

Med Evac

WHY WORRY?
TRAVEL SMART.



Description of Coverage

Schedule of Benefits

PER PERSON:

MEDEVAC ANNUAL PRODUCT

This is an annual travel insurance program which provides coverage for all Trips taken and completed within 365 days of the date premium is paid. The maximums shown below are aggregate amounts which will diminish in value per paid claim during the insurance period.

Emergency Medical Transportation Up to 2 per Persons
Accident & Sickness Medical Expense \$25,000

PER-TRIP PRODUCT

Emergency Medical Transportation 1 per Person/Trip
Accident & Sickness Medical Expense \$25,000

PER FAMILY:

MEDEVAC ANNUAL PRODUCT

This is an annual travel insurance program which provides coverage for all Trips taken and completed within 365 days of the date premium is paid. The maximums shown below are aggregate amounts which will diminish in value per paid claim during the insurance period.

Emergency Medical Transportation Up to 2 per Persons
Accident & Sickness Medical Expense \$25,000

PER-TRIP PRODUCT

Emergency Medical Transportation 1 per Person/Trip
Accident & Sickness Medical Expense \$25,000

Worldwide Emergency Assistance Services

AIG Travel Assist Included
24-hour LiveTravel Assistance Included
Concierge Services Included

PRE-EXISTING MEDICAL CONDITION EXCLUSION:
The Insurer will not pay for loss or expense incurred as the result of Injury, Sickness or other condition of the Insured, a Traveling Companion, or an Immediate Family Member of the Insured or Traveling Companion, which, within the 180 day period before the Insured's coverage began: (a) first manifested itself, worsened, became acute, or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required treatment by a Physician or treatment had been recommended by a Physician.

Blanket Travel Accident Insurance

This document describes the benefits and basic provisions of the Policy. Read it with care. The Policy is the only contract under which benefits are paid.

PLEASE READ THIS DOCUMENT CAREFULLY! Insurance Coverage

Underwritten by National Union Fire Insurance Company of Pittsburgh, PA, NAIC No. 19445, a member of the AIG Companies® with their principal place of business at 70 Pine Street, New York, NY 10270 and currently authorized to transact business in all states and the District of Columbia.

This is only a brief description of the insurance coverage(s) available under policy series T30253NUFIC; (in NC: 52735MO, in NY: 52735). The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

- Coverage may not be available in all states. -

- COVERAGE IS VALID ONLY IF PREMIUM HAS BEEN PAID -

PRODUCT NUMBER: 007915 3/05

In the event of a claim, please refer to the above Product Number.

DEFINITIONS

"Children" means unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured's home, under age 22 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

"Common Carrier" means any conveyance operated under a license for the transportation of passengers for hire.

"Complication of Pregnancy" means a condition whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy. It does not include any condition associated with the management of a difficult pregnancy not consisting of a classifiable distinct Complication of Pregnancy.

"Contracted Departure Date" means the date on which the Insured is originally scheduled to leave on his/her Trip.

"Contracted Return Date" means the date on which the Insured is scheduled to return to the point where the Trip started, or to a different specified Return Destination.

"Default" means any failure of a provider of travel-related services (including any tour operator) to provide the bargained-for travel services or to refund money due the Insured.

"Destination" means the place where the Insured expects to travel on his/her Trip, as shown on the Enrollment Form.

"Domestic Partner" means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least 6 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; the Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

"Experimental or Investigative" means treatment, a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the treatment, device or prescription medication is being used, including any treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other governmental agency approval not received at the time services are rendered.

"Hospital" means a place that: (a) holds a valid license; (b) is run mainly for the care and treatment of sick or injured persons as inpatients; (c) has a staff of one or more Physicians available at all times; (d) provides 24-hour nursing service and has at least one registered nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another Hospital; and (f) is not mainly a clinic, or facility for nursing, rest or convalescence, or a place for the aged.

"Immediate Family Member" means a person's spouse, Domestic Partner, or Children.

"Injury" means a bodily injury caused by an accident occurring while this Policy is in force as to the Insured whose injury is the basis of a claim, and resulting directly and independently of all other causes of loss covered by the Policy. The injury must be verified by a Physician.

"Insured" means the person named on the individual Enrollment Form.

"Insurer" means National Union Fire Insurance Company of Pittsburgh, PA.

"Medically Necessary" means that a treatment, service, or supply: (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; (3) is ordered by a Physician and performed under his or her care, supervision, or order; and (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

"Natural Disaster" means a flood, hurricane, tornado, earthquake, or blizzard that is due to natural causes.

"Physician" means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, acting within the scope of his/her license. The treating Physician may not be the Insured, Immediate Family Member, or a Traveling Companion.

"Reasonable and Customary Charges" means an expense which: (a) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured's condition; (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

"Return Destination" means the place to which the Insured expects to return from his/her Trip.

"Sickness" means an illness or disease diagnosed or treated by a Physician.

"Travel Agent" means the travel agent, tour operator, or other entity from which the Insured purchases his/her coverage or travel arrangements, and includes all officers, employees, and affiliates of the Travel Agent or tour operator.

"Traveling Companion" means persons who are booked to accompany the Insured during the Trip.

"Trip" for Per Annual Plan: means a period of round-Trip travel away from home to a Destination outside the Insured's city of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and return dates specified when the Insured applies; the Trip does not exceed 90 days; and the Insured's Destination is not to another home; must be more than 100 miles from home; travel is primarily by Common Carrier and only incidentally by private conveyance. **For Per Trip:** means the period of time between the Contracted Departure Date and the Contracted Return Date for which prepaid travel arrangements are arranged by or purchased through the Travel Supplier. Home travel is primarily by Common Carrier and only incidentally by private conveyance.

INDIVIDUAL ELIGIBILITY, EFFECTIVE & TERMINATION DATES

For Per Trip Plans: Persons eligible for insurance under the policy are any traveler(s) who purchases insurance through or from a properly licensed agent/agency located in the U.S., who enrolls for coverage and pays the premium, providing they have not already departed on their Trip.

Effective Date: After premium is paid by the Insured and the Enrollment Form is completed and signed, all coverage will begin on the later of: (a) the date and time the Insured starts his/her Trip, or (b) the scheduled Contracted Departure Date shown on the Enrollment Form.

Termination Date: All coverage ends on the earlier of: (a) the date the Trip is completed; (b) the scheduled Contracted Return Date; (c) the Insured's arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip; or (d) cancellation of the Trip covered by the policy.

Extension of Coverage: All coverage under the policy will be extended, if: (a) the Insured's entire Trip is covered by the policy; and (b) the Insured's return is delayed by unforeseeable circumstances beyond his/her control.

If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date the Insured reaches his/her Return Destination; or (b) seven days after the date the Trip was scheduled to be completed.

For Annual Plans: Eligibility: Persons eligible for insurance under the policy are any individuals or their family members who have or will purchase a plan.

Effective Date: Insurance will be come effective at 12:01 a.m. on the day after the premium has been paid. Coverage described under the plan selected will begin on the later of: (a) the date and time the Insured starts a Trip; or (b) the Contracted Departure Date provided the Tour is within the insurance coverage period.

Termination Date: An Insured's insurance terminates 365 days following the Insured's insurance effective date.

GENERAL EXCLUSIONS

These exclusions apply to all benefits. In addition to any exclusions which apply to a particular benefit (called "Additional Exclusions"), the policy does not cover loss caused by:

- (a) intentionally self-inflicted Injury or any attempt at an intentionally self-inflicted Injury, suicide, or attempted suicide by the Insured, Immediate Family Member, Traveling Companion or Business Partner; (while sane, in Colorado and Missouri);
- (b) pregnancy or childbirth, or elective abortion, other than the Complications of Pregnancy;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (d) mountain climbing;
- (e) war or act of war, whether declared or not, civil disturbance, riot, or insurrection;
- (f) operating or learning to operate any aircraft, as student, pilot, or crew;
- (g) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (h) loss or damage caused by detention, confiscation, or destruction by customs;
- (i) any unlawful acts, committed by the Insured, Immediate Family Member, or a Traveling Companion, whether insured or not;
- (j) mental, psychological or nervous disorders including, but not limited to, anxiety, depression, neurosis or psychosis;
- (k) if the Insured's tickets do not contain specific travel dates (open tickets);
- (l) alcohol or substance abuse or treatment for same;
- (m) medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment or traveling expressly for the purpose of obtaining medical treatment;
- (n) elective or non-emergency treatment or surgery, except for any necessary treatment or surgery due to covered Injury or Sickness;
- (o) Experimental or Investigative treatment or procedures; or

(p) an Injury or Sickness which occurs at a time when this coverage is not in effect.

MAXIMUM LIMIT OF LIABILITY: All limits are applied per Trip. The Insurer's maximum limit of liability resulting from the same occurrence will be \$10,000,000 under the AIG Travel Guard Program Policies (ATGP Policies). If loss for all Insureds from such an occurrence exceeds \$10,000,000 the Insurer will pay each Insured that proportion of the Benefits stated which \$10,000,000 bears to the total loss of all persons the Insurer insures under all travel and flight insurance in force, under the ATGP Policies. The Insurer will pay no more than \$1,000,000 per occurrence, under the ATGP Policies, to or on account of any person insured under the ATGP Policies.

EMERGENCY MEDICAL TRANSPORTATION

The Insurer will pay this benefit up to the Maximum Amount shown on the Schedule of Benefits. AIG Travel Assist will arrange for emergency medical transportation services required by the Insured as the result of any Injury or emergency Sickness during a Trip.

Covered Expenses: The Insurer will pay: (a) Reasonable and Customary charges required for evacuation to the nearest adequate medical facility or home if medically required. This service will be arranged only if the Insured's Physician determines that adequate medical treatment is not locally available; (b) up to \$5,000 for reasonable and necessary charges for escort expenses required by the Insured, if the Insured is disabled during a Trip and an escort is recommended, in writing, by a Physician; (c) Reasonable and necessary charges for services for transportation of the Insured's remains to his/her place of residence if he/she dies during a Trip.

Service must be provided by a provider designated by AIG Travel Assist. Timely notification by the Insured to the Insurer's designated provider is required, with regard to emergency evacuation.

The insurance provided under this benefit shall be excess of all other valid and collectible insurance or indemnity and shall apply only when such other benefits are exhausted.

Additional Benefit: In addition to the above covered expenses, if the Insurer has previously evacuated an Insured to a medical facility, the Insurer will pay his/her airfare costs from that facility to the Insured's Return Destination, within one year from the Insured's original Contracted Return Date, less refunds from the Insured's unused transportation tickets. Airfare costs will be economy, or first class if the Insured's original tickets are first class. This benefit is available only if it is not provided under another coverage in the policy.

Covered expenses are Reasonable and Customary Charges, up to the Maximum Amount shown on the Schedule of Benefits, for transportation, medical services, and medical supplies necessarily incurred in connection with the Insured's Emergency Evacuation. All transportation arrangements made for the Insured's evacuation must be by the most direct and economical route possible. Expenses for special transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting the Insured; AND (c) must be verified and approved in advance by AIG Travel Guard recommended by the attending Physician. Transportation means any land, water, or air conveyance required to transport the Insured during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles. The Insurer will not cover any expenses provided by another party at no cost to the Insured or already included in the cost of the tour.

The Insured Must: Contact AIG Travel Guard® (1.800.826.1300) prior to arranging emergency medical transportation. Failure to do so may affect coverage.

Return of Children: If the Insured is unable to travel due to a covered emergency evacuation expense, the Insurer will pay subject to the limitations set out herein, for expenses to return to the United States or Canada (where they reside), with an attendant if necessary, any of the Insured's Children who were accompanying the Insured when the Injury or emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.

Transportation to Join the Insured: If the Insured is hospitalized for more than 7 days following a covered emergency evacuation expense, the Insurer will pay subject to the limitations set out herein, for expense to bring one person chosen by the Insured to and from the Hospital or other medical facility where the Insured is confined if the Insured is alone but not to exceed the cost of one round-Trip economy airfare ticket.

MEDICAL EXPENSE BENEFIT

The Insurer will pay benefits up to the Maximum Amount shown on the Schedule of Benefits if the Insured incurs necessary covered medical expenses as a result of an Injury or Sickness. The Injury must occur and the Sickness must first manifest itself during the trip. Initial treatment must be received during the Insured's trip. All services, supplies, or treatment must be received within 52 weeks of the date of the accident or the onset of the Sickness.

Covered Expenses are necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician, surgeon, graduate nurse, dentist (Injury only); charges for Hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations, or treatments and laboratory tests; ambulance service, drugs, medicines, and therapeutic services and supplies. The Insurer will not pay benefits in excess of the Reasonable and Customary Charges. The Insurer will not pay for hotel accommodations and extra living expenses for the Insured or the Insured's Immediate Family Member incurred while being hospitalized or treated on an outpatient basis. The insurance provided under this benefit shall be excess of all other valid and collectible insurance or indemnity and shall apply only when such other benefits are exhausted.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call AIG Travel Guard as soon as reasonably possible, and be prepared with what coverage the loss was under (i.e., Medical Expenses), the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. AIG Travel Guard will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to AIG Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (telephone: 1.800.826.1300). All California claims will be administered by Mercury Claims Administrator Services, LLC.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Insurer no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. All claims under the policy must be submitted to AIG Travel Guard no later than one year after the date of loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of loss should be sent to Insurer by the date claim forms would be due. The proof of loss should include written proof of the occurrence, type and amount of loss, the Insured's name, the participating organization name, and the policy number.

Payment of Claims: When Paid: Claims will be paid as soon as AIG Travel Guard receives complete proof of loss and verification of age.

Payment of Claims: To Whom Paid: Benefits paid on account of an Insured's death will be paid to the beneficiary he/she has chosen. This choice must be in writing and filed with the Insurer, or filed with the Insurer or Insurer's administrator if Insurer has agreed in advance. If the Insured has not chosen a beneficiary, or

if there is no beneficiary alive when he/she dies, Insurer will pay this benefit:

(1) To his/her spouse, if living.

(2) If there are none, in equal shares to his/her living children.

(3) If there are none, in equal shares to his/her living parents.

(4) If there are none, in equal shares to his/her living brothers and sisters.

(5) If there are none, to his/her estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$1,000 to a relative by blood or connection by marriage who has assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

All other benefits will be payable to the Insured. However, if he/she has assigned his/her benefits, Insurer will honor the assignment, if Insurer has a signed copy of the assignment. A payment made pursuant to such an assignment shall discharge Insurer from further liability under the policy to the extent of such payment. Under no circumstances shall Insurer be responsible for the validity or sufficiency of any such assignment.

GENERAL PROVISIONS

Acts of Agents: No agent or any person or entity has authority to accept service of the required proof of loss or demand arbitration on the Insurer's behalf nor to alter, modify, or waive any of the provisions of the policy.

Autopsy: The Insurer at its own expense, may require an autopsy where permitted by law.

Concealment or Fraud: The Insurer does not provide coverage for the Insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

Insurer's Recovery Rights: In the event of a payment under the policy, the Insurer is entitled to all rights of recovery that the Insured, or the person to whom payment was made, has against another. The Insured must sign and deliver to the Insurer any legal papers relating to that recovery, do whatever is necessary to help the Insurer exercise those rights, and do nothing after the loss to harm the Insurer's rights. When an Insured has been paid benefits under the policy but also recovers from another policy, the amount recovered from the other policy shall be held in trust for the Insurer by the Insured and reimbursed to the Insurer the extent of the Insurer's payment. This provision does not apply in North Carolina.

Legal Actions: No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (or the minimum period of time permitted by state law, if greater) after the date claim forms are due.

Payment of Premium: Coverage is not effective unless all premium due has been paid to AIG Travel Guard prior to a date of loss or insured occurrence.

Termination of the Policy: Termination of the policy will not affect a claim for loss which occurs while the policy is in force.

Transfer of Coverage: Coverage under the policy cannot be transferred by the Insured to anyone else.

Notice to California residents: The plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your 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.

Notice to Florida residents: The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

The definition of "Hospital" applicable to residents of Florida is as follows: Hospital means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

The Legal Actions provision applicable to residents of Florida is as follows: No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy.

No such action may be brought after the expiration of 5 years after the time written proof of loss is required to be furnished.

Exclusion (i) does not apply to residents of Florida. For inquiries, information about coverage or for assistance in resolving complaints call: 1.800.826.1300.

Notice to Texas residents: The policy may provide a duplication of coverage already provided by the Insured's personal auto insurance, homeowner's, personal liability policy, or other source of coverage.

AIG TRAVEL ASSIST

All benefits provided are service benefits, not financial benefits. Any costs associated with benefits not purchased will be paid by the named Insured.

24-Hour Medical Assistance

24-Hour Medical Monitoring: Physicians monitor the Insured's condition by maintaining close contact with the attending Physicians, his/her family Physician, and Immediate Family Members.

Medical Evacuation: Arrangements for any and all means necessary to transport the Insured back home when medically necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, AIG Travel Assist will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance: Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents: In the event of hospitalization, arrangements will be made for unattended minors traveling with the Insured to be flown home.

Family Visit: If the Insured is hospitalized for 7 or more days, AIG Travel Assist will arrange transportation for an Immediate Family Member or close friend to visit him/her.

Transportation of Mortal Remains: In the event of death while traveling, arrangements and payment for the return of remains to the place of burial.

24-Hour Legal Assistance

In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

24-Hour Travel Assistance

Travel Documents Assistance: AIG Travel Assist will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer: AIG Travel Assist will, whenever possible, coordinate with the Insured and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center: Transmission of emergency messages to family and business associates.

Interpretation Services: AIG Travel Assist will provide emergency language support or referral to the appropriate local services.

24-HOUR LIVETRAVEL ASSISTANCE

Provides 24-hour assistance for emergency travel needs. Allows you to make emergency travel changes such as rebooking flights, making hotel reservations, tracking lost luggage, and replacing lost credit cards. Call 1.800.826.8597 for assistance.

Live Messaging – Relay of e-mail or phone message to family, friends, or business associates.

Emergency Cash Transfer – Assistance in coordinating an emergency cash advance.

Pre-trip Travel Advice – Around-the-clock access to passport, visa, inoculation, and vaccine requirements; travel advisories; embassy and consulate contacts; travel health advisories; weather and currency information – all for the Insured's planned Destination.

CONCIERGE SERVICES

Restaurant Referrals and Reservations – AIG Travel Assist will supply a restaurant referral based on your needs and desires. Additionally AIG Travel Assist will arrange for reservations at the recommended restaurant. Based on availability.

Ground Transportation – AIG Travel Assist will locate and arrange for a transportation service to pick you up and deliver you to your desired destination.

Event Ticketing – AIG Travel Assist will assist with the purchase of tickets to such events as sporting events, theatre, and concerts. Based on availability.

Tee Times and Course Recommendations – AIG Travel Assist will facilitate the reservation of tee times at available courses and recommend alternatives in case of a booked course. Based on availability.

Floral Services – AIG Travel Assist will facilitate the ordering of flowers for such events as birthdays, anniversaries, holidays, and other special occasions.

Non-insurance services are provided by AIG Travel Assist.

Make sure you call AIG Travel Guard (1.800.826.1300 or 1.715.345.0505) before you seek medical care while traveling. Where available, we can arrange direct payment to a member of our Preferred medical network, saving you the time and paperwork associated with reimbursement of medical expenses. Our assistance coordinators also can help you locate the nearest and

most appropriate medical provider, monitor your care, and provide updates to your family and/or employer.

Any payments under this policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at www.treas.gov/offices/enforcement/ofac/ or an AIG Travel Guard representative.



AIG Travel Guard — a wholly owned subsidiary of AIG Travel, Inc., a member company of American International Group, Inc.

Satisfaction Guaranteed — AIG Travel Guard is committed to providing products and services that will exceed expectations. If You are not completely satisfied, You can receive a refund of the cost, minus the service fee. Requests must be submitted to AIG Travel Guard in writing within 15 days of the effective date of the coverage, provided it is not past the original departure date.

24-Hour Emergency Assistance Telephone Numbers

Continental USA.....1.800.826.1300

International.....1.715.345.0505

LiveTravel 24-Hour Assistance.....1.800.826.8597

Be sure to use the appropriate country and city codes when calling.

- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -