# **CONFIRMATION OF BENEFITS**



Plan Number: 200218RTL04255

**Application Date: 2/18/2020** 

Issue Date: 2/18/2020

Plan: Worldwide Trip Protector Plus

**Underwriter:** United States Fire Insurance

Company

**Agency:** Travel Insured International

Roy Giampoli 720 Forest Ave Glen Ellyn IL 60137

## **SCHEDULE**

Departure Date: 2/26/2023 Return Date: 3/19/2023 Term: 22 Days Destination:

BENEFITS AND LIMITS					
Planholders	Benefits	Limits	Paid Date	Plan Cost	
Roy Giampoli	Base Plan	\$8,000.00	2/18/2020	\$983.00	
Debra D Giampoli	Base Plan	\$8,000.00	2/18/2020	\$885.00	

FEES: \$0.00 TOTAL COST: \$1,868.00

If changes are made to your trip cost, please contact us immediately at 1-855-752-8303 in order to maintain full coverage and continue eligibility for time sensitive benefits. Benefits affected may include, but are not limited to, the pre-existing condition waiver.

# **CONFIRMATION OF BENEFITS**

Plan Number: 200218RTL04255

BENEFITS	LIMITS
Trip Cancellation**	Up to 100% Trip Cost*
Cancel for Any Reason**	Up to 75% Trip Cost* (Purchase Within 21 Days of Initial Trip Deposit)
Trip Interruption***	Up to 150% Trip Cost*
Interrupt for Any Reason**	Up to 75% Trip Cost*
Reimbursement of Miles or Reward Points	\$250
Change Fee	\$250
Travel Delay	\$1,000 (\$200/day - 6 hours)
Missed Connection	\$500 (3 hours)
Itinerary Change	\$500
Accident & Sickness Medical Expense	\$100,000
Emergency Medical Evacuation and Repatriation	\$1,000,000
Accidental Death and Dismemberment- 24 Hour	\$10,000
Baggage & Personal Effects	\$1,000
Baggage Delay	\$300 (12 hours)
Rental Car Damage	\$50,000
Non-Medical Emergency Evacuation	\$150,000

Optional Coverage only applies when requested on the application and the appropriate additional plan cost has been paid.

Traveler	Beneficiary	Percent
Roy Giampoli	Ashley J Giampoli	100%
Debra D Giampoli	Ashley J Giampoli	100%

<sup>\*</sup>Up to the lesser of the Trip Cost paid or the limit of Coverage on Your Confirmation of Benefits

<sup>\*\*</sup>Not applicable when \$0 Trip Cost displayed on Your Confirmation of Benefits

<sup>\*\*\*\$1,000</sup> Return Air Only if \$0 displayed for Trip Cancellation on Your Confirmation of Benefits.

- Fully review your Plan Document.
- Take this Confirmation of Benefits with you on your trip.
- Obtain receipts/documents for all expenses related to medical care, travel delay, trip interruption, and baggage delay or loss.

## Plan Number: 200218RTL04255

You are only eligible for the benefits described in the Plan Document as long as the appropriate plan cost has been paid and is so indicated on the first page of this form.

#### What to do in case of a Claim

- 1. Notify your Travel Agent, Tour Operator or Cruise Line if you must cancel your trip.
- 2. Report your claim to Travel Insured International by calling the number below or visiting www.travelinsured.com.
- 3. Complete the claims forms that we forward to you and provide additional documents as indicated.

**Trip Cancellation/Interruption:** Take immediate steps to minimize your loss. Comply with all notification requirements that may be specified by the Tour Operator, Airline, or Cruise Line. Return with the claim form a copy of the brochure that describes your tour, copies of paid checks, invoices and any unused tour or travel documents. In case of an interruption claim, include the passenger's copy of the old and new transportation tickets. If you are prevented from taking your trip due to sickness or injury, you should obtain medical care immediately. We require a certification by the treating physician at the time of sickness or injury that medically imposed restrictions prevented your participation in the trip.

**Emergency Evacuation/Repatriation:** If you are on your trip and you require medical evacuation or medical assistance to return home or to a hospital near your home, you must immediately call the assistance company at the number shown below. These services must be pre-authorized

Missed Connection: Obtain receipts verifying extra incurred expenses for transportation (such as airline tickets) to return to final destination.

**Travel Delay:** If your trip is interrupted or delayed, we need verification of the cause, the number of hours of the delay, and receipts for additional expenses.

Medical: Obtain receipts and a letter from the service provider stating the amount paid and listing the diagnosis and treatment.

**Baggage:** Report the loss, theft, or damage immediately to either hotel management, tour guide, transportation official or local police and obtain a written statement of loss from them.

#### **Plan and Claims Questions**

Travel Insured International P.O. Box 6503 Glastonbury, CT 06033-6503 1-855-752-8303 (Weekdays 8:00 AM – 6:00 PM ET) www.travelinsured.com

#### Non-Insurance Travel Assistance and Emergency Services

1-800-494-9907 Toll-Free U.S. and Canada (24/7) 1-603-328-1707 Collect (24/7)

This Confirmation of Benefits and the Plan Document describe the benefits, terms, and conditions of your Plan.

Please fully review your Plan Document and take this Confirmation of Benefits with you on your trip so you have access to your plan number, emergency phone numbers, and coverage details at all times.

This document contains important plan and claims information. This document is not a bill.



**Travel Insured International** P.O. Box 6503, Glastonbury, CT 06033

Plan Number: 200218RTL04255

Effective Date: 2/18/2020

Departure Date: 2/26/2023 Return Date: 3/19/2023

Departure Date: 2/20/2020 Return Date: 9/

To whom it may concern:

This letter confirms that the following travelers have coverage under one of our travel protection plans:

Roy Giampoli, Debra D Giampoli

We provide coverage worldwide for the coverage listed below, including Accident and Sickness Medical Expenses, and Emergency Medical Evacuation, Medical Repatriation and Repatriation of Remains. There is no deductible for medical expenses.

Destination: Japan

**COVID:** COVID is considered an illness and treated the same as any illness would be under the Sickness coverage in the plan and subject to all the plan provisions. The plan offers benefits for accident & sickness and emergency medical evacuation coverage and provided all terms and conditions of the policy are met, there would be coverage for COVID related illness. This is not a guarantee of claim payment and would be subject to a complete review.

Enclosed are the Confirmation of Benefits and Plan Document, which include the provisions, limitations and exclusions that apply.

Sincerely,

Travel Insured International

Phone: 1-855-752-8303 | Fax: 1-860-528-8005

www.travelinsured.com

### BENEFITS LIMITS

Trip Cancellation\*\* Up to 100% Trip Cost\* Cancel for Any Reason\*\* Up to 75% Trip Cost\* (Purchase Within 21 Days of Initial Trip Deposit) Trip Interruption\*\*\* Up to 150% Trip Cost\* Interrupt for Any Reason\*\* Up to 75% Trip Cost\* Reimbursement of Miles or Reward Points \$250 Change Fee \$250 Travel Delay \$1,000 (\$200/day - 6 hours) Missed Connection \$500 (3 hours) Itinerary Change \$500

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