



**FIDELITY SECURITY LIFE INSURANCE COMPANY**  
3130 Broadway, Kansas City, Missouri 64111-2406

A STOCK COMPANY  
(Herein Called “the Company,” “We,” “Our,” or “Us”)

**GROUP TRAVEL INSURANCE CERTIFICATE**

**Single Trip Air, Cruise & Tour Travel Insurance Program**

This Certificate describes the insurance that is provided for the Insured by Fidelity Security Life Insurance Company under the Policy. The benefits are subject to all provisions, limitations and exclusions of the Policy.

**SCHEDULE**

**POLICYHOLDER:** National Small Business Travel & Health Association

**POLICY NUMBER:** [printed on actual certificate, not on sample]

**TRAVEL BENEFIT AMOUNT(S):**

<b>BENEFITS</b>	<b>MAXIMUM BENEFIT PER INSURED PERSON</b>
Trip Cancellation/Interruption	Trip Cost up to \$20,000 as confirmed on your Coverage Verification Letter / Receipt.
Travel Delay (\$100 per day after 24 hours or up to \$500 for missed connection)	\$500
Lost/Stolen Baggage	\$1,000
Baggage Delay	\$100
Emergency Medical/Dental	\$10,000
Emergency Medical Evacuation / Repatriation	\$20,000 overall maximum for all of the following:
(a) Return of Dependent Children	Cost of one way economy airfare
(b) Visitor to Bedside	Round trip economy fare
(c) Lodging	Up to \$200 per day for up to 7 days
(d) Return of Vehicle	Up to \$500
(e) Repatriation of Mortal Remains	Up to \$3,000
Common Carrier Accidental Death & Dismemberment	Principal Sum - \$100,000
24-Hour Travel Assistance	See Emergency Travel Assistance Services Section

For emergency travel assistance while on your trip, please call anytime:

From North America: (1) 877-435-7695

From outside North America, call: 01-317-818-2808

To file a claim, please call during normal business hours, Monday – Friday between 9:00 a.m. - 5:00 p.m. EST to (1) 317-818-2808 or write to us at SRI Administrators, 9200 Keystone Crossing, Suite 300, Indianapolis, IN 46240.

**Ten Day Right To Return Certificate**

If the Insured is not satisfied for any reason, he or she may return this Certificate to Us or to Our authorized representative within 10 days after receipt. Premium will then be refunded. When so returned, this Certificate will be void from the beginning. This provision is void on the Insured’s effective date of coverage.

C-9049

## DEFINITIONS

**“Accidental or Accident”** means an unexpected and unforeseen event.

**“Common Carrier”** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire.

**“Coverage Period”** means the length of trip purchased, as shown on the Insured’s coverage verification letter for the Certificate of Insurance.

**“Covered Trip”** means any travel and sojourn to a Destination more than 120 miles from the starting point of the Covered Trip and not exceeding 30 consecutive days.

**“Departure Date”** means the scheduled date to begin the Covered Trip as referenced on the Insured’s coverage verification letter for the Certificate of Insurance.

**“Dependent”** means the Insured’s:

1. legal spouse; or
2. natural child, spouse’s child, or legally adopted child who resides with the Insured and is not over the age of 23.

**“Destination”** means one or more cities to which the Insured Person is scheduled to travel on a Covered Trip.

**“Emergency”** means a sudden, unexpected, unforeseen occurrence demanding immediate action.

**“Family Member”** means the Insured Person’s spouse, children, brothers, sisters, parents, in-laws, aunts, uncles, nieces, nephews, guardians, wards and Business Partner as defined herein. **“Business Partner”** means an individual that owns at least 10% of the same business as the Insured Person and there are no more than three (3) partners together who own the same business.

**“Financial Default”** means the complete suspension of operations due to financial circumstances whether or not a bankruptcy petition is filed, or a suspension of operation following a filing of a bankruptcy petition.

**“Hospital”** means an institution that meets all of the following requirements:

1. it is properly accredited and where required by law, holds a license as a Hospital; and
2. it operates mainly for the care and treatment of sick or injured persons as inpatients; and
3. it provides twenty-four hours a day nursing care by registered nurses; and
4. it has a staff of one or more Physicians available at all times; and
5. it provides organized facilities for diagnosis and surgical procedures; and
6. it is not primarily a clinic, nursing home or convalescent home or similar place of business; and
7. it is not mainly a place for treating alcoholics or drug addicts.

With respect to outpatient surgery or diagnostic testing, an ambulatory surgical center or a clinic will be considered as a Hospital. Such facility must be properly accredited and, where required by law, hold a license allowing the facility to operate as such.

**“Illness”** means an Emergency sickness, impairment or physical condition that involves inpatient care in a Hospital, or requires Emergency treatment by a qualified Physician.

**“Injury”** means trauma or damage to any part of the body caused solely by Accident and not contributed to by any other cause.

**“Insured”** means a member of the Policyholder whose coverage under the Policy has become effective and has not ended.

**“Insured Person”** means an Insured or an insured Dependent

**“Locality”** means an area large enough to represent a reasonable cross section of providers giving the type of service or supplies for which the charge was made.

**“Necessary”** means medical treatment that is vital and required for the treatment of a covered Injury or Illness.

**“Organized Labor Strike”** means any stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and (b) which interferes with the normal departure and arrival of a Common Carrier. An Organized Labor Strike is no longer unannounced and unpublished beginning with the first day of an announced “cooling off period”.

**“Physician”** means a person licensed in the healing arts acting within the scope of his or her license.

**“Reasonable Expenses”** means the normal and customary charge of the provider, incurred by the Insured Person for a service or supply, but not more than the prevailing charge in the Locality: (a) for a like service by a provider with similar training or experience; or (b) for a supply which is identical or substantially equivalent. The final determination of the normal and customary charge rests solely with Us.

**“Return Date”** means the scheduled date on which the Insured Person is to arrive at his or her Return Destination as shown on the coverage verification letter for the Certificate of Insurance.

**“Return Destination”** means one or more cities to which the Insured Person is scheduled to return from a Covered Trip.

**“Scheduled Airline”** (including scheduled charters) means an airline with a license for civil scheduled air transport issued by the country in which its aircraft are registered. Such airline must file and publish schedules and fares for regular passenger service between cities.

**“Terrorist Incident”** means an act or acts committed within 120 miles of the Insured’s Destination by any person or persons for political, religious, ideological or similar purpose with the intention to influence any government and/or put the public, or any part of the public, in fear including, but not limited to, the actual use of force or violence and/or the threat of such use.

**“Travel Companion”** means a companion Accompanying or sharing accommodations with the Insured on a Covered Trip. **“Accompanying”** requires that a physical cross-reference entry exists within a CRS (Computerized Reservation System), a GDS (Global Distribution System) or Travel Supplier reservation system that references Travel Companions to each other.

**“Travel Supplier”** means a travel agent, Scheduled Airline, cruise line, tour operator, bus line, or other licensed provider of travel.

**“Travel Companion’s Family Member”** means a Travel Companion’s spouse, children, parents or grandparents.

**“Weapons of Mass Destruction”** means:

- the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death to people or animals;
- the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death to people or animals;
- the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) which are capable of causing incapacitating disablement or death to people or animals.

## **INSURED PERSON ELIGIBILITY AND EFFECTIVE DATE**

Coverage is effective as described below, subject to Our acceptance of the eligible person's individual application and payment of his or her premium. Eligibility requirements are described in the Policy application.

Evidence of Insurability is required as described in the Policy application. In no event will any person be covered before the effective date of the Policy.

New eligible persons may be added to the Policy from time to time.

### **Effective Date For Single Trip Coverage**

After the individual application is submitted and the premium is paid by the Insured, coverage for the Trip Cancellation Benefit will be effective 12:01 a.m. on the day after the individual application is received by Us.

Coverage for all other benefits will be effective on the Departure Date. However for purposes of the Pre-Existing Condition Limitation, the 60-day period will be measured from the effective date as described above for the Trip Cancellation / Interruption Benefit.

## **TERMINATION OF INSURANCE**

The Policy terminates on the date the Policyholder or We terminate the Policy.

### **Termination Date For Single Trip Coverage**

All coverage ends on the earliest of: (a) the Insured's arrival at his Return Destination; (b) the Return Date; (c) the end of the Coverage Term as indicated on the coverage verification letter; or (d) cancellation of the trip.

## **INSURED TRAVEL INSURANCE BENEFIT(S)**

### **Trip Cancellation / Interruption**

We will pay for non-refundable, unused payments and deposits, not to exceed the lesser of the amount of the total trip protection purchased, or the Maximum Benefit shown on the Certificate Schedule, if the Insured's Covered Trip is cancelled or interrupted for any one of the following reasons:

- A. Illness, Injury or Death to the Insured Person, an Insured's Family Member, a Travel Companion or a Travel Companion's Family Member.** Injury or Illness must be so disabling as to reasonably cause a Covered Trip to be delayed, cancelled or interrupted upon the advice of a Physician.
- B. Bankruptcy or Financial Default of a Travel Supplier** (other than the Travel Supplier from whom the Insured purchased this coverage) which stops service more than 30 days following the Insured's Effective Date. Bankruptcy or Financial Default of a Travel Supplier within 30 days of the Insured's Effective Date is excluded from coverage. For the Bankruptcy or Financial Default coverage to apply, the coverage must be purchased within 14 days from the date of the initial deposit for the Covered Trip.
- C. A Terrorist Incident after the Effective Date**, if the Insured is scheduled to arrive at their Destination within 10 days following the Terrorist Incident and, for Trip Interruption, the Travel Supplier is not offering a substitute itinerary. Coverage for travel to the Insured's Destination for which travel warnings have been issued by the U.S. Department of State at the time this coverage is purchased is excluded. Coverage for travel to the Insured's Destination in which such a Terrorist Incident has occurred in the 12 months prior to the purchase of the coverage is excluded.

- D. Organized Labor Strike, natural disasters or bad weather** resulting in the complete cessation of services by a Travel Supplier for at least 24 consecutive hours.
- E. Insured Person or Travel Companion being hijacked, or medically quarantined by order of a governmental health authority.**
- F. Jury Duty** when a jury summons is issued after the Insured's Effective Date or the Insured Person is served with a court order issued after the Insured's Effective Date requiring the Insured Person to appear during the time period for the Covered Trip.
- G. Insured's or Travel Companion's home made uninhabitable** by fire, windstorm, vandalism or flood.
- H. A traffic Accident** directly involving either the Insured Person or Travel Companion, substantiated by a police report, while en route to a scheduled departure point.
- I. The Insured Person or Travel Companion, who is on active military duty in the United States Armed Forces:** (1) having his or her personal leave revoked within 10 days prior to his or her Departure Date (as long as such revocation is in writing by a superior officer and is not due to war-related situations, Terrorist Incident, invocation of the War Powers Act, base or unit mobilization, unit reassignment for any reason, or disciplinary action); or (2) personal reassignment within 10 days prior to his or her Departure Date, whether temporary or permanent.
- J. Employee termination or layoff** if the Insured Person has been employed by the same employer for at least 1 year prior to the Insured's Effective Date.

#### **Travel Delay**

We will pay up to the Maximum Benefit shown on the Certificate Schedule for reasonable, additional accommodations and for traveling expenses, not otherwise paid by any Travel Supplier or Common Carrier, incurred by the Insured Person on a Covered Trip because of a travel delay of at least 24 hours. The Insured Person must make every reasonable effort to avoid additional expenses. This benefit is payable for only one delay per Covered Trip. Travel Delay must be caused by: (a) Travel Supplier delay; (b) lost or stolen passport, travel documents or money (c) medical quarantine; (d) natural disaster; (e) Injury or Illness of the Insured Person or a Travel Companion. The Insured's Travel Delay claim will be reduced by any amount that is credited or refunded to him or her by any other source.

We will also pay for additional reasonable transportation costs to help the Insured Person join (catch up to) a covered cruise, up to the amount shown on the Certificate Schedule, if the delay is due to bad weather and causes the Insured Person to miss cruise departure because the airline flight was canceled or delayed for at least six (6) hours. The Travel Delay benefit is reduced by any benefit paid by the airline or cruise line towards any additional transportation costs.

#### **Lost/Stolen Baggage**

We will pay this benefit up to the Maximum Benefit shown on the Certificate Schedule for damage to or loss or theft of the Insured Person's Baggage on a Covered Trip, in the event that the Insured Person's checked or stored Baggage is lost or damaged by a Common Carrier or stored with a hotel or motel in which the Insured Person is registered as a guest. We may choose to replace, repair, or pay for the loss after making allowances for depreciation and wear and tear. There are special limits of liability for some specific personal possessions. These limits do not increase the Insured's total benefits under this coverage. We will not pay more than \$500 for the first item of Baggage and, thereafter not more than \$250 per item of Baggage up to the Maximum Benefit shown on the Certificate Schedule.

We will not pay for damage to or loss of: (a) animals; (b) property used in trade, business or for the production of income; (c) motor vehicles, aircraft, and other conveyances or equipment or parts pertaining to such conveyances; (d) artificial limbs, false teeth, any type of eyeglasses or contact lenses; (e) tickets, except for administrative fees required to reissue tickets; (f) money, stamps, stocks and bonds, postal or money orders; (g) property shipped as freight, or shipped prior to the Departure Date; (h) credit cards; (i) contraband; and (j) hearing aids.

We will not pay this benefit for loss due to: (a) defective materials or craftsmanship; (b) normal wear and tear; (c) deterioration; or (d) rodents, animals or insects. We will pay the cost of repair or replacement of the damaged Baggage less depreciation. We may take all or part of the damaged Baggage at the appraised or agreed value. In the event of a loss to a pair or set of items, We may at Our option: (a) repair or replace any part to restore the pair or set to its value before the loss; or (b) pay the difference between the value of the property before and after the loss.

This coverage does not include loss caused by Baggage delay.

### **Baggage Delay**

In the event that the Insured Person's checked Baggage is delayed by any Common Carrier on a Covered Trip for twenty-four (24) hours or more from the actual time of arrival at the Insured Person's final Destination, We will reimburse expenses incurred up to the amount shown on the Certificate Schedule excess of any reimbursable expenses paid by the Common Carrier for the cost of reasonable additional clothing and essential personal articles purchased by the Insured Person. This benefit does not apply if the Baggage is delayed after the Insured Person has reached his or her Return Destination. We will cover only one Baggage Delay per trip. Any payment of this benefit shall be offset against any claim ultimately payable under any Loss of Baggage benefit if such coverage was purchased by the Insured Person.

### **Emergency Medical / Dental Expense**

We will pay this benefit for Covered Expenses up to the Maximum Benefit shown on the Certificate Schedule and subject to any limits shown below. Covered Expenses must be incurred by an Insured Person for an Injury or Illness on a Covered Trip, provided initial treatment was received during a Covered Trip. The first expense must be incurred within forty-eight (48) hours of the date of the onset of the Injury or Illness, or, if the Pre-Existing Condition Limitation is waived, the Injury or Illness must re-occur while the Insured Person is covered for Injury or Illness. Except as may be indicated elsewhere in the Certificate, this coverage is secondary to any Other Plan the Insured Person may have. Coverage continues until the Insured's Covered Trip ends.

"Covered Expenses" means the Necessary and Reasonable Expenses for medical, surgical and Emergency dental services, treatments and supplies incurred during a Covered Trip. Covered Expenses also includes professional nursing, Hospital charges, X-ray, and ambulance services.

We will not pay for:

- a) hernia, however caused;
- b) services or treatment given by any person employed by, a Family Member of, or retained by the Insured Person;
- c) experimental procedures;
- d) cosmetic surgery or procedures;
- e) medical expenses for which the Insured Person is entitled to benefits under any worker's compensation act;
- f) any surgical or medical treatment which can reasonably be delayed until the Insured Person's return to his or her usual place of domicile;
- g) any treatment or medication which at the time of departure is known to be required to be continued during a Covered Trip;
- h) the cost of dentures, dental appliances, false limbs, hearing aids, cochlear implants, contact or corneal lenses or spectacles (prescription or otherwise);

- i) any repatriation costs not authorized by Us;
- j) the additional cost of a single or private room at a Hospital, except when the Physician treating the Insured Person considers it Necessary.

**Emergency Medical Evacuation / Repatriation**

We will pay this benefit for Covered Expenses up to the Maximum Benefit shown on the Certificate Schedule, subject to any limits stated below. We will arrange and pay for Emergency assistance services required by the Insured Person as the result of Illness or Injury occurring during a Covered Trip.

“Covered Expenses” means Reasonable Expenses for medical services required for evacuation to the nearest adequate medical facility as related to the place where the Injury or Illness occurred. Services and benefits will be arranged only if the treating Physician recommends such evacuation. Covered Expenses will be paid provided the Insured Person is traveling on a Covered Trip and is more than one hundred twenty (120) miles away from their permanent place of residence. In addition to the above Covered Expenses, when the Insured Person is confined in a medical facility more than 120 miles from his permanent residence and his treating Physician and We determine it is feasible and medically Necessary to transfer the Insured Person to a medical facility nearer their permanent residence to recuperate in familiar surroundings, medical repatriation for the Insured Person will be provided.

These additional Covered Expenses are provided, up to the Maximum Benefit shown on the Certificate Schedule, subject to any limits or reduction for prior payments under this Benefit:

- a) **Return of Dependent Children.** If Dependent children or grandchildren are traveling with the Insured Person, and they are left unattended as a result of a covered Injury or Illness, We will pay for a one-way economy airfare for the child(ren)’s return home. A qualified attendant will also be provided, without charge, when required.
- b) **Visitor to Bedside.** If an Insured Person is hospitalized due to a covered Injury or Illness for ten (10) consecutive days or more on a Covered Trip, We will pay for one Family Member to fly, by round trip economy airfare, to the bedside of the Insured Person.
- c) **Lodging.** Following a covered Injury or Illness to the Insured Person, We will pay the Reasonable Expense of a hotel, motel or other lodging room rate for one person, required upon medical advice, to stay with, travel to or escort the Insured Person home up to \$200 per day for a maximum of 7 days.
- d) **Return of Vehicle.** In the event of the Insured Person’s evacuation or repatriation, We will arrange and pay up to \$500 to have the Insured Person’s rental vehicle returned to the rental agency.
- e) **Repatriation of Mortal Remains.** We will pay for the Reasonable Expenses for transportation of the Insured Person’s remains to his or her place of residence if he or she dies during a Covered Trip up to the Maximum Benefit shown on the Certificate Schedule.

We will not pay for any services or Covered Expenses incurred without Our prior consent or approval.

**Common Carrier Coverage**

Subject to all other terms of the Policy, We will cover Injury to the Insured Person on a Covered Trip limited to riding as a passenger, getting in or out of, or being struck by a Common Carrier.

**Description of Benefits**

If the Insured Person’s Injury results in a loss shown below within one year after the Accident causing the loss, we will pay for:

Loss of Life	The Principal Sum
Loss of both Hands or both Feet or Sight of both eyes	The Principal Sum
Loss of one Hand and one Foot	The Principal Sum
Loss of one Hand or one Foot and Sight of one eye	The Principal Sum
Loss of one Hand or one Foot or Sight of one eye	One-Half The Principal Sum

**Definitions**

“Loss of Hand or Foot” means the complete and permanent severance through or above the wrist or ankle joint.

“Loss of Sight” means the total and permanent loss of entire sight. Such loss correctable by surgery or lenses is not considered total and permanent.

If the Insured Person suffers more than one loss from any one Accident, We will pay only one amount which is determined to be the highest benefit payable not to exceed the Principal Sum.

#### **Exposure and Disappearance**

We will pay the appropriate benefit if the Insured Person:

- a) is exposed to the elements due to an Accident covered by the Policy; and
- b) sustains a loss for which a benefit would otherwise be paid under the Policy.

We will presume death due to an Injury to the Insured Person if:

- a) the Insured Person’s body is not found within one year from the date of an aircraft Accident, sinking or wrecking of any other conveyance in which he or she was a passenger; and
- b) if the aircraft Accident or other event or Accident is covered by the Policy.

#### **AGGREGATE LIMIT**

The total aggregate limit of benefits payable in the event of any one Accident involving two (2) or more Insured Persons is \$2,000,000. In the event of multiple claims for one (1) Accident, benefits will be reduced so that each Insured’s benefit amount will be a proportionate share of the total amount payable under this provision up to the total aggregate limit of liability.

#### **PRIMARY / SECONDARY COVERAGE**

Except for all Insured Persons covered for Common Carrier benefits, all coverage under the Policy is secondary to any Other Plan coverage the Insured Person may have or is due from any source, including but not limited to a Travel Supplier. If the Insured Person is covered by any Other Plan, the benefits We will pay are reduced by the benefits payable under any Other Plan until total Covered Expenses payable under this Policy have been paid or, if earlier, Our Maximum Benefit has been paid.

For the Emergency Medical/Dental Expense benefit and the Emergency Medical Evacuation/Repatriation benefit, “Other Plan” includes but is not limited to: any group, blanket, or franchise insurance, group hospital, medical service, prepayment, labor-management trustee, union welfare, employer organization, or employee benefit organization plans, governmental programs or insurance provided by any statute, automobile insurance medical payment benefits or automobile reparations insurance (no fault), or Workers’ Compensation or similar law.

#### **EXCLUSIONS**

We will not pay for any loss as a result of:

- (1) **Pre-Existing Conditions:** With respect to the Emergency Medical/Dental Expense benefit and the Emergency Medical Evacuation/Repatriation benefit, We will not pay for medical expenses incurred as a result of a condition for which the Insured Person received medical treatment or advice, or took prescribed drugs or medicine, or for which treatment was recommended by a Physician, during the 60 days immediately preceding and including the Insured’s Effective Date, unless the condition is controlled through the taking of prescription drugs or medication and remains controlled throughout the 60 day period.

With respect to the Trip Cancellation / Interruption Benefit, We will not pay for loss or expense incurred by the Insured Person as a result of Injury or Illness of the Insured Person which manifests itself during the 60 days immediately preceding and including the Insured’s Effective



Date, unless the condition is controlled through the taking of prescription drugs or medication and remains controlled throughout the 60 day period. An Illness or Injury has manifested itself when: (a) medical care or treatment has been given; or (b) prescription medication has been altered or changed.

This Pre-Existing Condition exclusion is waived for all Insured Persons under the age of 70 if coverage is purchased within 14 days of the date of the Insured Person's initial deposit paid to the Travel Supplier for the trip;

- (2) war or any act of war or the sole result of the utilization of Weapons of Mass Destruction;
- (3) serving in one of the armed forces of any country or international authority;
- (4) riding as a passenger or otherwise in any flying device, other than a licensed commercial aircraft:
  - (a) other than as provided in the provision for Insured Travel Insurance Benefits;
  - (b) owned or operated by the Policyholder, Insured Person or the employer or sponsor of any Insured Person;  
Note: The term "operated" means any non-owned aircraft borrowed, leased or rented for a period of either 10 straight days or 20 days per year.
  - (c) not having a valid and current Standard Airworthiness Certificate issued by the proper authority;
  - (d) whose pilot is not properly licensed;
  - (e) on a flight which requires a special permit or waiver from the authority having control over civil aviation even though granted.  
Note: A permit which is given to fly over or land on a territory is not a special permit.
  - (f) being used for other than transportation purposes such as, but not limited to:
    - racing or endurance tests;
    - crop dusting or seeding or spraying;
    - fire fighting;
    - exploration;
    - pipe or power line inspection;
    - parachuting, except as a life-saving means;
    - animal herding;
    - aerial photography;
    - banner towing;
    - experimental tests;
    - skydiving or skywriting;
    - hunting;
- (5) hernia;
- (6) intentionally self-inflicted Injury or Illness or suicide, while sane;
- (7) Injury caused by violating or attempting to violate the law, fighting or brawling except in self defense, being intoxicated or under the influence of any drugs or narcotic unless administered by or on the advice of a Physician;
- (8) taking part in a riot or civil disturbance;
- (9) deliberate exposure to exceptional danger except in an attempt to save human life;
- (10) any claim arising directly or indirectly where at the time of taking out the insurance the Insured Person whose condition gives rise to a claim: is expected to give birth within two months from the date of a Covered Trip; is receiving or on a waiting list for inpatient Hospital or clinic treatment; is traveling against the advice of a Physician; or for the purpose of obtaining medical treatment abroad;
- (11) taking part in any scheduled athletic event;
- (12) emotional, mental or nervous disorders;
- (13) any potentially fatal condition which has been diagnosed before or prior to the Insured's Effective Date, or any condition for which the Insured Person is traveling to seek treatment;
- (14) expenses incurred for dental treatment due to normal wear and tear or the normal maintenance of dental health;
- (15) services provided by an Insured Person or a Family Member.

## PREMIUM PROVISIONS

**Premium Payment:** The first premium is due for each Insured by his or her effective date of coverage under the Policy. Thereafter premiums are payable to Us on the next due date We advise.

**Grace Period:** The Policy has a 31-day grace period for the payment of each premium due except the first. During the grace period coverage remains in force unless We receive written notice of discontinuance in advance of the discontinuance date. We require pro rata payment of premium for the time coverage was in force during the grace period.

**Unpaid Premium:** We have the right to deduct the amount of any due and unpaid premium from any benefit payment.

**Reinstatement:** If coverage ends for an Insured due to nonpayment of premiums, it may be reinstated while the Insured Person is still living by written request to Us, subject to Our approval. The reinstated coverage is effective on the date of reinstatement, unless We agree to another date. We require payment of past due premium. We may require evidence of insurability.

**Premium Changes:** We have the right to change premium rates at any time with appropriate notice. We will provide at least 31 days advance written notice of the change. The premium rates may also change if the terms of the Policy are changed, including a change to a benefit amount or change based on action by the Policyholder that alters the nature or extent of the risk We insure.

## CLAIM PROVISIONS

**Notice of Claim:** Written notice of claim must be given to Us within thirty (30) days after a covered loss occurs or begins. If such notice cannot be given during such time, then it must be done as soon as reasonably possible. The notice must include the claimant's name, the Insured's name and policy number.

**Claim Forms:** An Insured can contact Us for claim forms. We will send the claimant forms for filing proof of loss within 15 days. Written proof of loss will be met by the Insured or beneficiary by sending Us written proof as described below.

**Written Proof Of Loss:** Proof of loss must describe the incident, extent and the type of loss. For death claims, proof of loss means certified copies of the death certificate, autopsy if performed, Coroner, Medical Examiner or Justice of the Peace reports. Police Motor Vehicle Accident Report or Police Incident Report, if applicable, are also proof of loss documents.

Written proof of loss must be sent to Us at P.O. Box 8689, Coral Springs, FL 33075-8689 or to one of Our agents. If the claim is for a continuing loss for which We make periodic payments, the claimant must give Us written proof of loss within 90 days after the end of each period that benefits are payable. For any other loss, written proof must be given to Us within 90 days after the date of loss. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible. Except in the absence of legal capacity, the claimant must give written proof within one year of the time otherwise required.

**Time Of Payment Of Claims:** After We receive written proof of loss, We will pay any benefits due within 30 days. Benefits that provide for periodic payment will be paid monthly.

**Payment of Claims:** We will pay death benefits to the beneficiary designated by the Insured and on file with the holder of beneficiary records. If a beneficiary has not been designated, death benefits will be paid to the estate of the Insured Person. All other benefits will be paid to the Insured except for medical benefits (if applicable). These may be paid directly to the provider of medical services.

Any payments We make in good faith will end Our liability to the extent of the payment.

**Assignment:** An Insured may assign his or her interest under the Policy. In the case of an irrevocable beneficiary, that person must give written consent. No assignment will be binding on Us unless it is in writing and a copy is sent to Us. We accept no responsibility for the validity of an assignment.

**Physical Examination And Autopsy:** We have the right to have the Insured Person examined by a Physician of Our choice. This may be done as often as reasonably necessary while a claim is pending or while We are paying benefits. We may require an autopsy where lawful. We will pay the cost of both the exam and autopsy.

**Legal Actions:** No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by the Policy. No such action may be brought after 5 years from the time written proof of loss is required to be given.

## **GENERAL PROVISIONS**

**Entire Contract; Changes:** The Policy, including any attached riders and endorsements, the Insureds' applications, if any, and copy of the Policy application attached to the Policy when issued, are the entire contract of insurance. All statements made by the Policyholder or by the Insured Persons, in the absence of fraud, are deemed representations and not warranties. No statement made by any Insured Person will be used in any contest unless a copy of the instrument with the statement is or has been furnished to the Insured Person, or in the event of death or incapacity of the Insured Person, to his or her beneficiary or personal representative.

The Policy may be changed at any time by Us or by the Policyholder without the consent of any Insured Person. No change in the Policy is effective until approved by an officer of Our Company. The change must be attached to the Policy. No agent may change the Policy or waive any of its provisions.

**Certificates:** Certificates will be provided to Insureds. They will describe the coverage provided, to whom benefits are paid, and the provisions of the Policy that apply to Insured Persons. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

**Incontestability:** The validity of the Policy will not be contested, except for nonpayment of premiums, after it has been in force for two (2) years from its issue date. No statement, except fraudulent misrepresentation, made by any Insured Person under the Policy relating to his or her insurability will be used in contesting the validity of their insurance with respect to which the statement was made after the insurance has been in force prior to the contest for a period of two (2) years during the Insured Person's lifetime, unless it is contained in a written instrument signed by the Insured Person. However, this does not include Our assertion at any time of defenses based on provisions in the Policy which related to eligibility for coverage.

**Right of Rescission:** Subject to the Incontestability provision, We may rescind an Insured Person's coverage upon discovery of a material misrepresentation or omission of fact in the Insured's application. We will then refund all premiums paid for the Insured Person's coverage, less any benefits paid prior to such discovery.

**Designated Beneficiary:** Any sum due by reason of the death of an Insured Person is payable to the Beneficiary. If no Beneficiary or family member is living to pay the death benefit to, or if the benefit is payable to the Insured Person's estate, We may pay up to \$500 to any person appearing to Us to be equitably entitled to a benefit by reason of having incurred funeral or other expenses incident to the last illness or death of the Insured Person. Any payment We make in good faith fully discharges Us to the extent of Our payment.

**Misstatement of Age:** If the age of an Insured Person has been misstated, We will change the benefit to the applicable amount available for the correct age. We will refund any excess premium paid over the amount due for the correct benefit amount. We will require payment for any overdue premium for the correct

benefit amount. If the misstatement is discovered after a benefit is due and payable, We will reduce or increase the benefit amount payable by the amount of excess or due premium because of the misstatement. If an Insured Person is not eligible for coverage because of age, We will refund all premiums paid on and after the date the Insured Person was no longer eligible.

**Clerical Error:** Clerical error or delay in keeping records for the Policy will not deny insurance that would otherwise be granted, nor extend insurance that otherwise would have ceased. We will make a fair adjustment of premium and/or benefits as if the error or delay had not occurred.

**Termination of Policy:** The Policyholder or We may terminate the Policy according to the terms of the Policy.

**Examination and Audit:** We have the right to examine the Policyholder's records relating to this Policy. We may do this at any time during the policy term. We may also do this within three (3) years after the Policy ends.

**Workers' Compensation:** This Policy is not a substitute for any Workers' Compensation law requirement.

FIDELITY SECURITY LIFE INSURANCE COMPANY

Secretary

President

## **EMERGENCY TRAVEL ASSISTANCE SERVICES**

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Emergency Travel Assistance Services are provided through the National Small Business Travel & Health Association (also known as “we” where it appears under this section) and are separate from travel insurance. SRI Administrators, 9200 Keystone Crossing, Suite 300, Indianapolis, IN 46240 is the assistance provider. While you are on your trip, the following emergency travel assistance services are available to you.

**Emergency Travel Arrangements:** In the event you must return home or discontinue your trip as a result of an interruption in travel due to an illness in your immediate family (Spouse, children, parents, in-laws or grandparents), The assistance provider will help you make the appropriate travel arrangements. You are responsible for the cost of the travel tickets.

**Lost Passport/Travel Documents Assistance:** The assistance provider will help you retrieve, report or replace lost or stolen travel documents – e.g. passport, credit cards, airline tickets, etc.

**Lost or Delayed Luggage Assistance:** The assistance provider will assist you with the return of your lost luggage by communicating with the commercial carrier.

**Embassy or Consulate Referral:** The assistance provider will inform you of the location and contact telephone numbers for the nearest embassy or consulate, no matter where you are.

**Emergency Message Relay:** The assistance provider will receive or transmit emergency messages between you, your family or your employer.

**Emergency Prescription Replacement:** The assistance provider will assist you with the replacement of lost or damaged prescription medication. You are responsible for the cost of the actual medication and shipping costs, if any.

**Medical Referral:** If urgent medical advice or care is needed, the assistance provider is prepared to refer you to the nearest, most appropriate care facility or provide a listing of available medical care to you. At your request, the assistance provider will assist with obtaining an appointment with the medical care provider you have chosen.

**24-Hour Medical Monitoring:** If you are hospitalized, the assistance provider will provide medical professionals to communicate with your treating doctor(s) and help you monitor your condition. The assistance provider will also communicate with your family doctor and family member(s), as you direct us. This service helps you obtain all the facts you need to make informed decisions concerning your medical care.

**Emergency Cash Transfer:** The assistance provider will help you transfer funds, up to \$500 USD, in the event you have a medical or travel emergency.

**Legal Referrals:** The assistance provider will provide you with a referral to the nearest attorney upon your request.

**Emergency Translations:** The assistance provider will provide personal, emergency telephone translation services upon your request. The assistance provider can also refer you to a local interpreter service should you require language assistance.

**Notice to California residents:** This plan contains disability insurance benefits or health insurance benefits, or both, that only apply during your 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.

**Notice to Florida residents:** The benefits of the policy providing Your coverage is governed primarily by the laws of a state other than Florida.

**Notice to Texas residents:** This policy may provide a duplication of coverage already provided by the Insured’s personal auto insurance, homeowner’s, personal liability policy or other source of coverage.