



You've Planned Your Trip. Act today to protect it and yourself!

Travel Insurance Select - a comprehensive plan now offering three options

It's important to be adequately insured for this or any trip. That is why we recommend you purchase one of the three options in the enclosed Travel Insurance Select brochure, which can:

- Protect your Travel Investment
- Help you avoid costly travel medical expenses
- Arrange and pay for your emergency medical transportation
- Provide you with 24-hour, multilingual, worldwide emergency assistance
- Protect your personal belongings throughout your trip

**Time
Sensitive**

Choose the option that best fits your need

BASIC – A less expensive option including trip cancellation/interruption/delay, medical expense, evacuation, 24 hr assistance, and baggage loss.

PLUS – Includes all of the “Basic” benefits but with increased limits; an Accidental Death benefit; an early purchase Pre-existing Condition Waiver and Terrorism/Default coverage; and 24 Hour LiveTravel Service.

ELITE – This is the preferred option which includes all the above with even higher limits. This Option also includes Concierge Services, a Primary Medical Expense benefit as well as an early purchase benefit, **Cancel for Any Reason**.

Buy Now for Maximum Eligibility!

Purchasing an option for the following early purchase benefits requires enrollment within 15 or 21 days after trip's first payment:

- **Pre-Existing Waiver** - Waives the pre-existing medical condition exclusion
- **Terrorism/Default** - Protects for certain Terrorist acts, and Financial Default of an airline, cruise line, or tour operator
- **Cancel for Any Reason** - Covers cancellations not already provided

What if I miss the early purchase 15/21 days period?

You may still purchase at any time, however, the coverage will not include the early purchase benefits, noted above.

Questions?

Visit www.travelinsure.com/select7/faq for answers to Frequently Asked Questions. Or, Call Travel Insurance Services Customer Service at (800) 937-1387 or (925) 932-1387 (Refer to Travel Insurance Select when calling) Hours: Monday – Friday, 8:30 a.m. – 5:00 p.m., Pacific Time.

See the enclosed Travel Insurance Select brochure for details about all benefits, as exclusions and restrictions apply.

How Do I Enroll?

Two Easy Ways to Purchase Travel Insurance Select:

Enroll Instantly Online at:

www.travelinsure.com/select7

You'll get same day confirmation by email

or

Complete and mail the Enrollment form contained in the brochure. You will receive your confirmation by mail or email.

How Much Trip Cost Should I Insure?

1. To be eligible for the early purchase benefits, you **MUST** Insure 100% of the travel arrangement(s) you indicate on the enrollment form that have any cancellation penalties or restrictions.
2. Act Quickly to upgrade your Travel Insurance if your Trip Cost Increases. You have 15 or 21 days from the date of that increase to upgrade your travel insurance to maintain your early purchase benefits.

Sample Enrollment

Enrollment Form (please print)

I. Select Your Option

- Basic • Each Participant must enroll in the same Option.
 Plus • NY & WA Residents must Enroll online or call 1-800-937-1387 (M-F. 9A-5P, PT)
 Elite

II. Participant(s)

Name: _____ Date of Birth: _____

1. Bob Jones 02/20/1950
month day year

2. Sarah Jones 08/16/1955
month day year

3. _____
month day year

4. _____
month day year

III. Travel Information

Departure Date: 06/01/08 Return Date: 06/10/08 Total Trip Days: 10
month day year month day year include departure/return days

Sponsoring Organization: Name of Organization
 Primary Travel Destination: Name of Country

Indicate below the types of travel arrangements you are insuring. Please list company names, if known.

- Air Airline: Name of Airline(s)
 Land Travel Supplier: Name of Tour Operator
 Cruise Cruise Line: _____
 Rail Tour Rail Company: _____

Important Notes:

- Early-Purchase Requirements: You may enroll at any time prior to your departure date. However, to be eligible for the Pre-Existing Medical Condition Waiver, and Financial Default and Terrorist Incident coverage, this Enrollment Form and payment must be received (or if mailed, postmarked) within 15 days for the Plus Option or 21 days for the Elite Option of the date your Trip's initial deposit/payment is received. To be eligible for the Cancel for Any Reason benefit in the Elite Option this Enrollment Form and your payment must be received (or, if mailed, postmarked) within 21 days of the date your Trip's initial deposit/payment is received.
- Description of Coverage: For complete terms and conditions you can view the Description of Coverage at www.travelinsure.com/select7/doc.
- Premium Refunds: If you cancel your coverage prior to departure, you'll receive a pro-rata premium refund based upon how long your coverage has been in effect. A \$20 refund processing fee will also be deducted from the refund amount. Your written request must be received by USI Travel Insurance Services prior to your scheduled departure date.
- Enrollment Confirmation: Enrollment online provides instant confirmation. Otherwise a confirmation will be mailed to you within 3-5 business days of receipt of your Enrollment Form by Travel Insurance Services.
- Frequently Asked Questions: For answers to FAQs go to: www.travelinsure.com/select7/faq
- Travel Insurance Services Compensation Disclosure Statement: Go to: www.travelinsure.com/select7/cd

OFFICIAL USE ONLY 06/07
 Cert # _____ PO _____
 PM ____/____/____ Date Rec'd ____/____/____

IV. Payment Calculation

- Use each Participant's Age as of Enrollment Postmark Date.
- Rate Example: .07 or 7% is \$7 per \$100 of Trip Cost.

Age	Premium Rates (% of Trip Cost)		
	Basic	Plus	Elite
0-40	4%	5%	7%
41-55	5%	7%	10%
56-65	7%	9%	13%
66-75	8%	10%	15%
76-80	10%	12%	18%
81+	11%	13%	20%

Trip Cost (\$500 to \$60,000)	Rate (See chart above.)	Your Payment (Each Person)
1. \$ <u>2,000</u>	x <u>0.13</u>	= \$ <u>260</u>
2. \$ <u>2,000</u>	x <u>0.10</u>	= \$ <u>200</u>
3. \$ _____	x _____	= \$ _____
4. \$ _____	x _____	= \$ _____
SubTotal (Total all lines above)		\$ <u>460</u>
Add only if Trip is 31 thru 365 days		
Multiply \$5.00 x _____	x _____	= \$ _____
<small># of days over 30 # of participants</small>		
Enrollment Processing Fee (Required)		\$ <u>5.00</u>
Total Payment Due (Add shaded boxes)		\$ <u>465</u>

- Check Enclosed (Payable to Travel Insurance Services.)
 Charge my: MasterCard VISA Discover
 Card #: []
 Exp. Date: ____/____/____
 Name on Card: _____

V. Confirmation Delivery & Address

First Name: Bob Initial: J
 Last Name: Jones
 Mailing/Billing Address: 123 Main Street
 City: Your Town
 State: Your State ZIP: 12345
 Email Address: me@here.com
 Home Phone: (925) 222-2222
 Work Phone: (925) 333-3333
 Deliver Confirmation by (Check One): Email Mail

Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. I represent that the above information is true and the dates reflect my intent to start and end my trip. I understand that Early Purchase Requirements may apply to certain benefits (See Important Notes #1). I have read, and understand and agree to the terms and conditions of the Insurance, as detailed in the Description of Coverage (See Important Notes #2).

Bob Jones 02/01/08
 Signature Date



Designed and Marketed by: USI Travel Insurance Services
 2950 Camino Diablo, Suite 300, Walnut Creek, CA 94597-3991