CONFIRMATION OF BENEFITS



Plan Number: 150605WTPP14034

Application Date: 6/5/2015

Issue Date: 6/5/2015

Anil Mitra 902 N Street Eureka CA 95501 Plan: Worldwide Trip Protector Plus

Underwriter: United States Fire Insurance

Company

Agency: Destination Wedding Travel, Inc.

SCHEDULE

Departure Date: 1/13/2016 Return Date: 1/20/2016 Term: 8 Days

BENEFITS AND LIMITS					
Planholders	Benefits	Limits	Paid Date	Plan Cost	
Anil Mitra	Base Plan	\$2,735.00	6/5/2015	\$274.00	

FEES: \$0.00

TOTAL COST: \$274.00

If changes are made to your trip cost, please contact us immediately at 1-800-243-3174 in order to maintain full coverage and continue eligibility for time sensitive benefits. Benefits affected may include, but are not limited to, the pre-existing condition waiver.

CONFIRMATION OF BENEFITS

Plan Number: 150605WTPP14034

BENEFITS	LIMITS
Trip Cancellation	Up to 100% Trip Cost*
Cancel for Any Reason**	Up to 75% Trip Cost*
Trip Interruption	Up to 150% Trip Cost*
Interrupt for Any Reason	Up to 75% Trip Cost*
Reimbursement of Miles or Reward Points	\$250
Change Fee	\$250
Travel Delay	\$1,000 (\$200/day - 6 hours)
Missed Connection	\$500 (3 hours)
Itinerary Change	\$500
Accident & Sickness Medical Expense	\$100,000
Emergency Medical Evacuation and Repatriation	\$1,000,000
Accidental Death and Dismemberment- 24 Hour	\$10,000
Baggage & Personal Effects	\$1,000***
Baggage Delay	\$300 (12 hours)
Rental Car Damage	\$50,000

Please note: If \$0 Trip Cost displayed on your Confirmation of Benefits, there is no coverage for Trip Cancellation, Cancel for Any Reason or Interrupt for Any Reason, and Trip Interruption is limited to \$1,000 Return Air Only.

	BENEFICIARIES	
Traveler	Beneficiary	Percent

^{*}Up to the lesser of the Trip Cost paid or the limit of Coverage on Your Confirmation of Benefits.

^{**}Policy must be purchased within 21 days of your initial trip deposit to be eligible for Cancel for Any Reason coverage.

^{***}Baggage and Personal Effects has a per-article limit of \$250. There is a combined maximum limit of \$500 for valuables.

- Take this Confirmation of Benefits and your Certificate of Insurance with you on your trip.
- Obtain receipts/documents for all expenses related to medical care, travel delay, trip interruption, and baggage delay or loss.

Plan Number: 150605WTPP14034

You are only eligible for the benefits described in the Certificate of Insurance as long as the appropriate plan cost has been paid and is so indicated on the first page of this form.

What to do in case of a Claim

- 1. Notify your Travel Agent, Tour Operator or Cruise Line if you must cancel your trip.
- 2. Report your claim to Travel Insured International by calling the claims number below or visiting www.travelinsured.com.
- 3. Complete the claims forms that we forward to you and provide additional documents as indicated.

Trip Cancellation/Interruption: Take immediate steps to minimize your loss. Comply with all notification requirements that may be specified by the Tour Operator, Airline, or Cruise Line. Return with the claim form a copy of the brochure that describes your tour, copies of paid checks, invoices and any unused tour or travel documents. In case of an interruption claim, include the passenger's copy of the old and new transportation tickets. If you are prevented from taking your trip due to sickness or injury, you should obtain medical care immediately. We require a certification by the treating physician at the time of sickness or injury that medically imposed restrictions prevented your participation in the trip.

Emergency Evacuation/Repatriation: If you are on your trip and you require medical evacuation or medical assistance to return home or to a hospital near your home, you must immediately call the assistance company at the number shown below. These services must be pre-authorized

Missed Connection: Obtain receipts verifying extra incurred expenses for transportation (such as airline tickets) to return to final destination.

Travel Delay: If your trip is interrupted or delayed, we need verification of the cause, the number of hours of the delay, and receipts for additional expenses.

Medical: Obtain receipts and a letter from the service provider stating the amount paid and listing the diagnosis and treatment.

Baggage: Report the loss, theft, or damage immediately to either hotel management, tour guide, transportation official or local police and obtain a written statement of loss from them.

Where to Report Claims

Travel Insured International P.O. Box 6503 Glastonbury, CT 06033-6503 1-800-243-2440 (Weekdays 7:45 AM – 5:30 PM ET) www.travelinsured.com

Travel Assistance Services

1-800-494-9907 Toll-Free U.S. and Canada (24/7) 1-603-328-1707 Collect (24/7)

Customer Care

1-800-243-3174 (24/7)

This Confirmation of Benefits and the Certificate of Insurance describe the benefits, terms, and conditions of your Plan. Please take this Confirmation of Benefits and your Certificate of Insurance with you on your trip so you have access to your plan number, emergency phone numbers, and coverage details at all times.

This document contains important policy and claims information. This document is not a bill.