

Universal Air Travel Plan®

Insider's Club



Description of Coverage

Note: This Description of Coverage contains the major provisions of the master policy. Please read carefully and keep with your valuable documents. This Description of Coverage is not a contract of insurance but is simply an informative statement of the principal provisions of the coverage while in effect. If this plan does not conform to your state statutes, it will be amended to comply with such laws. If a statement in the Description of Coverage and any provision in the policy differ, the policy will govern. Throughout this Description of Coverage, the words “you” and “your” refer to the Insured Person. UATP is not the broker or insurance underwriter for this program. Membership becomes effective on the first day of the month following receipt of enrollment and payment. The plan cost is annual and non-refundable.

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■ TRAVEL ACCIDENT PROTECTION ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	\$250,000*
Classic Plus	Classic Plus Family	\$250,000*
Silver	Silver Family	\$750,000*
Silver Plus	Silver Plus Family	\$750,000*
Platinum	Platinum Family	\$1,000,000*
Platinum Plus	Platinum Plus Family	\$1,000,000*

*Travel Accident Protection limited to \$50,000 for Dependent Child(ren) who have been enrolled in the family plan and for whom required plan costs have been paid.

When You Are Covered:

When the Insured is traveling as a passenger on a full-fare, industry-free or reduced-rate ticket on a regularly Scheduled Airline, cruise line or Amtrak® passenger train and has enrolled in the Classic, Silver or Platinum plans and paid the required plan costs. Covered Trip must occur during the policy term and does not apply while acting or training as pilot or crew member or dead-heading.

Where You Are Covered:

While riding as a passenger in, entering, exiting or being struck by a Scheduled Airline, cruise line or an Amtrak® passenger train, anywhere in the world, when such transportation was provided by a full-fare, industry-free or reduced-rate ticket, whether:

1. While riding on a Common Carrier licensed for transportation of passengers for hire directly to or from the airport, terminal or station to your next destination, immediately prior to or following travel provided by the ticket; or
2. While riding solely as a passenger in, on, boarding or alighting from any substitute mode of transportation provided by the Scheduled Airline, cruise line or Amtrak® passenger train.

What Is Covered:

If, within one year from the date of an Accident, a covered injury shall result in death, dismemberment or loss of sight. The following are Losses covered and the corresponding Scheduled Benefit Amounts:

Accidental Loss of	Percent of Loss of Life Benefit Amount
Life	100%
Speech & Hearing	100%
Speech and one of: Hand, Foot or Sight of One Eye	100%
Hearing and one of: Hand, Foot or Sight of One Eye	100%
Both Hands, Both Feet or Sight of Both Eyes or a Combination of a Hand, a Foot or Sight of One Eye	100%
One Hand or One Foot or Sight of One Eye	50%
Speech or Hearing	50%
Thumb & Index Finger of the same Hand	25%

If an Insured has multiple Losses as the result of one Accident, the Company will pay only the single largest Benefit Amount applicable to the Losses suffered. In no event will duplicate request forms, multiple memberships or use of multiple charge cards obligate the Company in excess of the stated benefits for any one Loss sustained by any one Insured as a result of any one Accident.

If the Insured has not been found within one (1) year of the disappearance, stranding, sinking, wrecking or breakdown of any conveyance in which the Insured was covered as an occupant, it will be assumed, subject to all other terms of the policy, that the Insured has suffered Loss of Life covered under this policy. If an Accident resulting from a Hazard causes the Insured to be unavoidably exposed to the elements and, consequently, the Insured has a Loss, such Loss will be covered under the policy.

If an Insured is included in more than one level of coverage, the Insured will be considered a member of the applicable level of coverage that provides the largest Benefit Amount for the particular Accident and Loss that has occurred.

What Is Not Covered:

The policy does not cover Loss caused by or resulting from any one or more of the following:

1. While an Insured is in, entering or exiting any aircraft while acting or training as a pilot or crew member.
(This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.);
2. While in the airport, terminal or station immediately prior to or following travel provided by the ticket;
3. Loss caused by or resulting from an Insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, or bodily malfunctions. This exclusion does not apply to Loss resulting from an Insured's bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria;
4. Suicide, attempted suicide or Loss that is intentionally self-inflicted;
5. Loss caused by or resulting from a declared or undeclared War. Declared or undeclared War does not include acts of terrorism;
6. Full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty.

This protection does not apply to a counterfeit Scheduled Airline, cruise line or Amtrak® passenger train ticket.

Beneficiary:

The Loss of Life benefit will be paid to the Beneficiary designated by the Insured. This choice must be in writing and filed with the Plan Administrator. If the Insured Person has not chosen a beneficiary or if there is no beneficiary alive when the Insured Person dies, the Company will pay the Benefit Amount to the first surviving class in the following order:

1. The Insured's spouse, if surviving the Insured; otherwise
2. The Insured's surviving child(ren), in equal shares; otherwise
3. The Insured's surviving parents, in equal shares; otherwise
4. The Insured's surviving brothers and sisters, in equal shares; otherwise
5. The Insured's estate;
6. All other Benefit Amounts are paid to the Insured, unless otherwise directed by the Insured or the Insured's designee.

The Insured, and no one else, has the right to change the beneficiary. The Insured does not need the consent of anyone to do so. Changes must be in writing and filed with the Plan Administrator. The Company does not assume any responsibility for the validity of such changes.

■ RENTAL CAR LOSS DAMAGE WAIVER (LDW) PROTECTION

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	N/A
Classic Plus	Classic Plus Family	N/A
Silver	Silver Family	N/A
Silver Plus	Silver Plus Family	N/A
Platinum	Platinum Family	\$25,000
Platinum Plus	Platinum Plus Family	\$25,000

When You Are Covered:

Each time the Insured rents an automobile while on a Covered Trip and declines the collision/loss damage waiver available through the Rental Agency, the Insured is provided with primary Rental Car Loss Damage Waiver Protection. If the purchase of liability for Damage or Loss is required by the Rental Agency, the Insured will be reimbursed for the deductible, which is published and for which the Insured is responsible.

What Is Covered:

Should the Insured have an Accident, anywhere in the world, the Company will pay either the Insured or the Rental Agency up to \$25,000 for the repair or replacement of the Rented Automobile. This benefit protects the Insured against theft, vehicle loss or vandalism-related damages to the rental car imposed by the Rental Agency. Reimbursement is on an Actual Cash Value basis. The Insured must:

1. protect the Rented Automobile from further loss, or damage;
2. report within 24 hours any Damage or Loss to the appropriate official representative such as the police or licensed Rental Agency;
3. report any loss to the Company or its authorized representatives as soon as reasonably possible;
4. submit Proof of Loss to the Company;
5. cooperate with the Company in the investigation, settlement or handling of any claims;
6. permit the Company to question the Insured under oath whenever the Company's investigation deems it necessary. All statements taken will be signed by the Insured; and
7. authorize the Company to obtain records or reports necessary to the Company's investigation.

What Is Not Covered:

Rental Car Loss Damage Waiver Insurance does not apply to a loss resulting from:

1. any dishonest, fraudulent or criminal act of the Insured;
2. forgery by the Insured;
3. loss due to War or confiscation by the authorities;
4. loss due to nuclear reaction or radioactive contamination;
5. the Insured being intoxicated, as defined by local applicable law or under the illegal influence of any narcotic, unless prescribed by a Physician;
6. intentional damage to the Rental Automobile by the Insured;
7. damage which is due to wear and tear, freezing, mechanical or electrical breakdown or failure, unless such damage results from a theft covered under the plan;
8. damage to tires unless damaged by fire, malicious mischief or vandalism, or theft, or unless the loss is coincident with a covered loss;
9. use of the Rented Automobile to carry passengers and property for hire;

10. use of the Rented Automobile in tests, races or contests;
11. use of the Rented Automobile by a person other than the one authorized to operate the Rented Automobile by the terms of the Rental Agreement;
12. the Rented Automobile operated or located in any territory prohibited by the terms of the Rental Agreement; and
13. Loss of Use of the Rental Automobile.

■ LOST/STOLEN CHECKED BAGGAGE PROTECTION

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	\$2,000*
Classic Plus	Classic Plus Family	\$2,000*
Silver	Silver Family	\$2,500*
Silver Plus	Silver Plus Family	\$2,500*
Platinum	Platinum Family	\$5,000*
Platinum Plus	Platinum Plus Family	\$5,000*

What Is Covered:

Each time the Insured travels on a Covered Trip, the Insured is automatically provided with lost or stolen baggage coverage. The Company agrees to reimburse the Insured for amounts actually paid for direct physical loss or damage, including theft to Checked Baggage and personal property contained therein.

Coverage Limits:

The amount of coverage is payable on an excess basis over and above any amount due from any other valid or collectible insurance or any other form of reimbursement payable by those responsible for the loss. Reimbursement is on an Actual Cash Value basis, at the time of loss, less depreciation. If the lost or damaged personal property is actually replaced, reimbursement will be for the cost of replacement, at the time of loss. The coverage territory is worldwide.

*A sub-limit of 10% of the lost or stolen baggage benefit or \$250 per item (\$200 Classic), whichever is less, shall apply to the loss of jewelry or furs owned by the Insured. A sub-limit of \$1,000 (Classic level), \$1,250 (Silver level) and \$2,500 (Platinum level) shall apply to sporting equipment that has been checked with the Scheduled Airline or Amtrak® passenger train and for which a claim check has been provided by the Scheduled Airline or Amtrak® passenger train.

What Is Not Covered:

Coverage does not apply to a loss resulting from:

1. any dishonest, fraudulent or criminal act of the Insured;
2. forgery by the Insured;
3. loss due to War or confiscation by the authorities;
4. loss due to nuclear reaction or radioactive contamination;
5. cameras and accessory equipment, bullion, precious or semi-precious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured, household furniture, motor vehicles, boats or watercrafts or aircraft or parts for such conveyances;
6. loss to animals, perishables, eyeglasses, contact lenses, prosthetic devices including dentures or hearing aids, art objects, electronic equipment or business items;
7. money, checks, travelers checks, valuable papers and documents, credit cards and debit cards, securities and tickets; and
8. sporting equipment, unless checked with the Scheduled Airline or Amtrak® passenger train and for which a claim has been provided by the Scheduled Airline or Amtrak® passenger train.

■ IN-HOSPITAL INDEMNITY - ACCIDENTAL INJURY

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	N/A
Classic Plus	Classic Plus Family	N/A
Silver	Silver Family	\$1,500*
Silver Plus	Silver Plus Family	\$1,500*
Platinum	Platinum Family	\$2,500*
Platinum Plus	Platinum Plus Family	\$2,500*

*subject to a daily maximum of \$250

What Is Covered:

Each time the Insured travels on a Covered Trip, the Insured is automatically provided with an In-Hospital Indemnity benefit. If Accidental Bodily Injury causes the Insured Person to be In-Hospital, after the Elimination Period the Company will pay \$250 for each day the Insured Person is In-Hospital. The In-Hospital Benefit Amount payment will be made until the earliest of the date:

1. the Insured Person dies;
2. the Insured Person is no longer In-Hospital; or
3. the Maximum Number of Days for the In-Hospital Benefit Amount (6 days for Silver and 10 days for Platinum) has elapsed.

Coverage Limits:

After the In-Hospital payments have begun, if the Insured Person is discharged from the hospital and the same Accident causes the Insured Person to be In-Hospital again, the Elimination Period requirement will be considered satisfied and the In-Hospital payments will resume. However, in no event will total payments exceed the Maximum Number of Days. The Elimination Period is 2 days. In-Hospital benefits are not payable, nor do they accrue, during the Elimination Period.

■ EXCESS MEDICAL EXPENSE BENEFIT

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	N/A
Classic Plus	Classic Plus Family	N/A
Silver	Silver Family	\$2,500
Silver Plus	Silver Plus Family	\$2,500
Platinum	Platinum Family	\$5,000
Platinum Plus	Platinum Plus Family	\$5,000

Who Is Covered:

If an Insured incurs a Medical Expense as a result of: 1) Accidental Bodily Injury occurring during a Covered Trip anywhere in the world; or 2) illness occurring during a Covered Trip outside the Insured's country of permanent residence where the Insured Person has established his/her fixed and permanent principal home, the Company will pay the Insured's reasonable Medical Expenses when rendered within 180 days of the loss. However, the Medical Expense benefit is specifically in excess of all other valid and collectible insurance. In no event will the Company pay more than the Excess Medical Expense Benefit Amount. In the event a payment is made on behalf of, or to, an Insured for amounts covered under any occupational benefit plan, other health insurance or national insurance plan, the Insured agrees to assign to the Company any right of recovery under such plan(s).

What Is Not Covered:

This coverage does not apply to loss caused directly or indirectly from the Insured:

1. having a Pre-existing Condition;
2. traveling against the advice of a Physician;
3. traveling while on a waiting list for specified medical treatment;
4. traveling for the purpose of obtaining medical treatment; or
5. traveling in the third trimester (seventh month or after) of pregnancy.

This coverage also does not apply to:

1. charges for which the Insured Person has no obligation to pay;
2. eyeglasses, contact lenses and other vision or hearing aids and artificial limbs;
3. any injury for which Workers Compensation benefits or occupational injury benefits are payable;
4. any dental loss, other than for immediate relief of dental pain;
5. cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a loss covered under the policy; or
6. dental or vision care or treatment, unless a hospital stay is required due to injury.

HOTEL/MOTEL BURGLARY

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	N/A
Classic Plus	Classic Plus Family	N/A
Silver	Silver Family	\$500
Silver Plus	Silver Plus Family	\$500
Platinum	Platinum Family	\$1,000*
Platinum Plus	Platinum Plus Family	\$1,000*

*sub-limits listed under “What is Covered”

What Is Covered:

Each time the Insured travels on a Covered Trip, the Insured is protected by the Hotel/Motel Burglary benefit. The Company's liability for each Burglary will be a maximum of \$500 (Silver) and \$1,000 (Platinum), of which no more than \$250 will be paid for all jewelry and fur. Payment will be on a reimbursement basis without deduction for depreciation, provided the article is actually replaced. If the article is not replaced, the claim will be adjusted on the Actual Cash Value at the time of the loss. Coverage under this plan will be excess over all other insurance or indemnity available to the Insured.

What Is Not Covered:

Coverage does not apply to loss resulting from:

1. any dishonest, fraudulent or criminal act of the Insured;
2. forgery by the Insured;
3. loss due to War or confiscation by authorities; or
4. loss due to nuclear reaction or radioactive contamination.

Coverage also does not apply to:

1. personal property contained in the hotel or motel safe or safety deposit box;
2. animals; perishables; sporting equipment; cameras and accessory equipment; eyeglasses and contact lenses; prosthetic devices including dentures and hearing aids; tickets, valuable papers and documents; credit cards and debit cards; securities; money; art objects; electronic equipment; business items; bullion or precious or semi-precious metals, stones or gems other than that contained in items of personal jewelry owned by the Insured; household furniture; motor vehicles, boats or watercraft or aircraft or other parts for such conveyances.

■ TRIP DELAY

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	N/A
Classic Plus	Classic Plus Family	\$150
Silver	Silver Family	\$150
Silver Plus	Silver Plus Family	\$150
Platinum	Platinum Family	\$300
Platinum Plus	Platinum Plus Family	\$300

What Is Covered:

Each time the Insured travels on a Covered Trip, the Insured is automatically provided with a Trip Delay benefit. If the Insured's Scheduled Airline flight, cruise line or Amtrak® passenger train is delayed for 12 hours (8 hours for Platinum level) or more due to an unpublished and unannounced strike, civil commotion, hijack, natural disaster or equipment failure of a Scheduled Airline, cruise line or Amtrak® passenger train, reimbursement will be made by the Company to the Insured. The Company will pay up to the Benefit Amount, on a reimbursement basis, for the cost of food and temporary lodging until travel by the Insured becomes possible.

What Is Not Covered:

This coverage does not apply to loss when delay:

1. results from air traffic delays caused by traffic congestion in the skies;
2. results from a prohibition or regulation by any government, or customs detention; or
3. inclement weather.

■ BAGGAGE DELAY

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	N/A
Classic Plus	Classic Plus Family	\$150
Silver	Silver Family	\$150
Silver Plus	Silver Plus Family	\$150
Platinum	Platinum Family	\$300
Platinum Plus	Platinum Plus Family	\$300

What Is Covered:

Each time the Insured travels on a Covered Trip, the Insured is automatically provided with Baggage Delay coverage. The Company will reimburse up to the Benefit Amount for the expenses incurred for the emergency purchase of essential items needed while at a destination other than the Insured's final destination or permanent residence if the Insured's Checked Baggage is delayed or misdirected by a Scheduled Airline cruise line or Amtrak® passenger train for 12 hours (8 hours for Platinum level) or more from the time the Insured arrives at the destination shown on his or her ticket.

Coverage Limits:

The Baggage Delay Benefit Amount is payable in excess of Scheduled Airline only or any other form of reimbursement payable by those responsible for the loss.

What Is Not Covered:

Essential items not covered by this benefit include but are not limited to:

1. contact lenses, eyeglasses or hearing aids;
2. artificial teeth, dental bridges or prosthetic limbs;
3. tickets, documents, money, passports, visas, securities, checks, travelers checks and valuable papers; or
4. business samples.

■ TRIP CANCELLATION/ TRIP INTERRUPTION PROTECTION

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	N/A
Classic Plus	Classic Plus Family	\$1,000
Silver	Silver Family	N/A
Silver Plus	Silver Plus Family	\$1,000
Platinum	Platinum Family	N/A
Platinum Plus	Platinum Plus Family	\$1,000

What Is Covered:

Each time the Insured travels on a Covered Trip, the Insured is automatically provided with Trip Cancellation/Trip Interruption coverage. In the event of the Insured Person's Trip Cancellation or Trip Interruption, the Company will pay up to the Trip Cancellation/Trip Interruption Benefit Amount. Payment will be the lesser of: 1) the actual Non-Refundable amount paid by the Insured Person for a Common Carrier passenger fare(s); or 2) the Trip Cancellation/Trip Interruption Benefit Amount of \$1,000 per year. The Insured Person will relinquish to the Company any unused vouchers, tickets, coupons or travel privileges for which the Company has reimbursed the Insured Person.

The Trip Cancellation or Trip Interruption of the Insured must be caused by or resulting from: 1) death, Accidental injury, disease or physical illness of the Insured Person or an Immediate Family Member of the Insured; or 2) default of the Common Carrier resulting from Financial Insolvency. The death, Accidental injury, disease or physical illness must be verified in writing by a Physician and must prevent the Insured from traveling on a Covered Trip. Covered Trip must occur during the policy term and does not apply while acting or training as pilot or crew member.

What Is Not Covered:

This coverage does not apply to Loss caused by or resulting from:

1. an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions, except physical illness or disease which prevents the Insured Person from traveling on a Covered Trip. This exclusion does not apply to Loss resulting from an Insured Person's bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria; or
2. a Pre-existing Condition; or
3. Accidental Bodily Injuries arising from participation in interscholastic or professional sports events, racing or speed contests, or uncertified scuba diving; or
4. cosmetic surgery unless such cosmetic surgery is rendered necessary as a result of a loss covered under this policy; or
5. the Insured or an Immediate Family Member being under the influence of drugs (except those prescribed and used as directed by a Physician) or alcohol; or
6. the Insured or an Immediate Family Member:
 - a. traveling against the advice of a Physician; or
 - b. traveling while on a waiting list for specified medical treatment; or
 - c. traveling for the purpose of obtaining medical treatment; or
 - d. traveling in the third trimester (seventh month or after) of pregnancy.

■ EMERGENCY MEDICAL EVACUATION/REPATRIATION

Individual Plan	Family Plan	Maximum Benefit Amount
Classic	Classic Family	\$25,000
Classic Plus	Classic Plus Family	\$25,000
Silver	Silver Family	\$50,000
Silver Plus	Silver Plus Family	\$50,000
Platinum	Platinum Family	\$75,000
Platinum Plus	Platinum Plus Family	\$75,000

What Is Covered:

Each time the Insured travels on a Covered Trip, the Insured is automatically provided with an Emergency Medical Evacuation/Repatriation benefit. Covered Expenses means the cost for:

1. transportation by land, water or air conveyance, required to transport the Insured during a Medical Evacuation. All transportation arrangements made will be by the most direct and economical route. Special transportation by, but not limited to, air ambulances, land ambulances and private motor vehicles must be recommended by the attending Physician or required by the standard regulations of the conveyance transporting the Insured; the means of transportation that is best suited to accommodate the Insured, based on the seriousness of his/her condition, will be utilized;
2. medical supplies and services which
 - a. are ordered or prescribed by the attending Physician; and
 - b. are, in the opinion of the attending Physician, necessarily incurred in connection with the Medical Evacuation.

Covered Expenses for Repatriation include the necessary expenses for embalming, cremation, transportation and purchase of a shipping container.

Coverage Limits:

If an Insured Person's Accidental Bodily Injury, disease or illness during a covered Hazard requires the Medical Evacuation and/or Repatriation of the Insured Person while the Insured Person is on a Covered Trip, the Company will pay up to the Maximum Benefit Amount for covered Medical Expenses that are incurred in conjunction with a Medical Evacuation or Repatriation. This Extension of Coverage is applicable only if the Covered Trip: 1) is more than 100 miles from the Insured Person's primary residence; and 2) lasts no more than 31 consecutive days. The Medical Evacuation and Repatriation must be ordered by a Physician, who certifies that the transportation and medical treatment are necessary and appropriate. The Medical Evacuation and Repatriation must be approved by the Assistance Services Administrator: On Call International.

What Is Not Covered:

Covered Expenses do not include those expenses incurred:

1. while the Insured Person is traveling against the advice of a Physician;
2. while the Insured Person is traveling for the purpose of obtaining medical treatment; or
3. due to normal pregnancy or resulting childbirth.

■ ON CALL INTERNATIONAL

On Call International (On Call) provides a 24-hour emergency telephone assistance service for your benefit so that, in the event of an emergency during the term of this coverage, multi-lingual help and advice may be furnished.

Emergency Cash Transfer Assistance

If you need emergency cash during your Covered Trip, On Call can help arrange a transfer through your credit cards, family, friends, employer, or similar source.

Medical Consultation and Monitoring

Should you need local medical care during your Covered Trip, On Call can assist in contacting your personal Physician or family, if necessary, to provide information on the care you are receiving.

Emergency Legal Assistance

During the course of your Covered Trip, you may visit many foreign countries. Should any problems arise requiring legal assistance, On Call can help you find English-speaking local counsel.

Emergency Medical & Dental Assistance

Unexpected medical and dental emergencies can happen anywhere, anytime. You may be in unfamiliar surroundings when you suddenly need medical or dental care. On Call can help you locate an English-speaking Physician or dentist or the nearest qualified medical facility, and can also assist in arranging for special emergency medical transportation, such as an air ambulance.

Lost Travel Documents Assistance

On Call's multi-lingual staff can provide assistance in handling unexpected complications such as lost passports, tickets, luggage, or other valuable travel documents or belongings.

Emergency Medical Payment Assistance

Many foreign hospitals require immediate settlement of bills before treatment or may withhold your passport until they receive full payment. Physicians and hospitals worldwide can contact On Call to help you arrange, if required, immediate settlement of covered Medical Expenses if other sources are not available.

**TO ACCESS EMERGENCY ASSISTANCE,
CALL 1-(800) 618-0692 OR,
FROM OUTSIDE THE U.S. OR CANADA,
CALL COLLECT: 1-(603) 898-2679**

Note that the problems of distance, information and communications make it impossible for Virginia Surety Company, Inc., BerkelyCare or On Call International to assume any responsibility for the availability, quality, use or results of any emergency service. In all cases, you are still responsible for obtaining, using and paying for your own required services of all types.

■ FAMILY PLANS

All members of UATP's Insider's Club who choose to include coverage for their Spouse and/or Dependent Child(ren) in the Classic Family, Classic Plus Family, Silver Family, Silver Plus Family, Platinum Family or Platinum Plus Family must enroll the family members and pay the required annual plan costs to be eligible for benefits.

■ DEFINITIONS

Accident or Accidental

Accident or Accidental means a sudden, unforeseen and unexpected event, which happens by chance, arises from a source external to the Insured, is independent of illness, disease or other bodily malfunction and is the direct cause of loss.

Accidental Bodily Injury(ies)

Accidental Bodily Injury(ies) means bodily injury which is Accidental, is the direct source of a Loss, and is independent of disease, illness or other cause.

Actual Cash Value

The cost to replace the lost or damaged personal property at the time of loss, less depreciation. For rental cars, the Actual Cash Value is the cost to *repair* or *replace* the Damage or Loss to the Rented Automobile at the time of loss, less depreciation.

Antique Motor Vehicles

Any vehicle over 25 years old, or any vehicle which has not been manufactured for 10 years or more.

Benefit Amount

The Loss amount applicable to each level of coverage, at the time of the Accident, as selected by the Insured.

Burglary

The taking of unattended personal property of the Insured from the Insured's registered hotel or motel room by Forcible Entry while doors, windows and other openings are closed and locked, and provided there are marks of Forcible Entry.

Common Carrier

Common Carrier means any licensed land, water or air conveyance operated by those whose occupation or business is the transportation of persons or things without discrimination and for hire.

Company

Virginia Surety Company, Inc., 175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604.

Covered Trip

Travel which originates with a full-fare, industry-free or reduced rate Scheduled Airline, cruise line or Amtrak® passenger train ticket. The coverage period will not exceed thirty-one (31) consecutive days from the date of departure. Covered Trip must occur during the policy term and does not apply while acting or training as a pilot or crew member.

Damage or Loss

For rental cars: Direct and Accidental loss to a Rented Automobile, including theft of a Rented Automobile.

Dependent Child or Children

Dependent Child or Children means those children, including adopted children and those children placed for adoption, who are primarily dependent upon the Insured for maintenance and support, and who are: 1) under the age of nineteen (19) and reside with the Insured; or 2) beyond the age of nineteen (19), permanently mentally or physically challenged, and incapable of self-support; or 3) under the age of twenty-five (25) and classified as full-time students at an institution of higher learning.

Domestic Partner

Whenever the term “spouse” is used in this Description of Coverage, the term includes Domestic Partner. Domestic Partner means a person who is at least eighteen (18) years of age, and who throughout the past twelve (12) months: 1) has been in a relationship with the Insured; 2) has been the Insured’s sole spousal equivalent; 3) has resided in the same household as the Insured; 4) has been jointly responsible with the Insured for each other’s financial obligations, and who intends to continue the relationship described above indefinitely.

Elimination Period

The number of consecutive days the Insured Person is In-Hospital and that must elapse before In-Hospital benefits become payable.

Financial Insolvency

The inability of the entity to provide travel services because it has ceased operations either following the filing of a petition for bankruptcy, whether voluntary or involuntary, or because it has ceased operations as a result of a denial of credit or the inability to meet financial obligations.

Forcible Entry

Access to the Insured’s hotel or motel room has been gained by breaking and entering a locked door or window.

Hazard

Scheduled Airline and Amtrak® passenger train means the circumstances, subject to the terms and conditions of the policy and arising from and occurring on a Covered Trip while the Insured is: 1) riding as a passenger in or entering, exiting or being struck by a Scheduled Aircraft or an Amtrak® passenger train or; 2) riding as a passenger in, entering or exiting a Common Carrier while traveling directly to or from the airport or train station immediately preceding the departure of a Scheduled Aircraft or Amtrak® passenger train on which the Insured has reserved passage.

High-Value Vehicle

Motor vehicles whose replacement value exceeds \$50,000.

Immediate Family Member

Means spouse, Dependent Child or Children or other relatives residing with the Insured Person.

In-Hospital

Registered as an in-patient and confined to a hospital while being treated by a Physician. In-Hospital does not include confinement solely for convalescent or nursing care.

Insured Person or Insured

A UATP Insider who has enrolled in the Classic, Silver, Platinum or Platinum Plus plans and has paid the required annual plan cost. Insureds include those family members who have been enrolled in the Classic, Silver, Platinum or Platinum Plus family plans and for whom annual plan costs have been paid.

Limited Edition Motor Vehicles

High-Value, exotic, high performance or collector-type motor vehicles.

Loss

The types of Accidental Bodily Injuries or death for which this plan provides coverage.

Loss of Foot

The complete severance through or above the ankle joint, even if the foot is later reattached.

Loss of Hand

The complete severance through or above the knuckle joints of at least 4 fingers on the same hand or at least 3 fingers and the thumb on the same hand, even if the fingers and/or thumb are later reattached.

Loss of Hearing

The permanent and irrecoverable and total deafness of both ears to the extent that the deafness cannot be corrected by any aid or device, as determined by a Physician.

Loss of Life

Death, including clinical death determined by the local governing medical authorities.

Loss of Sight of an Eye

The permanent loss of vision in one eye. Remaining vision must be no better than 20/200 using a corrective aid or device as determined by a Physician.

Loss of Speech

The permanent and irrecoverable total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

Loss of Thumb and Index Finger

Complete severance through or above the knuckle joints of the thumb and index finger of the same hand, even if one or both are later reattached.

Loss of Use

For rental cars: The charges for which the Insured is liable due to Damage or Loss to the Rented Automobile which renders the vehicle unavailable for immediate rental.

Lost/Stolen Checked Baggage Protection

Suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the Insured by a Scheduled Airline or Amtrak® passenger train.

Medical Evacuation

The emergency transportation of the Insured from a location where the Insured is injured or becomes ill to the nearest hospital where appropriate medical treatment can be obtained.

Medical Expense

The Reasonable and Customary charges for Medical Services that are Medically Necessary for the care and treatment of Accidental Bodily Injuries sustained in a covered Accident.

Medically Necessary

Any medical or dental service, supply or course of treatment which: 1) is ordered or prescribed by a Physician or dentist; 2) is appropriate and consistent with the patient's diagnosis; 3) is in accord with current accepted medical or dental practice; and 4) could not be eliminated without adversely affecting the patient's condition or quality of medical or dental care.

Medical Services

The costs for the following Medically Necessary services: 1) treatment by a Physician; or 2) confinement in a hospital; or 3) treatment performed by a Home Health Care service, if continued hospitalization would otherwise have been required; or 4) X-ray examination; or 5) the use of an ambulance; or 6) up to \$200 per occurrence for dental services to relieve dental pain due to an Accidental Injury, occurring on a Covered Trip, to sound natural teeth.

Non-Refundable

The amount of money paid by or on behalf of the Insured Person for a Covered Trip which will be forfeited under the terms of the agreement made with the Common Carrier for unused travel arrangements and for which a travel agent or travel supplier will not provide any other form of compensation.

Physician

A person who is licensed as a medical doctor or a doctor of osteopathy under the laws of the jurisdiction in which treatment is given and who is qualified to provide the medical treatment. A Physician does not include a family member of the Insured, a social worker or a physical therapist or an intern.

Participating Organization

Universal Air Travel Plan, Inc., 1301 Pennsylvania Avenue, NW, Washington, DC 20004-1707

Pre-existing Condition for Trip Cancellation/Trip Interruption

Means Accidental Injury, disease or illness of the Insured Person or Immediate Family Member of the Insured Person which occurs or manifests itself during the sixty (60) day period immediately prior to the purchase date of a Common Carrier passenger fare(s). Disease or illness manifests itself when: 1) medical care or treatment has been given; or 2) there exist symptoms which would cause a reasonably prudent person to seek medical diagnosis, care or treatment. The taking of prescription drugs or medication for a controlled condition throughout this sixty (60) day period will not be considered a manifestation of illness or disease.

Pre-existing Condition for Excess Medical Expense Benefit

Means illness, disease or Accidental Injury of the Insured Person, Covered Spouse or Dependent Child(ren) for which medical advice, diagnosis, care or treatment was recommended or received within the sixty (60) day period immediately prior to the departure date of the Covered Trip. The taking of prescription drugs or medication for a controlled condition throughout this sixty (60) day period will not be considered to be a treatment of illness or disease.

Reasonable and Customary

Means the lesser of: 1) the usual charge made by Physicians or other healthcare providers for a given service or supply; or 2) the charge the Company determines to be the prevailing charge made by Physicians or other healthcare providers for a given service or supply in the geographical area where it is furnished; or 3) the amount negotiated by the Company and the healthcare provider.

Rental Agency

A commercial automobile rental company licensed under the laws of the applicable jurisdiction.

Rented Automobile

A four-wheeled private passenger-type motor vehicle or a mini-van manufactured and designed to transport a maximum of seven passengers and used exclusively to carry passengers. A Rented Automobile must be designed for travel on public roads and rented from a licensed rental company. Off-road, antique or Limited Edition Motor Vehicles are excluded. The following are also excluded: trucks, recreational vehicles, campers, pickup trucks and mini-buses.

Repatriation

The transfer of the Insured, from the local hospital where the emergency medical care is initially given to the Insured's country of domicile or the Insured's residence to obtain further medical treatment or to recover. Repatriation also means the necessary arrangements for the return of the Insured's remains to the Insured's place of residence in the event of the Insured's Loss of Life.

Replacement Cost

The cost to replace the lost or damaged personal property at the time of loss without a reduction for depreciation.

Scheduled Aircraft

Scheduled Aircraft means an aircraft owned and operated by a Scheduled Airline.

Scheduled Airline

An airline which is either: 1) of United States registry and certified by the United States government to carry passengers on a regularly scheduled basis; or 2) of foreign registry and approved by the United States government and the appropriate foreign authority.

Trip Cancellation

Means the cancellation of Common Carrier travel arrangements when the Insured Person is prevented from traveling on a Covered Trip or on or before the Covered Trip departure.

Trip Interruption

Means the Insured Person's Covered Trip is interrupted either on the way to the point of departure or after the Covered Trip departure.

War

1) Hostilities following a declaration of War by a government authority; 2) if there is no declaration of War, then armed, open and continuous hostilities between two countries; or 3) armed, open and continuous hostilities between two factions, each in control of territory, or claiming jurisdiction over the site of the area of hostility. War does not include acts of terrorism.

GENERAL PROVISIONS

The Universal Air Travel Plan (UATP) has arranged for these benefits as a service to its members and is not responsible or liable for any services, claims or benefits which may arise under the Policies and Agreement described in this Description of Coverage. This plan is available to U.S., Canada and Puerto Rico residents only.

Currency: All coverage limits and plan costs are in U.S. Dollars (USD).

Effective Date and Term of Coverage: Membership becomes effective on the first day of the month following the receipt of enrollment and payment. The coverage of the Insured shall be for a term of one year, unless the coverage is renewed for an additional term. This protection is valid only upon payment of the total required plan cost and will not cover any losses suffered prior to purchase.

Termination of Coverage: The coverage of the Insured shall terminate automatically on the earliest of any of the following occurrences:

1. On the date the Policy is terminated;
2. On the expiration date of the Policy term for which plan cost has been paid.

This Description of Coverage is not an insurance policy. The benefits described herein are general descriptions of the principal provisions relating to the services, coverage and payment of losses under the following agreements: Travel Accident Protection (policy # AFI05004), Primary Rental Car Loss Damage Waiver (LDW) Protection (policy # HTP05205), Checked Baggage Protection (policy # HTP05205), In-Hospital (policy # HTP05205), Excess Medical Expense (policy # HTP05205), Hotel/Motel Burglary Protection (policy # HTP05205), Trip Delay (policy # HTP05205), Baggage Delay (policy # HTP05205), Trip Cancellation/Trip Interruption (policy # HTP05205), and Medical Evacuation/Repatriation Benefits (policy # HTP05205).

Policies are underwritten by Virginia Surety Company, Inc., 175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this protection plan are contained in the Master Policy on file with Universal Air Travel Plan (UATP). In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

This Description of Coverage is an informative statement of the principal provisions of the protection plan while in effect. Complete provisions pertaining to this plan are contained in the Master Policies on file with Universal Air Travel Plan (UATP). If a statement in this document and any provision in the Policy differ, the Policy will govern. The plan is effective June 1, 2006 and will cease on the date the Master Policies are terminated or on the date you are no longer eligible.

The Universal Air Travel Plan has arranged for these benefits as a service to its Accountholders and is not responsible or liable for any services, claims or benefits which may arise under the Policies and Agreement described in this Description of Coverage. The above identified plan administrator and On Call International are responsible for the services, benefits, coverage and payment of losses as described in the above referenced Policies and Agreement.

Universal Air Travel Plan (UATP) reserves the right to change or substitute companies providing services or coverage at any time without notice to the Insured, provided that the new services or coverage are at least equal to the services and coverage described herein.

WHERE TO REPORT CLAIMS

Policy No. HTP05205 and AFI05004

Trip Cancellation Claims: Call BerkelyCare IMMEDIATELY to notify them of your cancellation and to avoid any non-covered expenses due to late reporting. BerkelyCare will then forward the appropriate claim form which must be completed by you AND THE ATTENDING PHYSICIAN, if applicable.

Emergencies Arising During Your Covered Trip: For covered emergencies requiring evacuation or interruption of your Covered Trip, contact On Call International immediately at the following numbers: Within the U.S. and Canada: **1-(800)618-0692** or, outside the U.S. and Canada, call collect*: **1-(603)898-2679**. Identify yourself by the above policy number and give the details of your problem or medical emergency.

*If you have any difficulty making this collect call, contact the local phone operator to connect you to a U.S.-based, long-distance service. In this case, please let the Assistance Provider answering the phone know the number you are calling from, so that he/she may call you back. Any charges for the call will be considered reimbursable benefits.

Claims Notification Upon Your Return: Report your claim in writing as soon as possible to BerkelyCare. Provide the policy number above, your travel dates, and details describing the nature of your loss. Upon receipt of this information, BerkelyCare will promptly forward you the appropriate claim form to complete.

BerkelyCare, 159 East County Line Road, Hatboro, PA 19040

1-(800)383-0049 • 1-(215)773-5350

uatp@berkely.com • www.travelclaim.com

Office Hours: 9AM - 6PM (EST), Monday – Friday

IMPORTANT: In order to facilitate prompt claims settlement upon your return, be sure to obtain as applicable: detailed medical statements from Physicians in attendance where the Accident or illness occurred; receipts for medical services and supplies; receipts from the hospital; police reports or claims reports from parties responsible (i.e., airline, cruise line, hotel, Amtrak®, etc.) for loss, theft, damage or delay. In the event of a baggage claim, receipts for damaged items will be required. In the event of a baggage delay or trip delay claim, receipts for any additional Covered Expenses will be required, as well as verification of any delay.

To file a claim, please submit a copy of the Scheduled Airline, cruise line or Amtrak® passenger train ticket, as well as the other necessary documents listed below:

Travel Accident

1. A completed claim form;
2. A copy of the death certificate;
3. The name of the Scheduled Airline or Amtrak® passenger train, date and location of the Accident;
4. A letter from Executor or Administrator of the Estate providing his/her full name, address and telephone number.

The Company has the right to have the Insured examined by a Physician approved by the Company, as often as reasonably necessary while a claim is pending. The Company may also have an autopsy performed, unless prohibited by law. Any examinations or autopsies that we require will be done at our expense.

Loss Damage Waiver

1. A completed claim form;
2. A written description of the occurrence, character and nature of the loss;
3. A copy of the rental car agreement;
4. A copy of the initial claim report submitted to the automobile Rental Agency;

5. A copy of the paid claim report submitted by the automobile Rental Agency for the Damage or Loss for which the Insured is responsible;
6. A copy of the police Accident report;
7. A copy of the damage estimate from an automobile body repair shop;
8. Proof of submission of the loss of, and the results of any settlement or denial by, the applicable insurance carrier(s); and
9. If no other is applicable, a notarized statement from the Insured to that effect.

Lost/Stolen Checked Baggage Protection

1. A completed claim form;
2. A copy of the initial claim report submitted to the Scheduled Airline or Amtrak® passenger train;
3. Proof of submission of the loss to, and the results of any settlement by the Scheduled Airline or Amtrak® passenger train;
4. Proof of submission of the loss to, and the results of any settlement or denial by, the Insured's personal insurance carrier(s);
5. If no other insurance is applicable, a notarized statement from the Insured to that effect; and
6. A list of items lost or stolen and evidence that the personal property has actually been replaced.

Excess Medical Expense

1. A completed claim form;
2. A detailed bill identifying the services rendered and the nature of the Accident or illness; and
3. A statement from your personal health insurance carrier indicating the amount paid.

Hotel/Motel Burglary

1. A completed claim form;
2. A copy of the hotel/motel reservation confirmation;
3. A copy of the police report;
4. A copy of the initial claim report submitted to the hotel/motel;
5. Proof of submission of the loss to and the results of any settlement by the hotel/motel or any settlement or denial by the Insured's personal insurance carrier(s);
6. If no other insurance is applicable, a notarized statement from the Insured to that effect; and
7. Evidence that the personal property has actually been replaced.

Baggage Delay

1. A completed claim form;
2. A statement by the airline or Amtrak® passenger train certifying the delay or misdirection of the baggage for twelve (12)hours (Silver) or eight (8) hours (Platinum); and
3. Receipts for purchase of necessary personal effects up to the maximum Benefit Amount.

Trip Cancellation/Trip Interruption Protection

1. A completed claim form;
2. A copy of the Common Carrier ticket;
3. A statement by the Common Carrier indicating the amount of the Non-Refundable portion of the ticket for which the Trip Cancellation/Trip Interruption occurred;
4. A statement in writing from a licensed Physician certifying the event that necessitated the cancellation or interruption of the Covered Trip.

Trip Delay

1. A completed claim form; and
2. A statement by the airline or Amtrak® passenger train certifying the delay of the flight, cruise or train for twelve (12)hours (Silver) or eight (8) hours (Platinum) or more due to one of the covered reasons listed under "What Is Covered".

NOTICE: The Insured must send the Company written notice of a claim, including Insured's name and account number, within 45 days after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. Reimbursement for covered losses will be paid to the Insured within sixty (60) days after the Company receives Proof of Loss.

This plan was designed for UATP Accountholders by:



The Berkely Group

BerkelyCareSM is a division of Affinity Insurance Services, Inc. in all states, except: AIS Affinity Insurance Agency, Inc. in MN and OK; AIS Affinity Insurance Agency in NH and NY; and, in CA, BerkelyCareSM is a service mark of **Aon Direct Insurance Administrators**, CA Insurance License # 0795465.

Participating Organization:

Universal Air Travel Plan, Inc.
1301 Pennsylvania Avenue, NW
Washington, DC 20004-1707

Plan Administrator:

BerkelyCare
159 East County Line Road
Hatboro, PA 19040

Plan Underwritten by:

Virginia Surety Company, Inc.
175 W. Jackson Blvd., 11th Floor,
Chicago, IL 60604