



TRAVEL INSURANCE SERVICES, INC.

# TripArmor Protection Plans



Visit Us  
[triparmor.mhross.com](http://triparmor.mhross.com)

**To Report A Claim Call:**  
**1-800-423-3632**  
or report online at  
[triparmor.mhross.com](http://triparmor.mhross.com)

Edition: 07/13

## Coverage for Supplier Bankruptcy or Default and Pre-Existing Conditions

**Bankruptcy or Default** - benefits are available due to Bankruptcy or Default, as defined, of any airline, cruise line or travel supplier occurring more than 14 days after Your benefit effective date, provided You have purchased the plan within 15 days of the date of Your initial trip deposit.

**Pre-Existing Condition Coverage** this policy exclusion is waived provided You have purchased the plan within 15 days of the date of Your initial trip deposit and You insured the full prepaid and non-refundable costs of Travel Arrangements for Your trip.

### What is a Pre-Existing Condition?

**"Pre-Existing Condition"** means any injury, sickness or condition (including any condition from which death ensues) of You, Your Traveling Companion, or Your or Your Traveling Companion's Family Member traveling with You which within the 60 day period prior to the effective date of Your Trip Cancellation coverage under the Policy: (a) manifested itself, became acute or exhibited symptoms which would have caused one 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 medical treatment or treatment was recommended by a Legally Qualified Physician.



**With TripArmorPlus**, If purchased within 15 days of original deposit, our Cancel For Any Reason Benefit allows You to cancel your Trip for ANY reason not otherwise covered by the policy and be reimbursed up to 100% of the prepaid, non-refundable cost of Travel Arrangements You paid for Your Trip. You must cancel Your Trip two (2) days or more before Your Scheduled Trip Departure Date.

Of course, if You need to cancel Your Trip for a **covered** reason within the policy provisions, You can still be reimbursed for up to 100% regardless of whether or not You purchased the **Cancel For Any Reason** Benefit.



TRAVEL INSURANCE SERVICES, INC.

**The TripArmor Plans are Underwritten By:** United States Fire Insurance Company under Form Series TP 401. In KS, LA, SD, TX, and UT Form #'s TP-401 CW. In WA under Form #TP-401-WA. In OR under Form #TP-401 OR.

**Notice:** If You are a resident of one of the following states (KS, LA, MN, OR, SD, TX, UT, WA) Your coverage is provided on an individual policy form. Your policy number is Your complete name plus R760 (TripArmor) or R760P (TripArmor Plus). If You live in any other state Your coverage is provided via a certificate. Your policy or certificate (including State Exceptions for AR, FL, GA, ID, IL, KS, LA, ME, MN, MS, MO, MT, NH, NY, OR, SC, SD, TX, UT, VT, WA, WV, WI, and WY) is available at [www.tripmate.com](http://www.tripmate.com). You can also request this information by calling MH Ross 1-800-423-3632.

**24 Hour Assistance Service is provided by:** One Call Travel Services Network Inc.

**Note:** This policy contains disability insurance benefits or health insurance benefits, or both, that apply only during a 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.

**Your Satisfaction Is Important To Us** If You are not satisfied for any reason, You may return Your certificate to MH Ross within 10 days after receipt. Your plan payment will be refunded (less Enrollment Processing Fee), provided there has been no incurred covered expense. When so returned, the certificate is void from the beginning.

**FOR INSURANCE INQUIRIES OR TO REPORT A CLAIM**

**Call: 800-423-3632**

**Claims may be reported online at**  
[triparmor.mhross.com](http://triparmor.mhross.com)

## Schedule of Coverages Plan Benefits

	TripArmor Plan	TripArmor Plus Plan
	Benefit Limit	Benefit Limit
Trip Cancellation	Trip Cost	Trip Cost
Trip Interruption	150% Of Trip Cost	150% Of Trip Cost
Travel Delay (8 Hours or More)	\$150 Per Day \$750 Maximum	\$150 Per Day \$750 Maximum
Missed Connection (3 Hours or More)	\$1,500	\$1,500
Medical Expense/Emergency Assistance		
Accident & Sickness Medical Expense	\$100,000	\$100,000
Emergency Medical Evacuation & Repatriation of Remains	\$1,000,000	\$1,000,000
Non-Medical Emergency Evacuation	\$25,000	\$25,000
One Call 24-Hour Assistance Service	Included	Included
Baggage and Personal Effects	\$1,500	\$1,500
Baggage Delay (More than 12 hours)	\$150 Per Day \$750 Maximum	\$150 Per Day \$750 Maximum
Accidental Death and Dismemberment	\$50,000	\$50,000
Cancel For Any Reason Benefit	Not Available	Yes - See Below

### Cancel For Any Reason Benefit

We will reimburse You for the percentage of the unused non-refundable prepaid expenses for Travel Arrangements You paid for Your Trip as shown in the Cancellation Penalty Schedule shown below, provided:

- 1) Your payment for this plan is received within 15 days of Your initial deposit/payment for Your Trip; and
- 2) You insure 100% of all prepaid Travel Arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier; and
- 3) You cancel Your Trip two (2) days or more before Your Scheduled Departure Date.

#### Cancellation Penalty Schedule

Cancellation Penalty	% of Penalty Payable
Up to 25% of Trip Cost	100% of Penalty Amount
26% to 50% of Trip Cost	90% of Penalty Amount
Over 50% of Trip Cost	80% of Penalty Amount

## Premium Schedule

	TripArmor Plan	TripArmor Plus Plan
Trip Cost	Premium	Premium
Age	% of Trip Cost	% of Trip Cost
No Trip Cost	\$30.00	N/A
Up to 45	5.75%	8.28%
46-65	7.75%	11.16%
66-75	10.50%	15.12%
76-80	12.50%	18.00%
Over 80	16.00%	23.04%

If You insure an amount less than Your total prepaid Trip costs that are subject to cancellation penalties or restrictions: 1) the maximum benefit for Trip Cancellation will be limited to the amount of coverage purchased; 2) the maximum benefit for Trip Interruption will be limited to 150% of the amount of coverage purchased; and 3) there will be no coverage available under the Cancel For Any Reason Benefit (TripArmor Plus Plan only).

## INFORMATION YOU NEED TO KNOW

Benefits in this brochure are described on a general basis only. There are certain restrictions, exclusions and limitations that apply to all coverages and services. This brochure is not a contract of insurance.

You will receive a Certificate of Insurance (or a Policy, for residents of certain listed states - see back cover for details) and Description of 24-Hour Emergency Assistance Services which describe the benefits and limitations in detail. If You do not receive Your documents before You leave on Your trip, call us at 1-800-423-3632.

## GENERAL PROVISIONS

Your coverage for Trip Cancellation begins either the day after we receive Your payment, or the day after Your application is postmarked, whichever occurs first. Your other coverages and services begin the later of: the date and time You actually start Your trip, or 12:01 AM of the scheduled departure date of Your trip.

## ONE CALL 24-HOUR TRAVEL ASSISTANCE SERVICE

Once You enroll, You will have access to 24-Hour Emergency Assistance Services, along with an emergency number to call for:

- Referral to a doctor, hospital, pharmacy or dentist;
- Help in replacing lost travel documents or tickets;
- Emergency messages to and from Your home;
- Referral for legal and bail bond assistance;
- Assistance with routine or emergency travel arrangements;
- Concierge services, including restaurant reservations, event ticketing, golf course information and tee times, recommendations and much more.

Questions? For trips over 30 days CALL 800-576-2674

**ENROLL ONLINE at [triparmor.mhross.com](http://triparmor.mhross.com) - It's Easy!**



Enroll by Phone, Fax or Mail:

**By Mail:** PO Box 510 Palmer Lake, CO 80133

**Checks payable to MH Ross**

**By Phone:** 1-800-576-2674

**By Fax:** 1-832-201-7553

**Payable by Credit Card Only**

**Need Help? 1-800-576-2674**

## Comparison of Coverage Features TripArmor and TripArmor Plus Plans

### Cancellation or Interruption due to:

Sickness, Injury or Death

A Pre-Existing Medical Condition

Cessation of Services of a Common Carrier due to an unannounced strike, mechanical breakdown or bad weather

Your residence, destination or workplace made uninhabitable by fire, flood or natural disaster

Involuntary termination of your employment

Permanent transfer of employment

Being hijacked, quarantined or called to jury duty

A Terrorist Incident

Revocation of previously granted military leave due to war

Bankruptcy or Default of a travel supplier

A hurricane warning being issued for your trip destination

### Travel Delay Due to:

Common Carrier delay; quarantine, hijacking, strike, natural disaster, terrorism or riot; lost or stolen passports or travel documents

### Medical Expense / Emergency Evacuation:

Covers Pre-Existing Medical Conditions

Medical Evacuation to your hospital of choice

Covers airfare cost for one visitor from home if you are hospitalized during your trip

### One Call 24 Hour Assistance Services:

Medical and Legal Assistance Services

Concierge and Business Assistance Services

### TripArmor Plan

### TripArmor Plus Plan

[See complete details at triparmor.mhross.com](http://triparmor.mhross.com)

Yes

Yes

Yes\*

Yes\*

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\* Provided Plan is purchased within 15 days of initial trip deposit date

## MAIL OR FAX ENROLLMENT FORM (Please Print)

**Calculate Your Premium:** Premium rates are per person based upon your individual Trip Cost. Select Your Plan (TripArmor or TripArmor Plus) and then the premium from the correct column in the Premium Rate Table (TripArmor or TripArmor Plus) and enter the amount in the Premium column below.

Enrollment Information			Select Plan: <input type="checkbox"/> TripArmor <input type="checkbox"/> TripArmor Plus			
	Insured Name <small>(First, Middle Initial, Last)</small>	Gender	Age	Departure Date	Return Date	Trip Cost
#1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Premium for all Persons</b>						<input type="text"/>
<b>+ Enrollment Processing Fee (required)</b>						<b>\$ 6.00</b>
<small>(Note: the Enrollment Processing Fee is non-refundable)</small>						
<b>Total Cost for all Participants</b>						<input type="text"/>

### Travel Information

Initial Trip Deposit Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Indicate below the types of travel arrangements You are insuring:

- Air - Airline \_\_\_\_\_  
 Cruise - Cruise Line \_\_\_\_\_

- Travel Destination \_\_\_\_\_  
 Land - Travel Supplier \_\_\_\_\_  
 Other \_\_\_\_\_

### Primary Traveler Name/Address

\_\_\_\_\_  
 Last Name                      First Name                      Initial  
 \_\_\_\_\_  
 City                                      State                                      Zip Code

\_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 Home Phone (Include Area Code)                      Work Phone (Include Area Code)

**Send Confirmation by:** (Please select one.)  E-Mail  Fax  Mail **Send To:** \_\_\_\_\_  
Fax # with area code or e-mail address here if by fax or e-mail

**Form of Payment:**  Check  AMEX  Discover  MC  Visa                      Card # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_                      Validation Code\* \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

I authorize MH Ross Travel Insurance Services, Inc. to charge my credit card for the total premium.

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\* You will find the validation code** (last 3 digits) at the end of the signature strip on the back of Your card if using Discover, Mastercard or VISA. For American Express, the number (4 digits) is on the front of the card above and to the right of the card number.