

Your Travel Insurance Certificate

Thank you for buying a travel insurance **plan** from **us**!

Your plan is described in the following documents:

- This **certificate**, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure you read these documents carefully. This **certificate** may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if **you** think there is a mistake.

All dollar amounts in these documents are in US dollars.



We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico
and the U.S. Virgin Islands
All other locations, call collect

1-800-654-1908
1-804-281-5700

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SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your letter of confirmation**; and
- all other bolded terms are defined in Section 6, Definitions.

All of the information about travel insurance in this document is subject to the terms and conditions of the Group Policy underwritten by **Jefferson**. No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions. **Our** coverage may be broader than described in the **certificate**. If there is a discrepancy between the Group Policy and the **certificate**, the Group Policy governs.

About this agreement

Please read your certificate carefully for full details. This is a legal contract. The entire contract consists of the master policy, the **certificate**, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

We have issued the **certificate** and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this **certificate** are for convenience only.

Satisfaction Guarantee

We will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary

SECTION 2: WHAT THIS CERTIFICATE INCLUDES

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

Your plan also includes assistance services, which are described in *Help while traveling*.

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| | Your trip is canceled or interrupted | 5 |
| Trip cancellation | Your trip is canceled before you get started | |
| Trip interruption | Your trip is interrupted after you've left | |
| Frequent traveler/ Loyalty program | You have to re-deposit frequent traveler or loyalty program awards | |
| | You're delayed or you miss your flight or cruise | 10 |
| Travel delay | Your travel is delayed six hours or more | |
| Missed connection | You miss your connecting flight or cruise | |
| | Your baggage is lost, damaged, stolen or delayed | 12 |
| Lost, damaged or stolen baggage | Your baggage is lost, damaged or stolen | |
| Delayed baggage | Your baggage is delayed by a common carrier | |
| | Other coverage | 13 |
| Existing medical condition | You have an existing medical condition | |
| Change fee | You have to change your airline ticket due to covered reasons | |

* Underwritten by Jefferson Insurance Company

How to read Section 2

| | |
|-----------------|--|
| When it applies | Tells you when you're eligible to make a claim. These situations and events are called covered reasons . |
| What it covers | Tells you the kinds of things you can be reimbursed for. You'll find out more in Section 5, <i>Claims information</i> . |
| We can help! | Tells you about related assistance services that are available to you worldwide. You'll find a complete list in <i>Help while traveling</i> . |



Important
Be sure to also read Section 3, *What this certificate excludes*, as well as Section 4, *Who is covered and when*, for important information on how **your** coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

YOUR TRIP IS CANCELED OR INTERRUPTED



Important
You need to contact **your travel suppliers** within 72 hours of canceling or interrupting **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



We can help!
Need help sending an emergency message or getting flight information? See *Help while traveling*, for a complete list of ways **we** can help.

Trip cancellation and Trip interruption coverage

| | |
|-----------------|--|
| When it applies | Your trip is canceled before you get started, or interrupted after you've left, for one of the following covered reasons : |
|-----------------|--|

Health
Injury, illness or medical condition
You or a **traveling companion** is seriously ill or injured.

Specific requirements:

- The **injury, illness or medical condition** must be disabling enough to make a reasonable person delay, cancel or interrupt their **trip**.
- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel or interrupt **your trip** before **you** cancel or interrupt it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation or interruption.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement:

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

Death

You, a **traveling companion** or **family member** dies.

Specific requirement:

- A **traveling companion's** or **family member's** death must occur before or during **your trip**.

Quarantine

You or a **traveling companion** is **quarantined**.

Pregnancy

You become pregnant (trip cancellation coverage only).

Childbirth

You need to attend the birth of an **immediate family member's** child (trip cancellation coverage only).

Transportation and accommodation

Financial default

Your tour operator, airline or cruise line ceases operations due to **financial default**.

Specific requirements: (all must apply)

- **You** purchased this insurance within 14 days of making **your** first **trip** deposit or first **trip** payment;
- The **financial default** happens more than seven days after **your plan's** effective date; and
- The tour operator, airline or cruise line isn't the entity **you** purchased **your plan** or **your** travel services from, or an affiliate of that entity, and was included in **our** list of covered suppliers on **your plan's** effective date.

Please note that **Jefferson** can choose to give **you** a **trip** of similar value instead of cash.

Traffic accident

You or a **traveling companion** is in a traffic **accident** on the way to **your** point of departure, and:

- **you** or the **traveling companion** need medical attention; or
- the car needs to be repaired because it's not safe to drive.

Family or friends can't accommodate you as planned

Family or friends outside the United States can't accommodate **you** as planned because someone in the household has died or been diagnosed with a serious **illness** or **injury**.

Legal

Jury duty or court-ordered appearance

You're summoned by a court order or subpoena to serve on a jury or appear in court.

Legal separation or divorce

You or a **traveling companion** legally separate or divorce after **your plan's** effective date but before **your scheduled departure date**.

Specific requirement:

- **You** purchased **your plan** within 14 days of making **your first trip** deposit or first **trip** payment.

Environment

Home uninhabitable

Your primary residence is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

Destination uninhabitable

Your destination is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

Canceled services

Your airline, cruise line, or tour operator or **travel supplier** stops offering all services for at least 24 consecutive hours where **you're** departing, arriving or making a connection because of:

- a **natural disaster**;
- **severe weather**;
- a strike; or
- a Federal Aviation Administration (FAA) mandate.

Specific requirements: (all must apply)

- **Your travel supplier** doesn't offer **you** a substitute itinerary; and
- The striking workers aren't employed by the supplier **you** purchased **your plan** or travel services from, or an affiliate of that supplier.

Politics and violence

Hijacking

You or a **traveling companion** is hijacked.

Terrorism

A **terrorist event** happens at **your** U.S. or foreign **destination** within 30 days of the day **you're** scheduled to arrive.

Specific requirement:

- For locations outside the United States, **you're** not covered if there's been a **terrorist event** at **your destination** in the 30 days before **your plan's** effective date.

Work

Termination or layoff

You or a **traveling companion** is terminated or laid off from a company after **your plan's** effective date.

Specific requirements: (all must apply)

- The termination or layoff isn't **your** fault; and
- **You** worked for this employer for at least 12 consecutive months.

Military Duty in the U.S. Armed Forces

You or a **traveling companion**, serving in the U.S. Armed Forces, is reassigned, or have personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

Other

Extended travel delay

You miss more than half of the total length of **your trip** because **your** travel is delayed.

Specific requirements: (all must apply)

- **Your plan** must include travel delay coverage; and
- **You** must be delayed for a **covered reason** listed under travel delay coverage.

What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

Trip cancellation coverage

Non-refundable payments and deposits

Payments and deposits **you** made before **your trip** was canceled, less any published **refunds you're** entitled to receive.

Accommodation

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

Trip interruption coverage

Prepaid expenses

The unused part of **your** prepaid expenses, less any **refunds you** receive.

Accommodation

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

Transportation

Reasonable transportation expenses for getting to:

- **your** final **destination** or a place where **you** can continue **your trip**; or
- **your** original **destination** another way, if **your** travel is delayed for 24 hours or more at the start of **your trip**.

Expenses for the cost of staying longer than you planned

Extra **accommodation** and transportation expenses because a **traveling companion** is hospitalized.

Special limit:

- Maximum of \$100 a day for up to five days.

Frequent traveler/Loyalty program coverage

| | |
|------------------------|---|
| When it applies | You have to re-deposit points in your frequent traveler or loyalty program because your trip is canceled for one of the covered reasons listed under trip cancellation coverage. |
| What it covers | Please refer to your letter of confirmation to confirm your coverage and limits. <i>Redeposit fees</i> Fees for re-depositing frequent traveler or loyalty program awards into your account. |

YOU'RE DELAYED OR YOU MISS YOUR FLIGHT OR CRUISE



Important

You need to make reasonable efforts to continue **your trip** if **you're** delayed or **you** miss **your** flight or cruise. The coverage described here can help. Any **refunds you** receive from **your travel suppliers** will be deducted from **your** claim.



We can help!

Need help rebooking **your** flight or arranging for alternative transportation? See *Help while traveling*, for a complete list of ways **we** can help.

Travel delay coverage

When it applies

Your travel is delayed for six or more consecutive hours for one of the following **covered reasons**:

Strike or common carrier delay

- **Your** departure is delayed by a **common carrier**.
- **Your** departure is delayed by an unannounced strike.

Quarantine

- **You** are **quarantined**.

Natural disaster or severe weather

- There's a **natural disaster**.
- **Severe weather** delays **your** departing flight or causes road closures.

Politics, violence or theft

- **Your** passports, money or other travel documents are lost or stolen.
- **Your** travel is delayed by a hijacking.
- **Your** travel is delayed by civil disorder or unrest.

What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

Prepaid expenses

The unused part of **your** prepaid expenses, less any **refunds you** receive.

and

Meals, accommodation and transportation

- Reasonable expenses for additional meals and **accommodation** while **you're** delayed.
- Reasonable additional transportation expenses.

Special limit:

- Maximum of \$200 per person per day, up to the limit shown on **your letter of confirmation**.

Benefits are payable under travel delay coverage or missed connection coverage, not both.

Missed connection coverage

When it applies

You miss **your** connecting flight or cruise for one of the following **covered reasons**:

- **you're** involved in or delayed by a traffic **accident**;
- **you're** delayed by **severe weather** while en route to the departure; or
- **severe weather** cancels one of **your** flights en route to the connection or cruise, or delays it for at least three hours.

Specific requirements: (all must apply)

- **You** allowed enough time in **your** itinerary to reach **your** flight or cruise on time; and
- **You** aren't able to reach **your** connecting flight or cruise another way.

What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

Prepaid expenses

The unused part of **your** prepaid expenses if **you** miss at least 24 hours of **your trip**, less any **refunds you** receive.

Meals, accommodation and transportation

- Reasonable additional expenses for meals and **accommodation** related to **your** missed connection or cruise.
- Reasonable additional transportation expenses to get to **your** original **destination** or to a place where **you** can continue **your trip**.

Benefits are payable under only one of missed connection coverage or travel delay coverage.

YOUR BAGGAGE IS LOST, DAMAGED, STOLEN OR DELAYED



Important

Any **refunds you** receive will be deducted from **your** claim.



We can help!

Need help contacting local authorities or getting emergency cash from home? See *Help while traveling*, for a complete list of ways **we** can help.

Lost, damaged or stolen baggage coverage

When it applies

Your baggage is lost, damaged or stolen while **you're** traveling.

Specific requirements: (all must apply)

- **You** take reasonable steps to keep **your baggage** safe and intact, and to recover it; and
- **You** file a report giving a description of the property and its value with the appropriate local authorities, **common carrier**, hotel or tour operator within 24 hours of the loss.

What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

Actual price, actual cash value, repair or replacement (whichever is less)

- actual price is the amount it would cost to buy a similar item.
- actual cash value is the amount the item is worth based on its **current market value**. If **you** don't have an original receipt, **we'll** cover up to 75% of its **current market value**.
- repair or replacement is the cost to repair or replace the item.

Special limit:

- Maximum \$500 in total for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items. **You** need to provide original receipts for these items or they won't be covered.

Delayed baggage coverage

| | |
|-----------------|--|
| When it applies | <p>A common carrier, hotel or tour operator delays your baggage for 24 hours or more.</p> <p>Specific requirement:</p> <ul style="list-style-type: none">• You report the loss and file a claim with the common carrier, hotel or tour operator. |
| What it covers | <p>Please refer to your letter of confirmation to confirm your coverage and limits in your plan.</p> <p><i>Reasonable essential items</i></p> <p>Reasonable essential items for you to use until your baggage arrives.</p> |

OTHER COVERAGE



Important
Please check **your letter of confirmation** to confirm **your** coverage and limits.

Existing medical condition coverage

- If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:
- **you** purchased **your plan** within 14 days of making **your** first **trip** payment or first **trip** deposit;
 - **you** purchased trip cancellation coverage that covers the full cost of all **your** non-refundable **trip** arrangements;
 - **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**;
 - the total cost of **your trip** is \$50,000 per person or less; and
 - all other stated terms and conditions are met.

Change fee coverage

| | |
|-----------------|--|
| When it applies | <p>You have to change the dates on your airline ticket for one of the following covered reasons:</p> <ul style="list-style-type: none">• your trip is canceled or interrupted for a covered reason listed under trip cancellation/trip interruption coverage, except cessation of operations.• you or a traveling companion are delayed by severe weather on the way to your flight. <p>Specific requirement:</p> <ul style="list-style-type: none">• If you were delayed by severe weather, you allowed enough time in your itinerary to reach your flight on time. |
| What it covers | <p>Please refer to your <i>letter of confirmation</i> to confirm your coverage and limits.</p> <p><i>Change fees</i></p> <p>Fees to change the dates on your airline ticket.</p> |

SECTION 3: WHAT THIS CERTIFICATE EXCLUDES

GENERAL EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
 - skydiving, hang gliding or parachuting;
 - bungee jumping;
 - caving;
 - extreme skiing, heli-skiing or skiing outside marked trails;
 - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
 - mountain climbing or any other high altitude activities; or
 - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic or pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- **nuclear reaction**, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

You aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the departure and return dates on **your** enrollment or other form don't represent when **you** actually intended to travel.

SPECIFIC EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this certificate includes*.

Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment;
- defective materials or workmanship; or
- ordinary wear and tear.

These items aren't covered:

- animals;
- cars and accessories, motorcycles and motors, aircraft, boats and other vehicles;
- bicycles, skis and snowboards (unless they're checked with a **common carrier**);
- eyeglasses, sunglasses and contact lenses;
- hearing aids, artificial teeth and limbs;
- wheelchairs and other mobility devices;
- consumables, medicines, perfumes, cosmetics and perishables;
- tickets, passports, deeds and other documents;
- money, credit cards, securities, bullion, stamps and keys;
- rugs and carpets;
- property for business or trade; and
- **baggage** when it is:
 - shipped as freight;
 - sent before **your scheduled departure date**;
 - left in or on a car trailer; or
 - left in an unlocked car.

SECTION 4: WHO IS COVERED AND WHEN

WHO IS COVERED BY YOUR PLAN

Your plan covers the people listed on **your letter of confirmation**.

WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if **we** accept **your** request for insurance.

Your plan's effective date depends on how **you** purchased it.

| if you purchased | it's effective: |
|------------------|---|
| in person | the day and time you purchase your plan . |
| by mail | the day after your enrollment or other form is postmarked. |
| over the phone | the day after you place your telephone order. |
| by fax | the day after we receive your fax. |
| online | the day after we receive your online order. |

Trip cancellation coverage begins on **your plan's** effective date, as long as **we** receive **your** premium before **you** cancel **your trip** or make a claim.

All other coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

Your coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**; or
- the 365th day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

Your plan can't be renewed.

SECTION 5: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit www.allianztravelinsurance.com, email or call **us** and **we'll** be happy to help.

Go online to:

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

Email or call to:

- find out what forms and documentation **you** need.
- file a claim and check its progress.

Claims inquiry:

- **Website:** www.allianztravelinsurance.com
- **Email:** claimsinquiry@allianzassistance.com
- **Telephone:** 1-800-334-7525

IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Proof of Loss

You are responsible for providing all necessary documentation to prove **your** loss.

Assignment

You can assign **your** rights under **your plan** by notifying **us** in writing.

About beneficiaries

All benefits will be paid to **your** estate.

Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

Recovery

We have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** enrollment or other form is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



Important

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

We'll only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

SECTION 6: DEFINITIONS

| | |
|-----------------------------------|---|
| Accident | An unexpected and unintended event that causes injury , property damage or both. |
| Accommodation | A hotel or other kind of lodging where you make a reservation and pay a fee. |
| Assault | Physical assault that requires treatment in a hospital . |
| Baggage | Personal property you take on your trip and the suitcases or other kinds of containers you use to carry them. |
| Common carrier | A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies. |
| Covered reasons | The specific situations and events that are covered by this certificate . |
| Current market value | The dollar amount an item could reasonably be sold for, based on its original price, age and current condition. |
| Destination | A place more than 100 miles from your primary residence where you spend more than 24 hours of your trip . |
| Doctor | Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either your immediate family , or any member of the sick or injured person's immediate family . |
| Domestic partner | A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months. |
| Epidemic | An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC). |
| Existing medical condition | <p>An illness or injury that you, a traveling companion or family member were seeking or receiving treatment for or had symptoms of on the day you purchased your plan, or at any time in the 120 days before you purchased it.</p> <p>You, a traveling companion or family member are considered to have an existing medical condition if you, a traveling companion or family member:</p> <ul style="list-style-type: none">• saw or were advised to see a doctor;• had symptoms that would cause a prudent person to see a doctor; or• were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed. |

| | |
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| Family member | <p>Any of the following people, whether or not they're traveling with you:</p> <ul style="list-style-type: none"> • spouses and common-law, civil union and domestic partners; • parents and step-parents; • children and step-children (including adopted or soon to be adopted children); • siblings; • grandparents and grandchildren; • the following in-laws: mother, father, son, daughter, brother, sister; • aunts, uncles, nieces and nephews; • legal guardians and wards; • business partners; • paid, live-in caregivers; and • service animals (as defined by the Americans with Disabilities Act). <p>Immediate family members are:</p> <ul style="list-style-type: none"> • spouses and common-law, civil union and domestic partners; • parents and step-parents; • children and step-children (including adopted or soon to be adopted children); • siblings; and • grandparents and grandchildren. |
| Financial default | A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection. |
| Hospital | <p>A facility whose primary function is to diagnose and treat sick and injured people under the supervision of doctors. It must:</p> <ul style="list-style-type: none"> • have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses; • be compensated by patients or their insurance providers for performing these services; and • be licensed where required. |
| Illness | Sickness, infirmity or disease. It doesn't include conditions you already had or knew about when you purchased your plan (see existing medical condition). |
| Injury | Physical harm directly caused by an accident or assault , without other contributing causes. |
| Medical condition | <p>A physical condition you have, or have symptoms of, that you:</p> <ul style="list-style-type: none"> • have seen or been advised to see a doctor about; • have symptoms of that would cause a prudent person to see a doctor; or • are taking prescribed medication for. |

| | |
|---------------------------------|--|
| Natural disaster | A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption. |
| Pandemic | An epidemic over a wide geographic area that affects a large portion of the population. |
| Primary residence | Your permanent, fixed address and primary residence for legal and tax purposes. We call the place your primary residence is located your place of residence. |
| Quarantine | Mandatory isolation or restrictions on where you can go, intended to stop a contagious disease from spreading. |
| Refund | Cash or a credit or voucher for future travel that you get from a travel agent, tour operator, airline, cruise line or other travel supplier , or any credit, recovery or reimbursement you get from your employer, another insurance company, a credit card issuer or any other entity. |
| Scheduled departure date | The day and time you listed on your enrollment or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date. |
| Severe weather | Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm. |
| Terrorist event | When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war. |
| Travel supplier | A travel agent, tour operator, airline, cruise line or other travel service provider. |
| Traveling companion | A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader. |
| Trip | Round-trip or one-way travel to and from a place at least 100 miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work. |
| Unlawful acts | Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan . |
| Uninhabitable | A natural disaster , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other accommodation unfit for use. |

Your Travel Insurance Certificate

Thank you for buying a travel insurance **plan** from **us**!

Your plan is described in the following documents:

- This **certificate**, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure you read these documents carefully. This **certificate** may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if **you** think there is a mistake.

All dollar amounts in these documents are in US dollars.



We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico
and the U.S. Virgin Islands
All other locations, call collect

1-800-654-1908
1-804-281-5700

WHAT'S INSIDE

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SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your** *letter of confirmation*; and
- all other bolded terms are defined in Section 6, Definitions.

All of the information about travel insurance in this document is subject to the terms and conditions of the Group Policy underwritten by **Jefferson**. No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions. **Our** coverage may be broader than described in the **certificate**. If there is a discrepancy between the Group Policy and the **certificate**, the Group Policy governs.

About this agreement

Please read your certificate carefully for full details. This is a legal contract. The entire contract consists of the master policy, the **certificate**, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

We have issued the **certificate** and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this **certificate** are for convenience only.

Satisfaction Guarantee

We will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary

SECTION 2: WHAT THIS CERTIFICATE INCLUDES

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your letter of confirmation** to confirm **your** coverage and limits.

Your plan also includes assistance services, which are described in *Help while traveling*.

| Coverage | When it applies | Page |
|----------------------------|--|-----------|
| | You get sick or hurt while traveling | 26 |
| Emergency medical/dental | You have to pay for emergency medical or dental care | |
| | Other coverage | 27 |
| Existing medical condition | You have an existing medical condition | |

* Underwritten by Jefferson Insurance Company

How to read Section 2

| | |
|------------------------|--|
| When it applies | Tells you when you're eligible to make a claim. These situations and events are called covered reasons . |
| What it covers | Tells you the kinds of things you can be reimbursed for. You'll find out more in Section 5, <i>Claims information</i> . |
| We can help! | Tells you about related assistance services that are available to you worldwide. You'll find a complete list in <i>Help while traveling</i> . |



Important

Be sure to also read Section 3, *What this certificate excludes*, as well as Section 4, *Who is covered and when*, for important information on how **your** coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

YOU GET SICK OR HURT WHILE TRAVELING



We can help!

Need help finding a **doctor** or getting emergency cash from home to pay for treatment? See *Help while traveling*, for a complete list of ways **we** can help.

Emergency medical/dental coverage

When it applies

You have to pay for **emergency medical or dental care** for one of the following **covered reasons**:

- **you** have a sudden, unexpected **illness** or **injury** during **your trip** that's either life threatening or could cause serious and irreparable harm if it isn't treated.
- **you** have an **injury** or infection, a lost filling or a broken tooth during **your trip** that requires immediate treatment by a **dentist**.

Specific requirement:

- The treatment is **medically necessary** and is provided by a **doctor, dentist, hospital or other licensed provider** during **your trip**.

What it covers

Please refer to **your letter of confirmation** to confirm **your** coverage and limits in **your plan**, including any **deductible** for **outpatient** care that may apply to **your plan**.

Reasonable and customary costs

Reasonable and customary costs for supplies and services from a **doctor, dentist, hospital or other licensed provider**.

California Residents: If **you** are purchasing a **plan** that includes emergency medical/dental coverage, please note the following:

This **plan** contains disability insurance benefits or health insurance benefits, or both, that only apply during the covered **trip**. **You** may have coverage from other sources that already provides **you** with these benefits. **You** should review **your** existing policies. If **you** have any questions about **your** current coverage, call **your** insurer or health plan.



Important

This is secondary coverage. If **you** have health insurance, **you** must submit **your** claim to that provider first. Any benefits **you** receive from **your** primary insurance provider or from any excess coverage will be deducted from **your** claim.

If **you're** eligible for benefits or compensation through a government-funded program other than Medicaid, **you** don't qualify for this coverage.

OTHER COVERAGE



Important

Please check **your** *letter of confirmation* to confirm **your** coverage and limits.

Existing medical condition coverage

If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your** first **trip** payment or first **trip** deposit;
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**;
- the total cost of **your trip** is \$50,000 per person or less; and
- all other stated terms and conditions are met.

SECTION 3: WHAT THIS CERTIFICATE EXCLUDES

GENERAL EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

The following things if they affect **you**, a **traveling companion** or a **family member**, whether the **family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), unless there are unforeseen complications or problems with the pregnancy;
- fertility treatments, childbirth or elective abortion;
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom); or
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom).

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member;
- participating in or training for any professional or amateur sporting competition; or
- participating in extreme, high-risk sports like:
 - skydiving, hang gliding or parachuting;
 - bungee jumping;
 - caving;
 - extreme skiing, heli-skiing or skiing outside marked trails;
 - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate);
 - mountain climbing or any other high altitude activities; or
 - scuba diving below 120 feet (40 meters) or without a dive master.

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**;
- an **epidemic or pandemic**;
- **natural disasters** like hurricanes, earthquakes, fires and floods (unless specifically included in Section 2);
- air, water or other pollution, or the threat of a pollutant release;
- **nuclear reaction**, radiation or radioactive contamination;
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

You aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates; or
- the departure and return dates on **your** enrollment or other form don't represent when **you** actually intended to travel.

SECTION 4: WHO IS COVERED AND WHEN

WHO IS COVERED BY YOUR PLAN

Your plan covers the people listed on **your letter of confirmation**.

WHEN YOUR COVERAGE BEGINS AND ENDS

You're only eligible for coverage if **we** accept **your** request for insurance.

Your plan's effective date depends on how **you** purchased it.

| if you purchased | it's effective: |
|------------------|---|
| in person | the day and time you purchase your plan . |
| by mail | the day after your enrollment or other form is postmarked. |
| over the phone | the day after you place your telephone order. |
| by fax | the day after we receive your fax. |
| online | the day after we receive your online order. |

All coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

Your coverage ends on the earliest of:

- the day **you're** scheduled to return;
- the day **you** actually return, if **you** come back earlier;
- the day and time **you** cancel **your trip**; or
- the 365th day of the **trip**.

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

Your plan can't be renewed.

SECTION 5: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit www.allianztravelinsurance.com, email or call **us** and **we'll** be happy to help.

Go online to:

- find out what forms and documentation **you** need.
- download a claims form and mail it in.
- file a claim electronically and track its progress.

Email or call to:

- find out what forms and documentation **you** need.
- file a claim and check its progress.

Claims inquiry:

- **Website:** www.allianztravelinsurance.com
- **Email:** claimsinquiry@allianzassistance.com
- **Telephone:** 1-800-334-7525

IMPORTANT INFORMATION ABOUT CLAIMS

You have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

Proof of Loss

You are responsible for providing all necessary documentation to prove **your** loss.

Assignment

You can assign **your** rights under **your plan** by notifying **us** in writing.

About beneficiaries

All benefits will be paid to **your** estate.

Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

Medical examinations and autopsy

We have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

Recovery

We have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told **us** on **your** enrollment or other form is deliberately misleading or inaccurate; or
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**; and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



Important

This is a named perils travel insurance **certificate**, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

We'll only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your letter of confirmation** to confirm **your** coverage and limits in **your plan**.

SECTION 6: DEFINITIONS

| | |
|---|--|
| Accident | An unexpected and unintended event that causes injury , property damage or both. |
| Assault | Physical assault that requires treatment in a hospital . |
| Common carrier | A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies. |
| Covered reasons | The specific situations and events that are covered by this certificate . |
| Deductible | The dollar amount you must contribute to the loss. |
| Dentist | Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be you , a traveling companion , any member of either your immediate family , or any member of the sick or injured person's immediate family . |
| Doctor | Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either your immediate family , or any member of the sick or injured person's immediate family . |
| Domestic partner | A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months. |
| Emergency medical and/or dental care | <p>Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like:</p> <ul style="list-style-type: none">• elective cosmetic surgery or cosmetic foot care;• physical exams;• allergy treatments (unless life threatening);• hearing aids, eyeglasses and contact lenses;• palliative care; or• experimental treatment. |
| Epidemic | An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC). |
| Existing medical condition | <p>An illness or injury that you, a traveling companion or family member were seeking or receiving treatment for or had symptoms of on the day you purchased your plan, or at any time in the 120 days before you purchased it.</p> <p>You, a traveling companion or family member are considered to have an existing medical condition if you, a traveling companion or family member:</p> <ul style="list-style-type: none">• saw or were advised to see a doctor; |

- had symptoms that would cause a prudent person to see a **doctor**; or
- were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed.

Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

Financial default

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

Hospital

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

Illness

Sickness, infirmity or disease. It doesn't include conditions **you** already had or knew about when **you** purchased **your plan** (see **existing medical condition**).

Injury

Physical harm directly caused by an **accident** or **assault**, without other contributing causes.

| | |
|---------------------------------------|--|
| Medically necessary | Treatment that's appropriate for your illness or injury , consistent with your symptoms, and that can safely be provided to you . It meets the standards of good medical practice and isn't for your convenience or the provider's convenience. |
| Natural disaster | A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption. |
| Other licensed provider | A person or entity that isn't a doctor or hospital but provides medical or dental services, and is licensed where required. |
| Outpatient | Someone who receives medical or dental treatment but doesn't have to stay at a hospital for overnight care. |
| Pandemic | An epidemic over a wide geographic area that affects a large portion of the population. |
| Quarantine | Mandatory isolation or restrictions on where you can go, intended to stop a contagious disease from spreading. |
| Reasonable and customary costs | What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers. |
| Scheduled departure date | The day and time you listed on your enrollment or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date. |
| Severe weather | Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm. |
| Terrorist event | When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war. |
| Traveling companion | A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader. |
| Trip | Round-trip or one-way travel to and from a place at least 100 miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work. |
| Unlawful acts | Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan . |

HELP WHILE TRAVELING

If **you** need help while traveling, **our** assistance team is available 24 hours a day.

Our services are here to help make challenging situations a little easier. With **our** global reach, **we** can get **you** in touch with licensed medical and legal professionals and other kinds of help.



Important

Please note that the General exclusions for **your plan** also apply to **our** assistance services. **You'll** find the list of these exclusions in Section 3, *What this certificate excludes*.

HOW TO REACH US

In the United States, Canada, Puerto Rico and U.S. Virgin Islands, call **1-800-654-1908**

All other locations, call collect **1-804-281-5700**

If **you** can't call collect, **we'll** call **you** back.

Please have this information ready when **you** call:

- **your** name, location and phone number
- **your** identification number

MEDICAL ASSISTANCE

Finding a doctor, dentist or medical facility

If **you** need care from a **doctor**, **dentist** or medical facility while **you're** traveling, **we** can help **you** find one.

Paying or guaranteeing your hospital bill

If **you** need to be admitted to a **hospital** as an **inpatient** for longer than 24 hours, **we** can guarantee or advance payments up to the limit of **your** *emergency medical/dental coverage* (described in Section 2).

Monitoring your care

If **you're** hospitalized, **our** medical staff will stay in contact with **you** and the **doctor** caring for **you**. **We** can also notify **your** family and **your doctor** back home of **your illness** or **injury** and update them on **your** status.

IN-TRANSIT ASSISTANCE

Flight information

If **you** miss **your** flight or it's delayed or canceled, **we** can provide you with the most current travel delay information and give **you** arrival and departure times for other flights that will get **you** to **your** connecting flight or final **destination**.

Changing your flight

If **your** trip is interrupted or delayed, and **you** must change **your** original flight, **we** can help by conferencing **you** to **your** travel agent or airline to change **your** existing ticket(s).

New flight booking

If **your** trip is interrupted or delayed, and **you** need to book a new flight an alternative to the one on **your** original itinerary, **we** can help book that flight for **you**.

Hotel rebooking

If **your** trip has been interrupted or delayed, **we** can help change **your** reservation or suggest alternative accommodations.

IN-DESTINATION ASSISTANCE

Destination information

We can provide **you** with important information about **your** destination – such as, but not limited to, travel documentation requirements, travel advisories, and inoculation/immunization requirements.

Lost travel documents assistance

If **your** travel tickets are lost or stolen, **we** can contact the airline or other **common carrier**, and can help **you** with **your** travel arrangements if **your trip** is interrupted.

If **your** passport or other travel documents are lost or stolen, **we** can help **you** reach the appropriate authorities, contact **your** family or friends, and assist **you** in getting **your** documents replaced.

Emergency language translation

We can help **you** with interpretation service in the event **you** require help locally but are unable to communicate due to language barriers.

Emergency cash assistance

If your cash is lost or stolen or you need extra money to pay for unexpected expenses, we can arrange to transfer funds from your family or friends.

Legal referrals

We can help **you** find local legal advice if **you** need it while **you're** traveling.

If **you** need to pay legal fees, **we** can arrange to transfer funds from **your** family or friends.

Emergency message delivery

We can help **you** get an urgent message to someone back home. **We'll** try calling up to three times within 24 hours and confirm whether **we** were able to reach the person **you** asked us to contact.

About our assistance services

Our goal is to help **you** with **your** problem no matter where **you're** traveling.

We'll make all reasonable efforts to help **you** as **we've** described, but there may be times when **we** aren't able to resolve **your** problem for reasons that are beyond **our** control.

We will always do **our** best to refer **you** to appropriate professionals, but please be aware that they are independent providers and **we** can't be held responsible for the results of any services they provide.

EMERGENCY MEDICAL TRANSPORTATION



Important

If **your** emergency is immediate and life threatening, seek local emergency care at once.

Please refer to **your** cover letter to confirm **your** coverage and limits in **your** plan.

You or **your** representative must contact **us** and **we** must make all transportation arrangements in advance. **We** will not pay for any of the services listed in this section if **we** didn't authorize and arrange it.

Moving you to a hospital or medical clinic (emergency medical evacuation)

If **you're** seriously ill or **injured** during **your** trip **and** **our** medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- **our** medical team will consult with the local **doctor**;
- **we'll** identify the closest appropriate facility, make arrangements and pay to transport **you** to that facility; and
- **we'll** arrange and pay for a **medical escort** if **we** determine one is necessary.

Getting you home after your care (medical repatriation)

If **you're** seriously ill or **injured** during **your** trip, under the care of a local **doctor** and unable to continue **your** trip, medical repatriation takes place once **our** medical team determines that **you** are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. **We'll**:

- arrange and pay (less any **refunds** for unused tickets) for **you** to be transported via a commercial transportation carrier in the same class of service that **you** were booked for **your** trip. The transportation will be to one of the following:

- **your primary residence**;
- a location of **your** choice in the United States; or
- a medical facility near **your primary residence** or city of **your** choice in the United States. **We'll** take **your** request into consideration as long as the medical facility will accept **you** as a patient and is approved as medically appropriate for **your** continued care by **our** medical director.
- arrange and pay for a **medical escort** if **our** medical team determines a **medical escort** is necessary.

Bringing a friend or family member to you (transport to bedside)

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** transport a friend or **family member** to stay with **you**. **We'll** arrange and pay for round-trip transportation in economy class on a **common carrier**.

Getting your children home (return of dependents)

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** arrange for and pay (less any **refunds** for unused tickets) to transport **your** children under the age of 23 who are traveling with **you** to one of the following:

- **your primary residence**; or
- a location of **your** choice in the United States.

Transportation will be on a **common carrier** in the same class of service they were originally booked.

Transporting your remains (repatriation of remains)

We'll arrange and pay for the reasonable and necessary services to transport **your** remains to one of the following:

- a funeral home near **your primary residence**; or
- a funeral home located in the United States.

We'll also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

Your representative must contact **us** in advance to make these arrangements. If this is not possible, **your** representative must contact **us** within a reasonable time, but no later than one year after the transportation.

Medical escort A professional person contracted by **our** medical team to accompany a seriously ill or **injured** person while they are being transported. A **medical escort** is trained to provide medical care to the person being transported. A friend or **family member** cannot be a **medical escort**.

JEFFERSON INSURANCE COMPANY
(A Stock Company)

ENDORSEMENT

Emergency Medical and Dental Coverage
Primary

The Certificate to which this endorsement is attached is amended as follows:

In Section 2 entitled **WHAT THIS CERTIFICATE INCLUDES, Emergency Medical/ Dental Coverage** is amended as follows:

1. The following is deleted:

This is secondary coverage. If **you** have health insurance, **you** must submit **your** claim to that provider first. Any benefits **you** receive from **your** primary insurance provider or from any excess coverage will be deducted from **your** claim.

2. The following is added:

This coverage is primary.

There are no other changes to the Certificate.

PRIVACY POLICY

THIS NOTICE DESCRIBES HOW PERSONAL DATA, AND, WHERE APPLICABLE, MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AGA Inc. and its affiliates (“we/us/our”), including Jefferson Insurance Company and AGA Service Company d/b/a Allianz Global Assistance, are committed to protecting your privacy. By using our products, services or website, you are consenting to our collection and use of your personally identifiable data under this Policy.

Definitions.

1. Personal Data. “Personal Data” means non-public personal information that identifies a specific individual. It doesn’t include data that does not identify a specific individual or data that is encoded, anonymized or aggregated.
2. Sensitive Data. “Sensitive Data” means personal information about an individual’s race or ethnicity; political, religious, ideological or trade union memberships, opinions, views or activities; medical conditions or other protected health information (“PHI”) as defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”); financial account information (e.g. bank account number); government-issued ID numbers; sexuality; or administrative or criminal proceedings that are treated outside pending proceedings. In addition, Sensitive Data includes information we receive from a third party who treats and identifies the information as sensitive.
3. Agent. “Agent” means any third party that collects or uses Personal Data to perform tasks on our behalf, or our underwriters.

Privacy Practices. We strive to comply with the laws of the countries in which we do business regarding the protection of your Personal Data, including the EU Directive on Data Protection. In an effort to comply with such laws, we have joined the U.S. Department of Commerce's EU Safe Harbor and Swiss Safe Harbor programs (collectively, “Safe Harbor”), and we adhere to the below principles for handling your Personal Data. To learn more about the Safe Harbor program, and to view our certification, please visit <http://www.export.gov/safeharbor/>.

1. Notice: We collect Personal Data from you as stated in this notice, including information: (i) from forms, such as application or claim forms; or by telephone, website, email or correspondence; (ii) to complete your transaction with us (e.g. to underwrite coverage or process claims); (iii) regarding your transactions with us or others; (iv) we receive from a consumer reporting agency; or (v) you provide to us or have authorized others to provide to us or for us to collect from others.

We may use the Personal Data we have collected: (i) to offer, solicit, sell, or otherwise make available to you insurance and assistance products and services; (ii) to provide you with information or services for such products and services; (iii) to administer your insurance and assistance products and services for you, including but not limited to providing travel-related or concierge services, adjudicating claims, conducting quality/satisfaction assessments, and fraud prevention; or (iv) for purposes to which you’ve otherwise consented. This may in some cases include disclosing your Personal Data to Agents, but only for the purposes described in this notice, or for everyday business purposes or as required or permitted by law (such as to process transactions, maintain accounts, respond to court orders and legal investigations, or report to credit bureaus). These Agents may be affiliated or nonaffiliated and may include financial services providers (e.g. underwriting insurers) and non-financial companies (e.g. medical service providers, travel service providers, service providers assisting us with our marketing).

For circumstances in which we are subject to HIPAA, we are required to provide you with notice of our duties and practices with respect to PHI. Under HIPAA, we may use and disclose your PHI for one or more of the following purposes:

- (1) monitoring the health care treatment you receive (e.g. we may send or receive PHI to/from a doctor regarding your diagnosis and treatment so we can ensure that you are being treated in a medically-appropriate facility);
- (2) payment for health services (e.g. we may use your PHI to make payments to a hospital that has treated you);
- (3) to help run our organization (e.g. we may use your PHI to conduct quality assessments of the services we have provided to you—however, note that we are prohibited from using or disclosing PHI that is genetic information about you for underwriting purposes); or
- (4) for other purposes as required to administer your insurance and/or assistance product (e.g. we may use PHI to adjudicate a claim made under an insurance policy).

We may also in some specific cases need to use or disclose your PHI for one or more of the following purposes:

- (1) for public health and safety issues;
- (2) to comply with legal or regulatory requirements;
- (3) to address or comply with workers' compensation, law enforcement, or other governmental mandates or requests; or
- (4) to respond to lawsuits or legal actions.

In cases where we are subject to HIPAA, uses and disclosures of your PHI not described above will be made only with your express authorization.

When you access our website, we collect your IP address and other data about your web usage. We may use cookies (text files on your computer) to do so. We also use Google, Inc.'s Google Analytics and AdWords services and other similar third party vendor services, which use cookies to transmit your IP address and other website usage data and browser-generated information. These vendors store and aggregate this data to analyze such usage and create reports for us. We, our affiliates and our Agents use such data and such reports for our own business purposes (e.g. optimization of the content you see from us, website improvement, other purposes stated in this notice, etc.) and Payment Card Industry Data Security Standard compliance. These vendors also display our ads on sites across the Internet, and they may use this data to later display ads to you based on your usage of our website. By using our website, you are consenting to this use of cookies and usage data for these purposes. You can refuse cookies by disabling them in your browser.

Finally, we may use and disclose your name, email address, or contact information for marketing administration purposes (e.g. we may need to disclose your email address to an Agent providing marketing services on our behalf to help ensure that your opt-out choices are respected and that you do not receive duplicate communications).

If we collect your Personal Data for any reason other than as stated in this notice, we'll notify you before using or disclosing that data, stating our purpose for collecting and using the data, the types of non-Agent third parties to which we disclose the data, and the means we offer you to limit the use and disclosure of the data. If we receive Personal Data from any entity in the EU, we'll use that data according to the instructions such entity gives us regarding notices it provided and the choices made by the individuals to whom such data relates.

2. Choice. Federal and some states' laws allow you the right to choose in some cases opt out of us sharing your Personal Data—you may exercise this right by notifying us as provided below. However, except as required or authorized by law (e.g. for fraud prevention), we do not share, sell or otherwise disclose your Personal Data to non-Agent third parties or use it for any purpose other than for which it was originally collected or as you subsequently authorize). However, if ever we wish to do so, we will offer you the opportunity to opt out of this

use by sending an appropriately detailed request to the address provided below. In the event that we wish to disclose your Sensitive Data to a non-Agent third party or use such data for a purpose other than for which it was originally collected or as you subsequently authorize, we will provide you the affirmative, explicit choice of whether you wish to permit such disclosure (“opt-in”).

Except as authorized by law, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes, or use or disclose your PHI in a way that would constitute a sale of PHI under HIPAA unless you expressly authorize us to do so. You may revoke this authorization at any time, except that such revocation will not be effective as to actions we have already taken in reliance on that authorization. You may request restrictions on our use and disclosure of certain health information for treatment, payment, or our operations. However, we are not required to agree to your request, except as otherwise required by HIPAA.

You may opt out of receiving non-essential communications from us by notifying us as provided below and disabling cookies in your web browser as described above.

Though we make every effort to preserve your privacy, we may need to disclose Personal Data or Sensitive Data if we have a good-faith belief that it is necessary to protect or defend our or your rights, interests or property; comply with any applicable law, regulation, judicial rule or order, or other mandate; or other such purposes as required or authorized by law. In any such case, we will take reasonable care to disclose only as much Personal Data as is necessary.

3. Onward Transfer. We may disclose your Personal Data to our Agents, but only for the purposes described in this notice. We will take reasonable steps to obtain assurances from our Agents that they will safeguard your Personal Data consistent with this Policy. Upon discovery, we will take reasonable steps to stop the Agent from using or disclosing Personal Data that is contrary to this Policy.
4. Security. We take reasonable precautions to protect your data from loss, misuse, or unauthorized access, disclosure, alteration and destruction. To help maintain the security of your data, we employ physical, electronic and procedural safeguards, including utilizing policies to take reasonable precautions to (a) securely and confidentially maintain your Personal Data; (b) assess and protect against threats/hazards to the security or integrity of such data; and (c) prevent unauthorized access to or use of such data. Additionally, except where required or permitted by law, we limit use of your Personal Data to the minimum necessary to accomplish the purposes for which that data was collected and to be used as described in this notice, and we restrict access to your Personal Data to only those who need to access that data to accomplish those purposes. To make your online transaction with us as safe and secure as possible, we use advanced encryption technology and treat your credit card information with the highest standard of confidentiality and safety. We are required by law to maintain the privacy and security of your PHI. In the unlikely event of a “breach” as defined under HIPAA of your unsecured PHI, we are required by law to provide you with notification of that breach.
5. Data Integrity. To help maintain the integrity of your data, we will take reasonable steps to ensure that Personal Data is reliable for its intended use, relevant, accurate, complete and current.
6. Access. If you discover that the data we hold about you is inaccurate or incomplete, please let us know by contacting us as indicated below. We will grant you reasonable access to the Personal Data we hold about you and will take reasonable steps to allow you to correct, amend or delete your Personal Data that you show to be inaccurate or incomplete, so long as it can be done without imposing an undue burden or expense on us.

Where we are subject to HIPAA, you have the right to request to receive confidential communications of your PHI, as applicable. Subject to HIPAA, at your request, you may inspect, amend, and copy PHI we maintain about you, and receive an accounting of certain disclosures of your PHI (e.g. health payment records), in accordance with and as permitted by HIPAA.

7. **Enforcement.** We verify our compliance with the Safe Harbor and the terms of this Policy by conducting a periodic self-assessment. Any complaint or dispute about how we handle your Personal Data should be directed to the address provided below. Additionally, complaints about how we handle your PHI may be directed to us or to the U.S. Secretary of Health and Human Services. We will investigate and attempt to resolve any such complaints or disputes internally; however, if we are unable to reach a mutually satisfactory resolution for such complaint or dispute, we have agreed to participate in the dispute resolution procedures administered by the European data protection authorities' Safe Harbor dispute panel. You will not be retaliated against for filing a complaint.

Links. Our websites may provide links to non-affiliated third party websites. Be aware when visiting such websites that we are not responsible for and make no representations regarding the content, privacy policies and practices (security or otherwise) regarding these or any other third party websites. You should read the policies of the websites you visit to understand their policies for the collection and treatment of data.

Changes to Policy. This Policy reflects our business practices and is not a contract. However, we are required to and will abide by the terms of this Policy as currently in effect. We may amend this Policy at any time and will notify you of any updates by posting a revised policy on our website. The revised policy will apply to all information collected by us, including previously collected information to the extent permissible under the Safe Harbor. Your continued use of our website, products or services following any such amendment shall constitute acceptance of the revised policy. You are responsible to regularly review this Policy. You have the right to a paper copy of this Policy upon request.

Contact. If you have any questions or comments regarding this Policy or the way that we collect or handle your Personal Data, or if you would like to obtain a paper copy of this Policy, or if you wish to opt out as described above, please contact our Chief Privacy Officer by e-mail at privacy@allianzassistance.com; or by telephone at 1-800-284-8300; or by regular mail at the following address: Allianz Global Assistance, ATTN: Chief Privacy Officer, 9950 Mayland Drive, Richmond, VA 23233.

Effective Date. This Policy was last revised on, and is effective as of, July 7, 2015.

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JICPRIVNOT (Ed. 07-15)