

Wilmington Area Greyhound Band

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ATTENTION: NORFOLK TRIP INSURANCE DETAILS: DUE: December 11

- *Norfolk trip insurance is OPTIONAL
- *READ THE POLICY COVERAGE AND DETAILS BEFORE APPLYING
- *Insurance policies cover MAJOR medical or other family events such as death, fire, national emergency, severe medical conditions that required hospitalization
- *Applications & Payments for insurance are DUE NO LATER THAN DEC. 11TH
- ***ALL CHECKS MUST BE DATED NO LATER THAN DEC. 8** to qualify for certain coverage
- *There is a \$7.00 service fee for policies
- *Prices for all students will be \$30 + \$7.00 service fee = \$37.00
- *Adult Prices vary depending on age:
 - Age 0 – 34 = \$30 + \$7 = \$37.00
 - Age 35 – 59 = \$44 + \$7 = \$51.00
 - Age 60 – 69 = \$62 + \$7 = \$69.00
- *Each parent attending the trip will receive 1 free insurance policy for 1 child.
- *Thus if two parents attend they will receive two free student policies
- *All siblings and family members should be listed on the same application in order to only pay the \$7 service fee one time.

INSTRUCTIONS:

1. Fill out section 1: name, address etc.
 - a. If parents are applying with children, place the adult's information in section 1 and additional family names in box 2, 3, 4 under PLAN COST CALCULATION
2. *Date of initial payment MUST match the check any be dated no later than December 8th
3. Check or credit card accepted
4. Checks payable to: TRAVEL GUARD
5. SIGN AND DATE – applications are void without a signature!
6. DO NOT MAIL TO TRAVEL GUARD – SUBMIT DIRECTLY TO MR. NICKEL BY DEC. 11

For additional questions contact:

Mr. Thomas Presto – Specialty Travels 724-266-5758 or thomaspresto@hotmail.com

Mr. Nickel – nickel@wilmington.k12.pa.us

TRAVEL INSURANCE ENROLLMENT FORM

TRAVEL GUARD[®] CHARTIS[®]

ENROLLMENT

INSURED #1:

*Last _____

*First _____ *Middle Initial _____

*Date of Birth _____

*Address _____

*Address _____

*City _____

*State _____ *Zip _____

*Telephone () _____

Beneficiary _____

*Destination Country: U.S.A

*Airline: n/a

*Charter: n/a

*Tour Operator: SPECIALTY TRAVELS

*Cruise Line: n/a

*Date of Initial Trip Payment: / /

*Departure Date: 4/21/16 *Return Date: 4/24/16

AGENCY ARC#

Agent ID#

133482

To Purchase: Contact your travel agent or complete and mail in this application form to:

**3300 Business Park Drive
Stevens Point, WI 54482**

3/30/11 EN

PLAN COST CALCULATION*

BASIC SILVER GOLD PLATINUM

INSURED NAME	DATE OF BIRTH	TRIP COST	PLAN COST
*1	/ /		
*2	/ /		
*3	/ /		
*4	/ /		
TOTAL			\$7 SERVICE FEE

* To purchase Optional Upgrades, please contact your travel agent.

PAYMENT INFORMATION

Check or Money Order Payable to Travel Guard
 American Express[®] MasterCard[®] VISA[®] Discover/Novus[®]

Expires: / / Name of Cardholder: _____

Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. I represent that the above information is true and the dates reflect my intent to start and end my trip. The coverage goes into effect after the premium is paid, at 12:01 a.m. on the day after the postmark, telephone purchase, fax transmission date, or online purchase confirmation date. The Insurer reserves the right to reject any Enrollment Form. I understand there is no coverage for loss due to pre-existing medical conditions. I understand that if payment is returned unpayable for any reason, the coverage becomes null and void. I also understand that any changes to this Enrollment Form do not change the coverage of the policy. I have read, understand, and agree to the terms and conditions of the Insurance as detailed in the Description of Coverage.

X
Signature _____

Date _____

THIS IS A BRIEF OUTLINE OF COVERAGE — RESTRICTIONS APPLY

For complete coverage information, please refer to the Description of Coverage prior to purchase.

Travel Insurance Coverage

Trip Cancellation & Interruption: Pays this benefit up to the Maximum Benefit shown on the Schedule of Benefits if a trip is canceled or interrupted due to any of the following unforeseen circumstances:

- Sickness, injury, or death of you, your Immediate Family Member, traveling companion, or business partner. Cancellation due to an injury or Sickness of an Immediate Family Member must be because their condition is life-threatening, or because the Immediate Family Member requires your or a traveling companion's care;
- Financial Default of an airline, cruise line, or tour operator resulting in the complete cessation of services. This coverage applies only if: (1) you purchased this coverage within 15 days of initial trip payment; and (2) the financial default occurs more than 14 days after your coverage effective date;
- Inclement Weather that causes a delay or complete cessation of services for 24 consecutive hours;
- Strike resulting in the complete cessation of travel services at the point of departure or destination;
- Your principal residence or destination being made uninhabitable by fire, flood, vandalism, burglary, or natural disaster;
- You or your traveling companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;
- You or your traveling companion being called into active military service or having leave revoked or being reassigned;
- A Terrorist Incident in a City listed on your itinerary within 30 days of your scheduled arrival. "City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

"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 you; (2) shares financial assets and obligations with you. The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

"Financial Default" means the total cessation of operations due to insolvency, with or without the filing of a bankruptcy petition by a tour operator, cruise line, or airline provided the Financial Default occurs more than 14 days following your effective date for the Trip Cancellation Benefits. There is no coverage for the Financial Default of any person, organization, agency or firm from whom you purchased travel arrangements supplied by others.

"Immediate Family Member" means your or a traveling companion's spouse, Domestic Partner, child, spouse's child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparents, grandchild, step-brother, step-sister, step-parents, parents-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, legal guardian, caregiver, legal ward, or Domestic Partner of any of the above.

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

Trip Interruption – Return Air Only: Reimburses the additional airline transportation expenses up to the maximum benefit shown on the Schedule of Benefits incurred by you to reach the Return Destination for Trip Interruptions due to one of the unforeseen events listed above. However, the benefit payable above will not exceed the cost of economy airfare (or first class if your original tickets were first class) by the most direct route, less any refunds paid or payable.

Trip Delay: Reimburses up to \$100 a day to the Maximum Benefit shown on the Schedule of Benefits for reasonable, additional meals, accommodations, taxi fares, and essential telephone calls, if your trip is delayed for more than 12 hours for covered reasons.

Baggage Insurance Coverage

Baggage & Personal Effects Benefit: Reimburses you if your baggage is lost, stolen, or damaged while on your trip, subject to the Maximum Benefit. This coverage is in excess of any other coverage or indemnity. Coverage subject to a \$50 deductible.

Baggage Delay Benefit: If your baggage is delayed more than 24 hours while on a trip, you will be reimbursed for the purchase of essential items, subject to the Maximum Benefit.

Medical & Emergency Evacuation Coverage

Medical Expense Benefit: Pays this benefit, up to the Maximum Benefit shown on the Schedule of Benefits. Pays for necessary medical expenses incurred by you within one year from the date of injury or Sickness provided initial treatment was received during the trip. This coverage is in excess of any other coverage or indemnity. Coverage subject to a \$50 deductible.

Emergency Evacuation: Covers evacuation and transportation as directed by a physician to the nearest adequate medical facility (home in the event of death or if medically required). Pays for special medical escort if recommended in writing by the attending physician.

Optional Coverages

Flight Guard®: Coverage for accidental death or dismemberment that occur when traveling on a regularly scheduled flight or charter, subject to the Maximum shown in the Schedule.

Car Rental Collision Coverage: \$35,000 in primary coverage, subject to a \$250 deductible. Covers collision damage to a rental car for which the car rental contract would hold you responsible.

Umbrella Package: Valuable additions to increase your coverages. The Medical Expense and Emergency Evacuation benefits will be double those listed on the Schedule of Benefits. Baggage and Medical deductibles are removed. Also eligible to receive detailed pre-trip travel advice.

PRE-EXISTING MEDICAL CONDITIONS EXCLUSION:

The Insurer will not pay for any loss or expense incurred as the result of an Injury, Sickness, or other condition of you, a traveling companion, business partner or Immediate Family Member which, within the 180-day period immediately preceding and including your coverage effective date: first manifested itself or had symptoms which would have prompted a reasonable person to seek diagnosis, care, or treatment; or, for which care or treatment was given or recommended by a Physician; or required the taking of prescription drugs or medicines, unless the condition for which the drugs or medicines are taken remains controlled without any change in the prescription drugs or medicines. The Insurer will waive this exclusion if you meet the following conditions: 1. You purchase the program within 15 days of making the initial trip payment; 2. The amount of Trip Cancellation coverage purchased at that time equals the full cost of all pre-paid non-refundable trip arrangements. The cost of any subsequent arrangement(s) added to the same trip must be insured within 15 days of the date of payment or deposit for any subsequent trip arrangement(s). Failure to do so may affect the pre-existing medical condition waiver coverage; 3. You must be medically able to travel when plan cost is paid; and 4. Applies to the first \$15,000 of Trip cost per person.

This is a brief description of the insurance benefits and travel services provided. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, PA, a Pennsylvania Insurance Company (NAIC #19445), with their principal place of business at 175 Water Street, New York, NY, 10038 and currently authorized to transact business in all states and the District of Columbia. The Policy will contain reductions, limitations, exclusions, and termination provisions. All coverages may not be available in all states.