

Travelex Advantages

- Primary Coverage - file claims with Travelex first, without deductibles
- Pre-Existing Conditions Exclusion is waived when plan is purchased within 21 days of initial trip deposit
- Children under 18 covered at no additional cost when accompanied by a covered adult family member on TraveLite
- Rental Vehicle Damage protection included with Travel Plus, or an optional upgrade on TraveLite
- Optional upgrades available for expanded coverage
- Satisfaction Guarantee - if not satisfied within 10 days of purchasing these plans, we will refund premium cost if you have not departed on your trip or filed a claim

Quote & Enrollment Options

1 Travel Agent

Contact your local travel agent.

2 Internet

Visit us at www.travelexinsurance.com to get a quote, learn more or to purchase.

3 Phone

Speak with an experienced customer service representative available at 1-800-228-9792, M-F 8:00 am to 7:00 pm CST, to answer questions, receive a quote or to enroll.

LOCATION NUMBER

46-0032

AGENT CODE

COMPANY NAME

TraveLite and Travel Plus

Comprehensive Travel Protection Plans



Travelex

worldwide
money

Insurance Services

Plan Highlights

Travelex offers two levels of comprehensive benefits with TraveLite and Travel Plus. Protect you and your travel investment with coverage highlights including:

Trip Cancellation & Interruption

Protects prepaid trip costs if a trip is cancelled for a covered reason. Recover travel expenses for the unused portions of a trip as well as expenses to return home if a trip is interrupted for a covered reason. For a complete list of covered reasons visit www.travelexinsurance.com and refer to the Evidence of Coverage.

Emergency Medical Benefits

Covers for emergency medical treatment if a sickness or injury occurs while traveling. Provides coverage for emergency evacuation, if necessary, to the nearest qualified medical facility and a return home when ready to travel. Also includes repatriation.

Travel Assistance & Concierge

Includes a wide range of services before and during trips through a 24/7 toll free number. Includes assistance with medical emergencies, lost passports, stolen credit cards, event ticketing, and much more.

Optional Upgrades

All Events Upgrade expands coverage for more reasons, adding flexibility to cancel or interrupt a trip beyond base plan covered reasons. Emergency Medical Expense Upgrade increases base plan benefit levels. Flight AD&D and Rental Vehicle Damage upgrades are additional benefits for further customization.



For questions, quotes or to enroll, visit www.travelexinsurance.com or call 1-800-228-9792

May not be available to residents of all states.

This brochure is a limited description of benefits. Certain terms, conditions, exclusions and limitations apply. Please visit our website at www.travelexinsurance.com and refer to the Evidence of Coverage for full benefit and coverage details of the policy, including exclusions.

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Underwritten by Old Republic Insurance Company
133 Oakland Avenue, PO Box 789, Greensburg, PA 15601.

Benefits & Upgrades

Base Plan Benefits	TraveLite	Travel Plus
Trip Cancellation	100% of trip cost (\$30,000 limit)	100% of trip cost (\$75,000 limit)
Trip Interruption	150% of trip cost (\$45,000 limit)	150% of trip cost (\$112,500 limit)
Trip Delay/Missed Connection	\$750	\$1,000
Itinerary Change	\$250	\$250
Baggage/Baggage Delay	\$1,000 / \$250	\$2,500 / \$600
Emergency Medical Expense	\$50,000	\$75,000
Emergency Medical Evacuation/Repatriation	\$250,000	\$2 Million
24 Hour AD&D	\$25,000	\$25,000
Common Carrier AD&D	Not Available	\$100,000
Rental Vehicle Damage	Optional Upgrade	\$50,000
Travel Assistance & Concierge	Included	Included

Optional Upgrades	TraveLite	Travel Plus
<i>All Events</i> Upgrade	95% of trip cost	95% of trip cost
Additional Emergency Medical Expense	\$100,000	\$100,000
Flight AD&D	\$300,000 or \$500,000	\$300,000 or \$500,000
Rental Vehicle Damage	\$50,000	Included



- Maximum trip length allowed 365 days.
- TraveLite Plans Only: Children under 18 are covered at no additional cost when accompanied by a covered adult family member.
- *All Events* Upgrade must be purchased within 21 days of initial trip deposit.

Travel Agency Information:

Agency Name: _____
 Agent Name: _____
 Phone: _____
 Fax: _____
 Email: _____

Travel Plus Enrollment Form

Fax to Travelex Insurance Services at: 1-800-867-9531
 Please see the back of a Travelex brochure for the information below.
 Location Number: 46-0032 Agent Code: _____
 Product Number: _____

This product may not be available to residents of all states.

Underwritten by: Old Republic Insurance Company
 133 Oakland Ave, PO Box 789, Greensburg, PA 15601

Marketed by: Travelex Insurance Services

ENROLLMENT FORM

Departure Date: _____ Return Date: _____
 Country of Destination: _____
 Name of Tour Operator: _____
 Name of Cruise Line: _____
 Name of Airline: _____

Primary Traveler:

Last Name: _____
 First Name: _____
 Birth Date: _____ Trip Cost: \$ _____

Traveler #2:

Last Name: _____
 First Name: _____
 Birth Date: _____ Trip Cost: \$ _____

Traveler #3:

Last Name: _____
 First Name: _____
 Birth Date: _____ Trip Cost: \$ _____

Traveler #4:

Last Name: _____
 First Name: _____
 Birth Date: _____ Trip Cost: \$ _____

Address: _____
 City: _____
 ST: _____ Zip: _____
 Daytime Phone: _____
 Fax: _____
 Beneficiary: _____
 (Estate Designated if blank)

EMAIL MY CONFIRMATION OF COVERAGE & POLICY
 (Provide Primary Traveler's email address below):

RATE CALCULATION

Plan Cost

Primary Traveler: \$ _____
 Traveler #2: \$ _____
 Traveler #3: \$ _____
 Traveler #4: \$ _____

Base Plan Total for all Travelers = \$ _____
 Base Plan Total

For Trips 32-180 days in length:
 (Include departure & return dates in calculation)
\$5 x _____ x _____ = \$ _____
 (# of days over 31) (# of travelers) Extra Days Total

Optional All Events Upgrade:
 (Base Plan Total + Extra Days Total x 50%) = \$ _____

Optional Additional Medical Expense:
 \$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____
 Primary Traveler #2 Traveler #3 Traveler #4

Optional Flight AD&D:
 (all travelers must purchase the same amount of Flight Coverage)
\$500,000 Protection for \$45 x _____ = \$ _____
 or (# of travelers)
\$300,000 Protection for \$27 x _____ = \$ _____
 (# of travelers)

Processing Fee = \$ _____ 8

Total Amount Due = \$ _____
 and authorized as payment

RATE CHART

Trip Cost (use full cost per person)	Travel Plus Base Plan Rates Per Person					
	Ages 0-34	Ages 35-60	Ages 61-70	Ages 71-75	Ages 76-80	Ages 81+
\$0 excludes trip cancellation/interruption	\$24	\$37	\$49	\$65	\$80	\$155
\$1 - \$500	\$32	\$47	\$59	\$89	\$114	\$212
\$501 - \$1,000	\$59	\$72	\$99	\$133	\$163	\$270
\$1,001 - \$1,500	\$80	\$101	\$134	\$172	\$226	\$347
\$1,501 - \$2,000	\$104	\$132	\$181	\$240	\$292	\$461
\$2,001 - \$2,500	\$129	\$165	\$222	\$292	\$376	\$562
\$2,501 - \$3,000	\$154	\$192	\$263	\$347	\$442	\$662
\$3,001 - \$3,500	\$183	\$209	\$308	\$401	\$530	\$765
\$3,501 - \$4,000	\$207	\$227	\$350	\$456	\$610	\$864
\$4,001 - \$4,500	\$230	\$258	\$417	\$528	\$700	\$960
\$4,501 - \$5,000	\$257	\$288	\$468	\$585	\$790	\$1,063
\$5,001 - \$6,000	\$294	\$339	\$514	\$675	\$840	\$1,162
\$6,001 - \$7,000	\$360	\$402	\$623	\$820	\$1,040	\$1,360
\$7,001 - \$8,000	\$435	\$509	\$746	\$1,000	\$1,230	\$1,662
\$8,001 - \$9,000	\$484	\$551	\$830	\$1,064	\$1,393	\$1,884
\$9,001 - \$10,000	\$538	\$594	\$912	\$1,185	\$1,559	\$2,110
Over \$10,000	6.8%	8.2%	11.6%	13.6%	16.3%	23.7%
Additional Medical Expense	\$27	\$27	\$49	\$77	\$77	\$154

PAYMENT DETAILS

- Check or Money Order** (payable to Travelex Insurance Services)
 Send payment to: Travelex Insurance Services
 PO Box 641070
 Omaha, NE 68164-7070
- Credit Card**
 Credit Card Type: Please Select:
 Credit Card #: _____
 Expiration Date: _____
 Full Name: _____
 (Print as it appears on credit card)
- I have read and understand the Fraud Statements provided on the back of this form.**

Signature: _____
 (Mandatory for all payment options) **Date:** _____

Plan fees are non-refundable after 10 day review period.

Fraud Statements

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department regulatory agencies.

Kansas Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties as determined by a court of law.

Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland and Oregon Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. OREF-31

New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Oklahoma Residents: WARNING Any person who knowingly, and with intent to injure, defraud, or deceive any Company, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Tennessee Residents: It is a crime to knowingly provide false or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of coverage.

Texas Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement will be charged with insurance fraud.

Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.