

Description of Services

**Section I
Emergency Evacuation/Medically Necessary Repatriation:** The insurer will provide for covered expenses as shown above if any injury or sickness commencing during the course of the covered trip results in your necessary emergency evacuation. Covered expenses are reasonable and customary expenses for medically necessary transportation, medical services and medical supplies incurred in connection with your emergency evacuation. The Assistance Center must make all transportation arrangements and by the most direct and economical route possible.

Repatriation of Remains: The insurer will pay reasonable covered expenses incurred to return your body to your place of residence if you die during the covered trip. Covered expenses include expenses for: Embalming, cremation, and a minimally necessary container for transport, and transportation.

Visit by Family Member or Friend: When you are traveling alone, and are hospitalized for more than seven (7) consecutive days, The Assistance Center and the insurer will arrange and pay for the cost of transportation up to the maximum shown, and to the place of hospitalization, for one person, chosen by you, provided medical repatriation is not imminent. Covered expenses are limited to the cost of the most direct, economy, round-trip common carrier fare to the place of hospitalization.

Return of Dependent Children/Grandchildren: When dependent children, who are traveling under this plan with you, are left unattended as a result of your hospitalization, the insurer will reimburse to you, the cost to transport up to the maximum shown, for such minors to the domicile of a person nominated by you or to the next of kin. Covered expenses are limited to a one-way common carrier economy ticket and by the most direct route. Expenses for attendants will be provided if necessary.

Return of Traveling Companion: If you are hospitalized and your traveling companion must remain with you, thereby interrupting his or her pre-arranged travel itinerary and causing the original ticket to be invalid, the insurer will pay the cost of (1) a new one-way economy class ticket to return the traveling companion to the original return destination, or (2) changes to change the original ticket's return date, whichever is less.

Vehicle Return Service: Any noncommercial vehicle (i.e., auto, motor home, rental cars, etc.) left unattended or if you are physically unable to operate as a result of your medical emergency, will be returned to your residence or place of rental. The vehicle must be in good driving condition and capable of being driven on the highway in compliance with local laws. No reimbursements for services provided to you at no cost. Maximum: \$1,000.

Meals and Accommodations: If your traveling companion is hospitalized, TAI will pay for expenses incurred by you, up to \$100 per day to a maximum of 10 days, for reasonable additional accommodation and transportation expenses incurred to remain near your traveling companion.

Section II

Emergency Accident & Emergency Sickness Medical Expenses: The insurer will pay benefits, up to the maximum shown on the Membership Confirmation Letter, subject to a \$100 per person deductible per occurrence, if you incur covered medical expenses for a sickness or an accidental injury occurring during the course of the scheduled trip. You must receive the emergency treatment during the course of the scheduled trip and upon recommendation of the attending physician. If you are hospitalized (due to a sickness or an accidental injury which first occurred during the course of the scheduled trip) beyond the date of your scheduled return, coverage will be extended until you are released from the hospital or until maximum benefits under the policy have been paid. Covered medical expenses are medically necessary services and supplies, which are recommended by the attending physician. They include the services of a legally qualified physician, surgeon, graduate nurse, dentist, or osteopath; charges for semi-private hospital confinement and use of operating rooms; charges for anesthetics (including administration); x-ray examinations or treatments; and laboratory tests; ambulance service; drugs, medicine, therapeutic services and supplies. Insurer will not pay benefits in excess of reasonable and customary charges commonly charged by providers of medical care in the locality where care is furnished.

Accident Death & Dismemberment: If injury to you during your covered trip results in any of the following losses within 180 days of the date of a covered accident, the insurer, subject to the maximum amount stated in your Membership Confirmation Letter, will pay the largest applicable amount as follows. The full benefit amount is paid for loss of life, both hands or both feet, entire sight of both eyes, one hand¹ and one foot, either hand or foot and & entire sight of one eye, speech plus hearing in both ears, entire sight of one eye. One quarter of the benefit amount is paid for loss of thumb and index finger of the same hand. Loss with regard to hand or foot means actual severance through or above the wrist or ankle joints; eye means entire and irrecoverable loss of sight; speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; thumb and index finger means actual severance through or above the joint that meets the finger at the palm. Disappearance: the insurer will pay benefits for loss of life if your body cannot be located one year after the disappearance of the conveyance in which you were a passenger due to forced landing, stranding, sinking or wrecking.

Optional Coverage: A complete description of optional services is included in the Description of Coverage.

This brochure lists a summary of benefits. For a complete description of all benefits, limitations, and exclusions, go on-line at www.travelassistancene.com or refer to the Description of Coverage.

Benefit	Medical Assistance Benefits*		
	Plan A	Plan B	Plan C
Medical Coverage	\$60,000	\$15,000	
Emergency Medical Evacuation	\$1,000,000	\$1,000,000	\$1,000,000
Medical Necessary Repatriation	\$1,000,000	\$1,000,000	\$1,000,000
Repatriation of Remains	\$1,000,000	\$1,000,000	\$1,000,000
24 Hour Accidental Death & Dismemberment	\$10,000	\$10,000	\$10,000
Visit by Family Member	\$1,000	\$1,000	\$1,000
Return of Traveling Companion	\$1,000	\$1,000	\$1,000
Return of Dependent Children	\$1,000	\$1,000	\$1,000
Vehicle Return	\$1,000	\$1,000	\$1,000
Meals/Accommodations	\$100/day/ 10 days	\$100/day/ 10 days	\$100/day/ 10 days
Blood Transfusions	As Required	As Required	As Required

* Benefit limits reduced by 50% for members over 74.

Travel Assistance International is a membership organization that offers travelers emergency protection when they are 100 miles or more away from home. With TAI, travelers have immediate access to medical assistance, travel insurance, and other services 24 hours a day, 365 days a year throughout the U.S. and anywhere in the world.

If you or a member of your family were sick or injured and away from home, could you:

- ◆ Find the best hospitals and doctors?
- ◆ Work your way through local customs, laws, and requirements?
- ◆ Select the best air ambulance to meet your specific needs?
- ◆ Communicate in the local language of a foreign country?
- ◆ Hire a local advocate to cut through red tape and make service and financial arrangements?
- ◆ Be sure you were being charged correctly for medical services?

You Can with TAI!

Travel Assistance
International

Travel Assistance
International

Available at
www.insurance-network.com

24 hour Global
Assistance and
Travel Insurance



PRICES

Medical Assistance Base Program						
US Citizens or Residents						
	PLAN A	PLAN B	PLAN C			
Days	IND. Family	IND. Family	IND. Family	IND. Family	IND. Family	
1 to 8	\$110	\$180	\$75	\$125	\$30	\$55
Up to 15	\$125	\$210	\$90	\$150	\$35	\$65
Up to 31	\$160	\$280	\$135	\$205	\$50	\$95
Each Additional 30 Days	\$125	\$210	\$85	\$170	\$40	\$75
Annual *	\$360	\$650	\$275	\$495	\$125	\$245

* Annual Coverage is the best value for frequent travelers. Maximum trip length is 90 days.

Trip Cancellation, Interruption* and Baggage Loss/Delay ** Prices

* 1,000 limit for trip interruption.
 ** \$100 deductible/person/occurrence; \$1000 limit/person

Note: Not available to persons above 74 years of age.

Total Trip Cost	Individual Price
0-\$500	\$30
\$501-\$1000	\$65
\$1,001 - \$1,500	\$105
\$1,501-\$2000	\$140
\$2,001 - \$2,500	\$175
\$2,501 - \$3,000	\$210
\$3,001 - \$3,500	\$245
\$3,501 - \$4,000	\$280
\$4,001 - \$500	\$315
\$4,501 - \$5,000	\$350
\$5,001 - \$5,500	\$385
\$5,501 - \$6,000	\$420
\$6,001 - \$6,500	\$455
\$6,501 - \$7,000	\$490
\$7,001 - \$7,500	\$525
\$7,501 - \$8,000	\$560
\$8,001 - \$8,500	\$595
\$8,501 - \$9,000	\$630
\$9,001 - \$9,500	\$665
\$9,501 - \$10,000	\$700

NEW FROM TAI

Now, enjoy additional security when you travel overseas. If you are injured and need a transfusion in a country with an inadequate blood supply, TAI will coordinate delivery of fresh blood, screened to the standards of the American Association of Blood Banks, to your location. As a TAI customer, you will never have to worry whether

Travel Assistance International

TAI Distributor ID#: _____

Applicant Information: Mr. Mrs. Ms.

Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ / _____ / _____
 Month Day Year

U.S. Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: (____) _____ Eve Phone: (____) _____

E-Mail: _____

Where are you traveling?: _____

Coverage Dates
 Your membership will begin and end on the dates you have selected, provided valid payment has been received. Coverage will begin no sooner than the postmark date on your application or 12:01 AM EST the day following receipt of your application.

Coverage must be purchased prior to trip departure.

Starting 12:01 AM
 (your local time)

Ending 11:59 PM
 (your local time)

	Month	Day	Year
Starting	Month	Day	Year
Ending	Month	Day	Year

Dependents

In addition to yourself, the Family Plan covers your spouse and dependent children up to age 19, or less than age 23 if full-time student.

1/ _____ Date of Birth _____ / _____ / _____
 Spouse Month Day Year

2/ _____ Date of Birth _____ / _____ / _____
 Dependent Month Day Year

3/ _____ Date of Birth _____ / _____ / _____
 Dependent Month Day Year

4/ _____ Date of Birth _____ / _____ / _____
 Dependent Month Day Year

Please submit any additional dependents on a separate piece of paper and attach to this application.

Payment Calculation

Select membership Plan and, if desired, any options. Pricing subject to change without notice. Membership is non-refundable after the effective date. Membership is not transferable. All coverage secondary.

Membership Plan for Medical Assistance Base Program
 (Please choose A, B, or C and individual or Family)

- Plan A Individual
- Plan B Family
- Plan C

Price: \$ _____

Accidental Death & Dismemberment - Air Common Carrier

- \$10,000-\$5,000/person/trip
- \$250,000 - \$10,000/person/trip
- \$500,000 - \$20,000/person/trip

Price: \$ _____

Beneficiary: _____

Optional Trip Cancellation / Interruption / Baggage Delay Coverage
 (available on a per-trip basis only)

Trip Cost \$ _____ Trip Cost Premium: \$ _____

Plan Cost Add Membership Fee: Sub-Total \$ _____

Total Amount Due: \$ _____

Payment Options

- Check or money order in U.S. dollars, drafted on a U.S. bank, check, payable to : Travel Assistance International
- Visa Master Card American Express
- Discover Diners Club

Card # _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Applicant Release: I hereby enroll in Travel Assistance International ("TAI"). I authorize TAI to collect or release any information necessary to process this application and any claims. A photocopy or fax of this authorization is acceptable as an original. If TAI or the underwriter finds information contained in this application is inaccurate, all coverage benefits will be void. If signing as an agent for the applicant, the undersigned warrants his/her authority and capacity to so act. Please refer to the Description of Coverage for details of coverage, terms, conditions, limitations and exclusions. All services must be approved or arranged by our Assistance Center, Worldwide Assistance Service. The benefits under Section II are underwritten by Virginia Surety Company, Inc., 123 North Wacker Drive, Chicago, IL 60606.

Signature: _____

Date for Enrollment: _____

Mail or Fax to: _____

John K Arnold, PO Box 300801
 Fern Park, FL 32730
 Fax: 407-830-4785