ALUMNI TRAVEL PROTECTION

Insure your trip — and protect your peace of mind.



FIND OUT MORE AND ENROLL TODAY



http://ui.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 University of Illinois 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 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://ui.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://ui.alum.trawickinternational.com



	PARTICIPANTS	PAYMENT CALCULATION PER PARTICIPANT								
Name: First, Last (Please Print)	Date of Birth (MM/DD/YY)	Plan Cost Rates Chart (Circle Plan Choice)								
	/ /		BASIC PLAN							
	, ,		BAND	0–35	36–45	46–55	56-65	66–75	76–79	80+
	/ /		PROGRAM TRIP COST	5.00%	6.90%	8.00%	10.00%	13.30%	14.90%	22.5% PA only
	/ /				ENHANCED PLAN					
			BAND	0–35	36–45	46–55	56–65	66–75	76–85	86+
	/ /		PROGRAM TRIP COST	5.75%	8.25%	9.25%	11.50%	15.50%	22.00%	24.00%
Choose One Option (for all participants): □ Ba	asic 🗆 Enhanced		•	Multiply	/ Rate wi	th each f	Participar	nt's Trip	Cost •	
TP	IP INFORMATION		• Use e	ach Part	icipant's	Age as o	f Enrollm	ent Pos	tmark Dat	e •
Alumni Organization Sponsoring Trip	IF IN ORMATION	Trip Cost Rate (See Chart)				Plan	Cost			
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Any person who knowingly and with intent to defraud			/ /	/		uru 0000	y 00u		Zinnig Zil	5546
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		I authorize Nationwide Travel Plans to charge my credit card for the								
Purchase Requirements may apply to certain benefits I have read, and understand and agree to the terms and detailed in the Certificate of Insurance (See Important N	d conditions of the plan, as	p	remium	indicate	ed.					
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next trip. Complete the **Enrollment Form** and send to:

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.

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