

# STUDENT DELUXE



## TRAVEL PROTECTION PLAN FOR STUDENT GROUPS

### SCHEDULE OF INSURANCE BENEFITS AND OTHER NON-INSURANCE SERVICES

<b>Benefit</b>	<b>Maximum Benefit Amount</b>
Trip Cancellation** <sup>1</sup>	Up to 100 % of Trip Cost*
Trip Interruption*** <sup>1</sup>	Up to 150% of Trip Cost*
Trip Delay – 6 hours	Up to \$2,500 (\$250 per day)
Missed Trip Connection – 3 hours	Up to \$500
Single Supplement	Included
Baggage and Personal Effects	Up to \$1,000 (\$250 per article)
Baggage Delay – 24 hours	Up to \$300
Medical Evacuation & Repatriation of Remains	Up to \$250,000
Accident & Sickness Medical Expense	Up to \$50,000
Political or Security Evacuation and Natural Disaster Evacuation	Up to \$150,000
Optional Cancel for Any Reason (CFAR)****	Up to 75% of Trip Cost*

<b>Non-Insurance Worldwide Emergency Assistance Services</b>	<b>Included</b>
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\*Up to the lesser of the Trip Cost paid or the limit of coverage on Your confirmation of coverage

\*\*Trip Cancellation is not applicable when \$0 Trip Cost displayed on Your confirmation of coverage

\*\*\*\$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage

\*\*\*\*CFAR is optional and available provided: 1. You purchase the Cancel for Any Reason Benefit within the Time Sensitive Period; and 2. You cancel Your Trip no later than 48 hours prior to the Scheduled Departure Date of Your Trip. This Cancel for Any Reason Benefit does not cover penalties associated with any Travel Arrangements not provided by Retail Travel Supplier or the failure of Retail Travel Supplier to provide the bargained for Travel

Arrangements due to cessation of operations for any reason. This benefit is not available to residents of NY State. Additional costs and terms apply.

<sup>1</sup>Trip Cancellation and Trip Interruption coverage only applies if trip is cancelled/interrupted by a covered peril.

### PER PERSON RATES

Cost of Trip	Rates	With CFAR*	Cost of Trip	Rates	With CFAR*
\$0	\$10.00	N/A	\$5,001-\$5,500	\$230.00	\$345.00
\$1-\$250	\$26.00	\$39.00	\$5,501-\$6,000	\$252.00	\$378.00
\$251-\$500	\$32.00	\$48.00	\$6,001-\$6,500	\$273.00	\$409.50
\$501-\$1,000	\$46.00	\$69.00	\$6,501-\$7,000	\$293.00	\$439.50
\$1,001-\$1,500	\$63.00	\$94.50	\$7,001-\$8,000	\$337.00	\$505.50
\$1,501-\$2,000	\$83.00	\$124.50	\$8,001-\$9,000	\$382.00	\$573.00
\$2,001-\$2,500	\$105.00	\$157.50	\$9,001-\$10,000	\$403.00	\$604.50
\$2,501-\$3,000	\$125.00	\$187.50	\$10,001-\$11,000	\$446.00	\$669.00
\$3,001-\$3,500	\$145.00	\$217.50	\$11,001-\$12,000	\$488.00	\$732.00
\$3,501-\$4,000	\$167.00	\$250.50	\$12,001-\$13,000	\$531.00	\$796.50
\$4,001-\$4,500	\$187.00	\$280.50	\$13,001-\$14,000	\$573.00	\$859.50
\$4,501-\$5,000	\$208.00	\$312.00	\$14,001-\$15,000	\$616.00	\$924.00

The above rates are for trips up to 30 days. For each day over 30, add \$5.00 per person, per day. Maximum trip length is up to 60 days for all states, except Hawaii. Hawaii has a maximum trip length of up to 30 days. All of the above rates are for the plan which includes insurance and non-insurance services. The rates above do not apply to residents of Pennsylvania, California, Hawaii and Virginia.

\*Optional Cancel For Any Reason (CFAR) benefit not available to residents of NY State.

**Travel Insured International**  
844-440-8113  
groups@travelinsured.com  
www.travelinsured.com

## EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, or Family Member scheduled and booked to travel with You.

**The following exclusion(s) apply(ies) to the Trip Cancellation and Trip Interruption.** We will not pay for any loss or expense caused due to, arising or resulting from: 1. a Pre-Existing Medical Condition, as defined in the policy.

**The following exclusions apply to the Medical Expense benefits.** We will not pay for any loss or expense caused due to, arising or resulting from: 1. routine physical examinations or routine dental care; 2. traveling for the purpose or intent of securing medical treatment or advice; 3. Elective Treatment and Procedures; 4. Normal pregnancy (except Complications of Pregnancy) or childbirth, except as specifically covered under Trip Cancellation or Trip Interruption or elective abortion; 5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the policy is in effect; 6. Your participation in Adventure or Extreme Activities, riding or driving in any races, or participation in speed or endurance competition or events, except as a spectator; 7. Your participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

**In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.** We will not pay for any loss or expense caused due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane or insane; 2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed; 3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage; 4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the policy specifically provides otherwise; 5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner; 6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination; 7. piloting or learning to pilot or acting as a member of the crew of any aircraft; 8. a loss or damage caused by detention, confiscation, or destruction by customs.

### **EXCLUSIONS AND LIMITATIONS apply to Baggage and Personal Effects, Musical Instruments, Baggage Delay, and Musical Instruments**

**Equipment Rental:** We will not provide benefits for any loss or damage for the following items: a. animals; b. automobiles and automobile equipment; c. boats or other vehicles or conveyances; d. trailers; e. motors; f. aircraft; g. bicycles, except when checked as baggage with a Common Carrier; h. household effects and furnishings; i. antiques and collectors' items; j. sunglasses, contact lenses, artificial teeth, dentures, dental braces, dental bridges, retainers or other orthodontic devices or earing aids; k. artificial limbs or other prosthetic devices; l. prescribed medications; m. keys, money, stamps and credit cards (except as otherwise specifically covered herein); n. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein); o. professional or occupational equipment or property, whether or not electronic business equipment; p. telephones or wireless devices, computer hardware or software.

**Losses not covered:** We will not provide benefits for any loss or damage caused by or resulting from: a. breakage of brittle or fragile articles (except musical instruments); b. wear and tear or gradual deterioration; c. confiscation or appropriation by order of any government or custom's rule; d. theft or pilferage while left in any unlocked or unattended vehicle; e. property illegally acquired, kept, stored or transported; f. Your negligent acts or omissions; g. property shipped as freight or shipped prior to the Scheduled Departure Date; h. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

### **Pre-Existing Medical Condition Exclusion Waiver!**

The Pre-Existing Medical Condition Exclusion will be waived if the protection plan is purchased at or before final trip payment due date for this trip, and you are medically able and not disabled from travel at the time you pay the plan cost.

## **PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.**

This advertisement contains highlights of the plans developed by Travel Insured International, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al, and non-insurance Travel Assistance Services provided by C&F Services. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. **Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions.** In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800-927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured International. P.O. Box 6503, Glastonbury, CT 06033; 855-752-8303; [customercare@travelinsured.com](mailto:customercare@travelinsured.com); California license #0113223. While Travel Insured International markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Travel Insured International, and Travel Insured International does not receive compensation from USF for providing the non-insurance components of the plans.



# TRAVEL INSURED INTERNATIONAL<sup>®</sup>

A CRUM & FORSTER COMPANY

## **ASSIGNMENT OF BENEFITS FORM\*\***

**Return completed form to your Group Leader  
at the time the first Trip Payment is due**

It is understood and agreed upon that in the event any funds are due reimbursement to

\_\_\_\_\_  
(name of Booster Organization or other 3<sup>rd</sup> Party)

Travel Insured International is hereby authorized to release directly to the aforementioned on my behalf as part of my claim settlement.

Group or Plan Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_  
(if Plan Participant is under 18 years old)

Claims Questions: 1-800-243-3174, Weekdays 8:00am – 6:00pm, [www.travelinsured.com](http://www.travelinsured.com)  
Travel Insured International, PO Box 6503, Glastonbury, CT 06033-6503

\*\*Bennett Travel is not involved in the insurance claim process