates.

**Program Medical Advisors** means On Call International.

**Quarantined** means the enforced isolation of an Insured and/or the restriction of free movement of an Insured suffering or suspected to suffer from a contagious disease to prevent the spread of contagious disease.

**Schedule** means the benefit schedule shown on the Certificate for each Insured.

**Scheduled Departure Date** means the date on which you are originally scheduled to leave on your Covered Program.

**Scheduled Return Date** means the date on which you are originally scheduled to return to the point where the Covered Program started or to a different final destination.

**Sickness** means an illness or disease of the body which:  
1) requires examination and treatment by a Physician; and  
2) commences while the plan is in effect.

**Traveling Companion** means a person with you on the same Program arrangement and who, during the Program, will accompany you.

**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 90<sup>th</sup> percentile.

## GENERAL PLAN EXCLUSIONS

### IN PARTS A, B, & D:

**We will not pay for any loss under the plan caused by or**

**resulting from:** 1) mental, nervous, or psychological disorders, except if hospitalized; 2) being under the influence of drugs or intoxicants, unless prescribed by a Physician; 3) normal pregnancy, except if hospitalized or elective abortion; 4) declared or undeclared war, or any act of war; 5) service in the armed forces of any country; 6) operating or learning to operate any aircraft, as pilot or crew; 7) any unlawful acts committed by you or a Traveling Companion (whether insured or not); 8) any amount paid or payable under any Worker's Compensation, Disability Benefit, or similar law; 9) Elective Treatment and Procedures; 10) medical treatment during or arising from a Covered Program undertaken for the purpose or intent of securing medical treatment; 11) business, contractual, or educational obligations of you, an Immediate Family Member, Business Partner, or Traveling Companion; 12) failure of any program operator, Common Carrier, or other travel supplier, person, or agency to provide the bargained for travel arrangements; 13) 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.

### IN PART C:

**Items not covered**

**We will not pay for damage to or loss of:** 1) a loss or damage caused by detention, confiscation, or destruction by customs; 2) animals; 3) property used in trade, business, or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof; 4) 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; 5) documents or tickets, except for administrative fees required to reissue tickets; 6) money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps, or credit cards; 7) property shipped as freight or shipped prior to the Scheduled Departure Date.

#### Losses not covered

**We will not pay for loss arising from:** 1) theft or pilferage from an unattended vehicle; 2) mysterious disappearance.

#### IN PART D:

**The following exclusion applies to the Accidental Death and Dismemberment coverage:** 1) We will not pay for loss caused by or resulting from Sickness of any kind; 2) your suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane, in CO & MO); 3) participation as a professional in athletics; 4) participation in organized amateur and interscholastic athletic or sports competition or events; 5) riding or driving in any motor competition; 6) nuclear reaction, radiation, or radioactive contamination; 7) scuba diving, snow skiing, skydiving, parachuting, hang gliding, or travel on any air-supported device, other than on a regularly scheduled airline or air charter company.

### TERM OF COVERAGE

#### 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 People to People Ambassador Programs; 2) the date and time you start your Covered Program; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Program.

Pre-Departure Trip Cancellation coverage will take effect on the date your plan payment is received by People to People Ambassador Programs. Coverage begins at 12:01 A.M. Standard Time of the effective date of the certificate if the required plan payment is received. Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Covered Program if the required plan payment is received.

#### When Coverage Ends

Your coverage automatically ends on the earlier of: 1) the date the Covered Program 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 Program covered by the plan.

If your air arrangements are not booked by People to People Ambassador Programs and are greater than 4 total days before and/or after your Program, you will also be covered for Trip Interruption, Trip Delay, and benefits under Parts B, C, and D on the day(s) you are flying to/from your destination.

### CLAIMS PROCEDURE

#### 1. EMERGENCIES ARISING DURING YOUR COVERED PROGRAM:

Please refer to [Part E. Worldwide Emergency Assistance](#).

#### 2. PRE-PROGRAM TRIP CANCELLATION CLAIMS:

Contact People to People Ambassador Programs and BerkelyCare IMMEDIATELY to notify them of Your withdrawal and to avoid any non covered expenses due to late reporting. BerkelyCare will then forward the appropriate claim form which must be completed by You AND THE ATTENDING PHYSICIAN, if applicable.

#### 3. ALL OTHER CLAIMS:

Report Your claim as soon as possible to BerkelyCare (below). Provide the policy number, Your travel dates, and details describing the nature of Your loss. Upon receipt of this information BerkelyCare will promptly forward You the appropriate claim form to complete.

**Online:** [www.travelclaim.com](http://www.travelclaim.com)

**Phone:** 1-(800) 332-7374 or 1-(516) 342-2720

**Mail:** BerkelyCare

300 Jericho Quadrangle, P.O. Box 9022, Jericho, NY 11753

**Office Hours:** 8:00am - 10:00pm ET, Monday - Friday;  
9:00am - 5:00pm ET, Saturday

**Important:** In order to facilitate prompt claims settlement upon your return, be sure to obtain as applicable: detailed medical statements from Physicians in attendance where the Accident or Sickness occurred; receipts for medical services and supplies; receipts from the Hospital; police reports or claims reports from the parties responsible (e.g., airline, cruise line, hotel, etc.) for any loss, theft, damage, or delay. In the event of a baggage claim, receipts for any lost or damaged items will be required. In the event of a Baggage Delay or Trip Delay claim, receipts for any additional covered expenses will be required, as well as verification of the delay. You must receive initial treatment within 90 days of the Accident which caused the Injury or the onset of the Sickness.

### ENROLLMENT PROCEDURE

For your convenience, the cost of the coverage is automatically reflected on People to People Ambassador Programs' invoice and included in the total balance due. Enrollment in the Delegate Protection Plan is made by simply paying this amount. If you do not wish to take advantage of this coverage, simply deduct the plan cost from your remittance.

**Important:** Payment for the coverage may not be accepted after the Covered Program tuition has been paid in full.

The plan cost is non-refundable once You enter the withdrawal penalty period as stated by People to People Ambassador Programs.

This plan is designed and administered by:



IN CALIFORNIA: BerkelyCare<sup>SM</sup> is a service mark of Aon Direct Insurance Administrators, CA Insurance License #0795465.

IN ALL OTHER STATES: BerkelyCare<sup>SM</sup> is a division of Affinity Insurance Services, Inc. in all states other than CA, except; AIS Affinity Insurance Agency, Inc. in MN and OK and AIS Affinity Insurance Agency in NY.

**For additional information regarding the plan, call BerkelyCare at 1-800-332-7374 or 1-516-342-2720**

**Office Hours:**

**8 AM – 10 PM ET, Monday – Friday; 9 AM – 5 PM ET, Saturday**

**Ask for the People to People Ambassador Programs'  
Delegate Protection Plan Help Line**

### GENERAL PROVISIONS

**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 right.

### CLAIMS PROVISIONS

**Payment of Claims** Claims for benefits provided by the plan will be paid as soon as written proof is received.

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.

This plan is underwritten by: Stonebridge Casualty Insurance Company.

Travel Insurance is underwritten by Stonebridge Casualty Insurance Company, Columbus, Ohio; NAIC #10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, CT, HI, NE, NH, PA, TN, and TX, Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OR, OH, VT, WA, and WY, Policy Form #'s TAHC5100IPS and TAHC5200IPS.

If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA, or WY) your plan is provided on an individual form. You can request a copy of your certificate by calling BerkelyCare at 1-800-453-4090

### NOTICE TO WASHINGTON RESIDENTS

The brochure to which this document is attached is amended with respect to residents of Washington as follows:

#### SUMMARY OF COVERAGES

The first paragraph of the **Accidental Death and Dismemberment** section, if that section is included on your brochure, is deleted in its entirety and replaced with the following: 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 Trip and covered under the policy, and you suffer one of the losses listed below within 365 days of the Accident. The Principal Sum is the benefit shown on the Schedule.

The **Baggage and Personal Effects Benefit, Valuation and Payment of Loss** section, if included on your brochure, is deleted in its entirety and replaced with the following: Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon the Actual Cash Value. 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 a 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.

The **Baggage and Personal Effects Benefit**, Notice to Florida Residents section, if included on your brochure, is deleted in its entirety.

#### EXCLUSIONS

If an exclusion for "being under the influence of drugs or intoxicants, unless prescribed by a Physician" is included on your brochure, that exclusion is deleted in its entirety and replaced with "alcoholism and/or drug addiction". If an exclusion for "nuclear reaction, radiation or radioactive contamination" is included on your brochure, that exclusion is deleted in its entirety.

**The following sections are added:**

#### TEN DAY RIGHT TO EXAMINE POLICY

If you are not satisfied for any reason, you may return this Policy within 10 days after receipt. Your premium will be refunded. When so returned, the Policy is void from the beginning. Return the Policy to us at our Administrative Office or to our authorized agent.

#### 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 this policy. We will promptly return the unearned portion of any premium paid.

**CONFORMITY TO LAW** Any provision of this policy 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 policy from us for each Trip. If you do purchase more than one policy for a specific Trip, the maximum limit of coverage payable will be as specified in the policy with the highest level of benefits. We will refund premiums received from you under any other policy.

**ENTIRE CONTRACT; CHANGES** 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 form. This policy 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 this plan. No agent or other person may change this plan or waive any of its terms. The change will be endorsed on this plan.

**EXAMINATION UNDER OATH** As often as we may reasonably require, you or any person making a claim under this policy must submit to examination under oath.

**MAXIMUM BENEFIT AMOUNT** The maximum benefit amount for each claim is listed in the Schedule or application 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 right.

#### **CLAIMS PROVISIONS**

**LEGAL ACTIONS** No legal action may be brought to recover on this 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 this 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.

**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.

**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.

**PAYMENT OF CLAIMS** Benefits for loss of life will be paid to your estate, or if no estate, 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.

**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 the Insured is legally incapacitated.

**Notice:** Your coverage is underwritten by Stonebridge Casualty Insurance Company under Policy Forms TAHC5100IPS and TAHC5200IPS.



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