ALUMNI TRAVEL PROTECTION



Insure your trip — and protect your peace of mind.

FIND OUT MORE AND ENROLL TODAY





1-833-424-4932

Monday-Friday, 8:00 am-5:00 pm Central

You plan your trips carefully. But sometimes things happen that are simply out of your control — like injury, illness, trip delays and lost baggage. These unexpected problems can cost you more than just your vacation. They can also lead to significant costs, worry and hassles.

That's why the New York University Alumni Association recommends the Alumni Travel Protection Plan. It insures your trip and gives you peace of mind when you travel. You choose the tier of coverage — either Basic or Enhanced — that best fits your needs and budget.

BENEFITS & SERVICES	BASIC	ENHANCED				
TRIP CANCELLATION	100% of trip cost; up to \$10,000	100% of trip cost; up to \$50,000				
TRIP INTERRUPTION	100% of trip cost; up to \$10,000	200% of trip cost; up to \$100,000				
TRIP DELAY (12 HOURS)	\$150/day; \$750 max	\$300/day; \$1,500 max				
MISSED CONNECTIONS (BETWEEN 3 AND 12 HOURS)	n/a	\$1,500				
EMERGENCY EVACUATION	\$250,000	\$1,000,000				
REPATRIATION OF REMAINS	\$250,000	\$1,000,000				
NON-MEDICAL EMERGENCY TRANSPORTATION	\$50,000	\$100,000				
EMERGENCY ACCIDENT AND SICKNESS MEDICAL EXPENSE (EXCESS)	\$25,000	\$100,000				
EMERGENCY DENTAL (INCLUDED IN ACCIDENT MEDICAL)	\$750	\$750				
ACCIDENTAL DEATH & DISMEMBERMENT	n/a	\$25,000				
ACCIDENTAL DEATH & DISMEMBERMENT – COMMON CARRIER	\$10,000	\$50,000				
BAGGAGE DELAY (12 HOURS)	\$100/day; \$250 max	\$250/day; \$750 max				
BAGGAGE & PERSONAL EFFECTS (INCLUDES SPORTING EQUIPMENT)	\$250/item; \$500/valuables; \$500 max	\$250/item; \$500/valuables; \$2,000 max				
PROPERTY DAMAGE	\$500	\$2,000				
RENTAL CAR DAMAGE	n/a	\$35,000				
OPTIONAL UPGRADE: TRIP CANCELLATION FOR ANY REASON*	n/a	Up to 70% of trip cost*				

10-DAY FREE LOOK PERIOD – If, for any reason, you wish to cancel your Alumni Travel Protection plan within the first 10 days of purchase, and you have not incurred a claim or departed on your trip, a full premium refund will be returned (not available to NY or WA residents).

ADDITIONAL DETAILS ABOUT TRAVEL PROTECTION BENEFITS/FEATURES:

- TRIP CANCELLATION & TRIP INTERRUPTION Provides coverage for certain prepaid nonrefundable expenses due to sickness, injury or death, weather and other unexpected circumstances.
- BAGGAGE/PERSONAL EFFECTS & DELAY Provides coverage for baggage or other
 personal effects that are lost, damaged or stolen, or if your baggage is delayed for
 more than 12 hours.
- NON-MEDICAL EMERGENCY TRANSPORTATION COVERAGE Provides reimbursement for non-medical emergency evacuation due to a covered reason.
- INSURANCE AND NON-INSURANCE TRAVEL ASSISTANCE SERVICES 24-hour travel assistance is provided by On Call International.
- ACCIDENTAL DEATH & DISMEMBERMENT Provides coverage for loss of limb or life
 in the event of an accident while traveling, or within 180 days after the incident due to
 the direct result of the accident.
- EMERGENCY EVACUATION (Emergency Medical Transportation) If you become
 sick or injured on your trip, On Call International will arrange for transport to the nearest
 hospital to get appropriate medical treatment as well as provide assistance to return
 home, if medically necessary.
- EMERGENCY MEDICAL OR DENTAL EXPENSE Provides coverage for emergency medical expenses due to an accidental injury or sickness during your trip. This includes emergency dental treatment due to an accidental injury.

IMPORTANT NOTES:

- 1.As benefits may vary by state, please make sure to review your state Policy/Certificate of insurance for your complete plan terms and conditions at: http://nyu.alum.trawickinternational.com.
- 2. Early purchase requirements: To be eligible for the Pre-Existing Medical Condition Exclusion Waiver and Trip Cancellation/Interruption due to a Terrorist Incident, this Enrollment Form and payment must be received (if mailed, postmarked) within 21 days (Basic Option) or 30 days (Enhanced Option) from the date of your trip's initial deposit/payment. To be eligible for the Cancel For Any Reason (CFAR) benefit in the Enhanced Option, this Enrollment Form must be received (if mailed, postmarked) within 30 days from the date of your trip's initial deposit/payment. You must purchase coverage for the full cost of the covered trip to receive Early Purchase Benefits.
- *Cancellation For Any Reason (CFAR) Requirements: 100% of the trip cost must be insured; cancellation is no less than 2 days prior to scheduled departure date; only available for trip costs up to \$20,000; up to age 80; not available to NY or WA residents.

Underwritten by Nationwide Mutual Insurance Company, Columbus, Ohio. In WA coverage is underwritten by Nationwide Life Insurance Company, Columbus, Ohio and Nationwide Mutual Insurance Company, Columbus, Ohio.

ALUMNI TRAVEL PROTECTION ENROLLMENT FORM

OR ENROLL ONLINE AT http://nyu.alum.trawickinternational.com

		PARTICIPANTS	PAYMENT CALCULATION PER PARTICIPANT										
	Name: First, Last (Please Print)	Date of Birth (MM/DD/YY)	Pl	Plan Cost Rates Chart (Circle Plan Choice)									
1		/ /		ACE DAND	0.05	00	BASIC PL		00.	75 70 70	00.		
2		/ /		AGE BAND ROSS PROGRAM EE OF TRIP COST	0–35 5.00%	6.90		10.00%	13.30		80+ 22.5% PA only		
3				ENHANCED PLAN									
		/ /		AGE BAND	0–35	36-		56-65	66-7	75 76–85	86+		
4		/ /		ROSS PROGRAM EE OF TRIP COST	5.75%	8.25	9.25%	11.50%	15.50	22.00%	24.00%		
	Choose One Option (for all participants): $\ \Box$ I	 Multiply Rate with each Participant's Trip Cost 											
	T	RIP INFORMATION		• Use ea	ach Par	ticipar	nt's Age as o	f Enrolln	ent Po	ostmark Da	ite •		
	Alumni Organization Sponsoring Trip			Trip Co	st	_	Rate (See	Chart)		Pla	n Cost		
	Auditing Organization Openicorning Imp		1			Х			=				
	Initial Trip Payment/Deposit Date*		2			X			=				
	*Required to qualify for Ea	arly Purchase Benefits]							
	Departure Date (MM/DD/YY) Return Date (MM/DD	D/YY)	3			X			= _				
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	Indicate types of travel arrangements yo □ Air □ Land □ Cruise □ I			To add option	al Cance	el	_	0.14	Г				
	Primary Travel Destination	nali		For Any Reason	on cover	age		Subto	tai:				
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	ADDRESS & CONFIRM	MATION DELIVERY		all participant enrollment for			О* х] _ [
	Name	AHONDELIVERI			ŕ					ф г	00		
				Nonrefundable Processing Fee**: + \$5.00									
Address				Total Payment Due:									
				*Travelers age 0-35 in AK, MO or PA, please call for pricing									
	City State	e ZIP	**Fee not applicable to residents of AK, CA, MO, MT or SC PAYMENT TYPE										
				- 01 1 /									
	Phone			□ Check (□ Master(•	Discove	r	□ America	an Express		
		Card Number											
	Email Address												
				Expiration	n Date		Card Sec	urity Cod	le	Billing Z	P Code		
	Any person who knowingly and with intent to defraud subject to criminal and civil penalties. I represent that t	d any insurance company is		/	/								
and the dates reflect my intent to start and end my trip. I understand that Early Purchase Requirements may apply to certain benefits (See Important Notes #2).			Lauthorize Nationwide Travel Plans to charge my credit card for the										
I have read, and understand and agree to the terms and conditions of the plan, as detailed in the Certificate of Insurance (See Important Notes #1).				premium	IIIuicati	eu.							
	(Signature of Cardholder											
	Signatura	Date											
	Signature Consent to Electronic Delivery of Documents		't wait to pro			Trawick							
	I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILINGS OR COMMUNICATIONS MAY EVEN INCLUDE			next trip. Complete the South Fairhope Ave., Suite GEnrollment Form Fairhope, AL 36532									
	CANCELLATION OR NONRENEWAL NOTICES. I HAVE		and	d send	to:	Email: al Phone: 1			kinternati 32	onal.com			