

This document describes the highlights of the Medical Protector U.S. Plan you are purchasing. You will be provided a full description of benefits, conditions, limitations and exclusions of the plan, once purchased.

Medical Protector U.S. provides short term medical protection for U.S. Citizens traveling outside the U.S. for a minimum of 15 days up to a maximum of 12 months.

With Medical Protector U.S. you are covered in the event of unforeseeable trip related expenses such as:

- * Emergency Medical & Dental Expenses - up to US\$500,000
- * Hospitalization, Intensive Care and Outpatient Services.
- * Emergency Ground Transportation.
- * Emergency Medical Evacuation, Reunion and Repatriation.
- * Accidental Death & Dismemberment.
- * \$100 Per Day Hospital Indemnity Benefit.

Worldwide Travel Assistance Service Included!

With Medical Protector U.S., our customers are just a phone call away from

- * Medical evacuation and repatriation assistance
- * Medical or legal referral
- * Guaranteed hospital admission
- * Translation services
- * Lost baggage retrieval
- * Inoculation information
- * Passport / Visa information
- * Emergency cash advance
- * Bail bond
- * Eyeglass replacement

Medical Protector Features:

- * Trip interruption and lost luggage protection
- * Your choice of deductible
- * Your choice of maximum limit

Medical Protector is designed for:

- * U.S. Citizens
- * All Ages (reduced benefits for certain age groups)
- * Up to 365 days of Coverage



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**MEDICAL PROTECTOR – U.S.
 T-2311 (10/2/2006)**

DESCRIPTION OF COVERAGE

PART A – MEDICAL PROTECTION	
Accident and Sickness Medical Expense	Up to the amount selected \$50,000 \$100,000 \$500,000 Age 80 and over \$10,000
Deductible	Up to the amount selected \$100 \$250 \$500 \$1,000 \$2,500
In-Hospital Indemnity	\$100/day, maximum of 30 days
Emergency Evacuation and Repatriation of Remains	\$100,000
Emergency Reunion	\$10,000
PART B – TRAVEL PROTECTION	
Trip Interruption	\$5,000
PART C – BAGGAGE PROTECTION	
Lost Baggage	\$500
PART D – TRAVEL ACCIDENT PROTECTION	
Accidental Death & Dismemberment	\$25,000 Insured/Spouse \$5,000 Dependent Child
Accidental Death & Dismemberment Common Carrier (Air Only)	\$50,000 Insured/Spouse \$10,000 Dependent Child
WORLDWIDE EMERGENCY ASSISTANCE SERVICES	
Included with every policy	



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Rates

Daily Rates

Medical Protector U.S. - Daily Per Person Rates

Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max
Child Alone	\$1.20	\$1.33	\$1.53
18 to 29	\$1.20	\$1.40	\$1.60
30 to 39	\$1.40	\$1.60	\$2.13
40 to 49	\$2.20	\$2.47	\$2.73
50 to 59	\$3.53	\$4.07	\$4.53
60 to 64	\$4.07	\$4.80	\$5.67
65 to 69	\$4.80	\$5.13	\$5.87
70 to 79	\$7.00	n/a	n/a
80 Plus	\$14.00*	n/a	n/a
Dep. Child	\$0.67	\$0.87	\$1.00

The minimum days to purchase is 15 days.

- The above charts provide daily rates, which are needed when calculating your total Plan cost.
- All rates above are based on a \$250 Deductible.
- All rates above are shown in U.S. Dollars.

Monthly Rates

Medical Protector U.S. - Monthly Per Person Rates

Age Band	\$50,000 Max	\$100,000 Max	\$500,000 Max
Child Alone	\$36	\$40	\$46
18 to 29	\$36	\$42	\$48
30 to 39	\$42	\$48	\$64
40 to 49	\$66	\$74	\$82
50 to 59	\$106	\$122	\$136
60 to 64	\$122	\$144	\$170
65 to 69	\$144	\$154	\$176
70 to 79	\$210	n/a	n/a
80 Plus	\$420*	n/a	n/a
Dep. Child	\$20	\$26	\$30

*Maximum limit US\$10,000

- The above charts provide examples of monthly rates based upon a 30-day month.
- All rates above are based on a \$250 Deductible.
- All rates above are shown in U.S. Dollars.

Contact Us Today!

1-800-243-3174

or

www.travelinsured.com



Home Office Use Only

Taken by: _____

Policy #: _____

52-S Oakland Avenue
P.O. Box 280568
East Hartford, CT 06128-0568
Phone: (800) 243-3174
Fax: (860) 528-8005
www.travelinsured.com

FAX TO: 860-528-8005

ATTENTION: _____

CREDIT CARD APPLICATION FOR MEDICAL PROTECTION

PART 1 - NAME, ADDRESS AND TRIP INFORMATION

1. Name (First, MI, Last):		2. Street Address (P.O. Box):		3. City, State, Zip:		4. Male or Female:	
5. Social Security or Passport #:		6. Coverage effective date:		7. Coverage expiration date:		8. E-mail address:	
9. Daytime Telephone: ()		10. Beneficiary for Applicant/Relationship: _____					
11. Home Telephone: ()		12. Destination Country: _____					

PART 2 - PAYMENT CALCULATION (see reverse side for calculation instructions)

Names of persons to be insured:	Date of Birth (month/day/year)	Age
Applicant _____	____/____/____	____
Spouse _____	____/____/____	____
Child _____	____/____/____	____
Child _____	____/____/____	____

Please attach additional sheet for more children

What Plan maximum did you select?
 \$50,000 \$100,000 \$500,000

What Deductible did you select?
 \$100 \$250 \$500
 \$1,000 \$2,500

Please copy all totals (A-C) from page 2.

Total A _____

Total B _____

TOTAL C _____ (Total Plan Cost)
From page 2

Please note all Plan cost totals in U.S. dollars. Use the available calculations on page 2 to fill this section out completely. Copy the appropriate information from page 2 to this section.

Did you select the Express Mail Option? Yes No

Would you prefer online fulfillment via e-mail? Yes No

The amount shown in 'Total C' will be the amount charged to your credit card.

PART 3 - HOW TO PAY

CHECK OR MONEY ORDER ENCLOSED (MAKE PAYABLE TO: TRAVEL INSURED INTERNATIONAL, INC.)

 Expiration Date: _____

NAME ON CREDIT CARD: _____

NUMBER ON CREDIT CARD: _____

SIGNATURE: _____

SIGNATURE REQUIRED FOR ALL PAYMENT OPTIONS.

Name of Travel Agency		TII Agency Number	
Agency Address		Name of Agent or Sub-Producer Code	
City	State	Zip	Agency Phone Number

If we encounter problems with this application, whom should we contact? Agency Plan Holder

This is a worksheet. Please utilize this sheet to calculate your Plan cost totals. All information must be carried over to page 1. Rate sheets can be found on our website at www.travelinsured.com.

Completing this section of the application: This section of the application asks for you to complete the required information for all persons covered by the Plan. You will need to calculate the daily rate for each person. The illustration below is here to assist you.

The example information consists of the following; a family of 4 traveler's (U.S. citizens) are traveling from December 13 through January 29 (i.e. 47 days). They have chosen a \$50,000 Plan maximum. The calculations for this family are based on the daily rates.

Names of Persons to be insured:	Date of Birth (month/day/year - Required)	Age	Daily Rate*	# of Days	
Applicant <u>Jason Trip-taker</u>	<u>9 / 6 / 48</u>	<u>56</u>	<u>\$3.53</u>	<u>47</u>	= <u>\$165.91</u>
Spouse <u>Judy Trip-taker</u>	<u>11 / 19 / 57</u>	<u>47</u>	<u>\$2.20</u>	<u>47</u>	= <u>\$103.40</u>
Child <u>Jenn Trip-taker</u>	<u>6 / 26 / 81</u>	<u>23</u>	<u>\$1.20</u>	<u>47</u>	= <u>\$56.40</u>
Child <u>Niki Trip-taker</u>	<u>3 / 31 / 87</u>	<u>17</u>	<u>\$1.20</u>	<u>47</u>	= <u>\$56.40</u>
					<u>\$382.11</u>
					Total (A)

*The daily rates are determined by the applicant's age on the date of the application (in this example the application was completed on 12/1/04).

Names of Persons to be Insured:	Date of Birth (month/day/year - Required)	Age	Daily Per Person Rate*	# of days	
Applicant _____	____/____/____	_____	_____ X _____	_____	= _____
Spouse _____	____/____/____	_____	_____ X _____	_____	= _____
Child _____	____/____/____	_____	_____ X _____	_____	= _____
Child _____	____/____/____	_____	_____ X _____	_____	= _____
Please attach additional sheet for more children	*use applicable daily rates				_____
(Please note all Daily Per Person Rates in U.S. Dollars.)					Total (A)

Calculating Your Plan:

This application asks for you to calculate your total Plan cost, the illustration below is here to assist you.

From the previous example, you will note the Trip-taker family selected a \$50,000 Plan maximum for each member of their family. In addition they have chosen a \$500 deductible, and the express mail option.

On the first line, line (A) \$382.11 has been entered for the daily Plan cost. On the second line, .90 has been entered (the family has chosen a \$500 deductible resulting in a rate factor of .90;).

To calculate the total Plan cost, you must take the number from line (A) \$382.11 and multiply it by the deductible rate factor .90, which equals \$343.90, enter the amount of \$343.90 on line (B).

There is a \$10 non-refundable administrative fee, and the family has chosen the express mail option, which is an additional \$12. Add the \$22 to the prior amount of \$343.90, to arrive at your total Plan cost of \$365.90, line (C).

Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box below.

Circle One	Deductible	Rate Factor
	\$100	1.10
	\$250	1.00
	<u>\$500</u>	<u>.90</u>
	\$1,000	.80
	\$2,500	.70

Select one deductible by circling it, then enter the applicable rate factor amount in the premium calculation box below.

Circle One	Deductible	Rate Factor
	\$100	1.10
	\$250	1.00
	\$500	.90
	\$1,000	.80
	\$2,500	.70

(A) Daily premium total (from Total (A) above)		<u>\$382.11</u>
Deductible rate factor (see above)	x	<u>.90</u>
(B) Base Plan cost enter in box below	=	<u>\$343.90</u>
Non-refundable Administrative fee (per application)	+	<u>\$10</u>
\$12 for express mail (Optional)	+	<u>\$12</u>
(C) TOTAL PLAN COST	=	<u>\$365.90</u>

(A) Daily premium total (from Total (A) above)		_____
Deductible rate factor (see above)	x	_____
(B) Base Plan cost enter in box below	=	_____
Non-refundable Administrative fee (per application)	+	<u>\$10</u>
\$12 for express mail (Optional)	+	_____
(C) TOTAL PLAN COST	=	_____