

ALUMNI TRAVEL PROTECTION

UCI Alumni

Insure your trip — and protect your peace of mind.

FIND OUT MORE AND ENROLL TODAY



<http://uci.alum.trawickinternational.com>



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 UCI 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	\$10,000	\$50,000
ACCIDENTAL DEATH & DISMEMBERMENT – COMMON CARRIER	n/a	\$25,000
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 pre-paid 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://uci.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://uci.alum.trawickinternational.com> 

PARTICIPANTS

	Name: First, Last (Please Print)	Date of Birth (MM/DD/YY)
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 25px;" type="text" value="/ /"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 25px;" type="text" value="/ /"/>
3	<input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 25px;" type="text" value="/ /"/>
4	<input style="width: 95%;" type="text"/>	<input style="width: 95%; height: 25px;" type="text" value="/ /"/>

Choose One Option (for all participants): Basic Enhanced

TRIP INFORMATION

Alumni Organization Sponsoring Trip

Initial Trip Payment/Deposit Date*
 *Required to qualify for Early Purchase Benefits

Departure Date (MM/DD/YY) Return Date (MM/DD/YY)

Indicate types of travel arrangements you are insuring:
 Air Land Cruise Rail

Primary Travel Destination

ADDRESS & CONFIRMATION DELIVERY

Name

Address

City	State	ZIP
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>	<input style="width: 25%; height: 25px;" type="text"/>

Phone

Email Address

Any person who knowingly and with intent to defraud any insurance company is subject to criminal and civil penalties. I represent that the above information is true 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). 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).

Signature _____ Date _____

Consent to Electronic Delivery of Documents
 I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILINGS OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THE ELECTRONIC DELIVERY.

PAYMENT CALCULATION PER PARTICIPANT

Plan Cost Rates Chart (Circle Plan Choice)

BASIC PLAN							
AGE BAND	0-35	36-45	46-55	56-65	66-75	76-79	80+
GROSS PROGRAM FEE OF TRIP COST	5.00%	6.90%	8.00%	10.00%	13.30%	14.90%	22.5% PA only

ENHANCED PLAN							
AGE BAND	0-35	36-45	46-55	56-65	66-75	76-85	86+
GROSS PROGRAM FEE OF TRIP COST	5.75%	8.25%	9.25%	11.50%	15.50%	22.00%	24.00%

- Multiply Rate with each Participant's Trip Cost
- Use each Participant's Age as of Enrollment Postmark Date

	Trip Cost		Rate (See Chart)		Plan Cost
1	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
3	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>
4	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	=	<input style="width: 95%;" type="text"/>

To add optional Cancel For Any Reason coverage to your Enhanced Plan (Must be purchased for all participants on this enrollment form):1.40* x =

Subtotal:

Total Plan Cost (include all)

Nonrefundable Processing Fee**: +

Total Payment Due:

*Travelers age 0-35 in AK, MO or PA, please call for pricing
 **Fee not applicable to residents of AK, CA, MO, MT or SC

PAYMENT TYPE

- Check (Payable to Nationwide)
 MasterCard Visa Discover American Express

Card Number

Expiration Date	Card Security Code	Billing ZIP Code
<input style="width: 95%; height: 25px;" type="text" value="/ /"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

I authorize Nationwide Travel Plans to charge my credit card for the premium indicated.

Signature of Cardholder _____

Don't wait to protect your next trip. Complete the Enrollment Form and send to:

Trawick International, Inc.
 300 Fairhope Ave., Suite G
 Fairhope, AL 36532
 Email: alumni@trawickinternational.com
 Phone: 1-833-424-4932