ALUMNI TRAVEL PROTECTION



Insure your trip — and protect your peace of mind.





https://alumni.trawickinternational.com/school/welcome/18294/



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 Texas at San Antonio 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				
TRIP 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: https://alumni.trawickinternational.com/school/welcome/18294/
- 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. NSM-0433A0 (05/24)

ALUMNI TRAVEL PROTECTION ENROLLMENT FORM

OR ENROLL ONLINE AT https://alumni.trawickinternational.com/school/welcome/18294/

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	Name: First, Last (Please Print)	Date of	Birth (MM/DD/YY)	P	Plan Cost Rates Chart (Circle Plan Choice)								
1			/ /		AGE BAND 0-35			BASIC PLAN 36-45 45-55 56-65			66-75 76-79		
2			/ /	GI	ROSS PROGRAM EE OF TRIP COST	5.00%	6.90%	8.00%	10.00%	13.30%		80+ 22.5% PA ONLY	
3			/ /					NCED PLA					
4			/ /		AGE BAND ROSS PROGRAM EE OF TRIP COST	0-35 5.75%	36-45 8.25%		56-65 11.50%	15.50%		24.00%	
	Choose One Option (for all participants):	Basic [☐ Enhanced	_		Multiple	y Doto 1	with analy	Dortioin	nt'o Tri	n Coot		
	TP		 Multiply Rate with each Participant's Trip Cost Use each Participant's Age as of Enrollment Postmark Date 										
Alumni Organization Sponsoring Trip			FORMATION		Trip Co	st		Rate (See	Chart)		Plan	Cost	
	Admin Organization Sponsoring Imp			7 1			X			=			
	Initial Trip Payment/Deposit Date*			2			Х			=			
	/ / *Required to qualify for E Departure Date (MM/DD/YY) Return Date (MM/DI	·	ase Benefits	3			х			=			
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	Indicate types of travel arrangements yo □ Air □ Land □ Cruise □	_	To add option				Cubto	tol.					
	Primary Travel Destination	_	For Any Reason coverage Subtotal: to your Enhanced Plan										
					(Must be purchased for all participants on this								
	ADDRESS & CONFIRM	IATIOI	N DELIVERY		enrollment for			* X		=			
Name				_	Nonrefundable Processing Fee**: + \$5.00								
					Total Payment Due								
Address					*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								
	City Stat	te	Zip	_	•	·		OI AN, UA, N	/IO, IVIT OF S				
					PAYME								
	Phone	_ _	□ Check (Payable to Nationwide)□ MasterCard□ Visa□ Discover□ American Express										
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	Annual control to the language of the land to the land				Expiration	Date		Card Secu	ırity Cod	e	Billing ZIF	Code	
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).				ле ly 2).	I authorize Nationwide Travel Plans to charge my credit card for the premium indicated.								
			Signature of Cardholder										
	Signature		Date	 Do∽	't wait to noo	toot va	ur	Travial	Intorno	tional	Inc		
☐ Consent to Electronic Delivery of Documents I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILINGS OR COMMUNICATIONS MAY EVEN INCLUDE					t wait to pro' ext trip. Com Enrollm anc	plete t	he rm	Trawick 300 Fair Fairhope Email: al	hope Av s, AL 365	e., Suit 532	e G	ional.com	

CANCELLATION OR NONRENEWAL NOTICES. I HAVE READ AND AGREE TO THE

TERMS AND CONDITIONS OF THE ELECTRONIC DELIVERY.

Phone: 1-833-424-4932