

## Certificate of Insurance

### For Service, Visit or Call:

**www.accessamerica.com**  
**1-800-284-8300**

### For Emergency Assistance During Your Trip Call:

**1-800-654-1908**  
(From U.S.)

**1-804-281-5700**  
(Collect)



**Don't forget to take this document with you!**

Access America branded plans are underwritten by Jefferson Insurance Company and administered by World Access Service Corp., a company of Mondial Assistance.

## Your Travel Insurance Certificate

Thank you for buying a travel insurance **plan** from Access America!

**Your plan** is described in the following documents:

- This certificate, which explains how **our** travel insurance works.
- The *letter of confirmation* that came with **your** package, which tells **you** what coverage **your plan** includes and the limits.
- Any other information **you** receive with **your** package, including riders or other forms.

Please make sure **you** read these documents carefully. This certificate may describe coverage **your plan** doesn't include. Make sure **you** refer to all of these documents to understand what **your plan** covers. Contact **us** immediately if **you** think there's a mistake on **your** letter of confirmation.

All dollar amounts in these documents are in US dollars.



### We can help!

Our assistance team can help **you** with problems 24 hours a day, almost anywhere in the world.

In the United States, Canada, Puerto Rico  
and the U.S. Virgin Islands  
All other locations, call collect

**1-800-654-1908**  
**1-804-281-5700**

**California Residents:** Please note that **we** are doing business in California as WASC Insurance Agency and **our** California License # is 0B01400.

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## SECTION 1: OUR AGREEMENT WITH YOU

Your travel insurance plan (**your plan**) includes both insurance coverage and assistance services.

Throughout this document:

- **we, us** and **our** mean World Access Service Corp., Access America and Jefferson Insurance Company. Access America branded plans are underwritten by Jefferson Insurance Company and administered by World Access Service Corp., a company of Mondial Assistance
- **Jefferson** means Jefferson Insurance Company
- **you** and **your** mean the people listed on **your** letter of confirmation

All of the information about travel insurance in this document is subject to the terms and conditions of the Group Policy underwritten by **Jefferson**. No one has the right to describe this travel insurance any differently than it has been described in this document, or to change or waive any of its provisions. **Our** coverage may be broader than described in the policy. If there is a discrepancy between the Group Policy and the certificate, the Group Policy governs.

### About this agreement

It is important that **you** read the certificate carefully. **You** have a duty to make all reasonable efforts to minimize any loss.

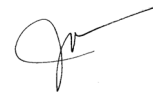
**We** have issued the certificate and any attached riders based on **your** payment of the premium and on the information **you** included in **your** enrollment or other form. The statements **you** made in **your** enrollment or other form are representations and not warranties. **We** may use this information to void insurance, reduce benefits or defend **our** decision about a claim.

The headings in this certificate are for convenience only.

### Satisfaction Guarantee

**We** will refund **your** insurance premium if **you** cancel **your plan** within 10 days of purchase and **you** haven't started **your trip** or filed a claim.

Signed for Jefferson Insurance Company



Jon Ansell, President



Fred Faett, Secretary

Jefferson Insurance Company  
2805 North Parham Road, Richmond, VA 23294

## SECTION 2: WHAT THIS CERTIFICATE INCLUDES

This is a *named perils* travel insurance certificate, which means it covers only the specific situations, events and losses included in this document, and only under the conditions we describe.

The **plan you** purchased may not include all the coverage described here. Make sure **you** check **your** letter of confirmation to confirm **your** coverage and limits.

**Your plan** also includes assistance services, which are described in Section 5, *Help while traveling*.

Coverage*	When it applies	Page
	<b>Your trip is canceled or interrupted</b>	<b>5</b>
Trip cancellation	<b>Your trip</b> is canceled before <b>you</b> get started	
Trip interruption	<b>Your trip</b> is interrupted after <b>you've</b> left	
	<b>You get sick or hurt while traveling</b>	<b>10</b>
Emergency medical/dental	<b>You</b> have to pay for <b>emergency medical or dental care</b>	
Travel accident	<b>You're</b> in an <b>accident</b>	
	<b>You're delayed or you miss your flight or cruise</b>	<b>11</b>
Travel delay	<b>Your</b> travel is delayed six hours or more	
Missed connection	<b>You</b> miss <b>your</b> connecting flight or cruise	
	<b>Your baggage is lost, damaged, stolen or delayed</b>	<b>13</b>
Delayed baggage	<b>Your baggage</b> is delayed by a <b>common carrier</b>	
Lost, damaged or stolen baggage	<b>Your baggage</b> is lost, damaged or stolen	
	<b>Your rental car is damaged or stolen</b>	<b>14</b>
Collision, loss or damage	A <b>car you're</b> renting is damaged or stolen	
	<b>Other coverage</b>	<b>15</b>
Existing medical condition coverage	<b>You</b> have an <b>existing medical condition</b>	

- Underwritten by Jefferson Insurance Company

### How to read Section 2

**When it applies** Tells **you** when **you're** eligible to make a claim. These situations and events are called **covered reasons**.

**What it covers** Tells **you** the kinds of things **you** can be reimbursed for. **You'll** find out more in Section 6, *Claims information*.

**We can help!** Tells **you** about related assistance services that are available to **you** worldwide. **You'll** find a complete list in Section 5, *Help while traveling*.



#### Important

Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event. Please see Section 3, *What this certificate excludes*, for more information.

## YOUR TRIP IS CANCELED OR INTERRUPTED



#### Important

**You** need to contact **your travel suppliers** within 72 hours of canceling or interrupting **your trip** to qualify for the largest reimbursement possible. If **you** notify **your** suppliers later and get a smaller **refund**, **we** will not cover the difference. If **you're** seriously ill or injured, contact **your travel suppliers** as soon as **you** can.



#### We can help!

Need help sending an emergency message or getting flight information? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

### Trip cancellation and Trip interruption

**When it applies** **Your trip** is canceled before **you** get started, or interrupted after **you've** left, for one of the following **covered reasons**:

#### Health

*Injury, illness or medical condition*

**You** or a **traveling companion** are seriously ill or injured.

Specific requirement

The **injury, illness or medical condition** must be disabling enough to make a reasonable person delay, cancel or interrupt their **trip**.

- A **doctor** must examine **you** or a **traveling companion** and advise **you** or a **traveling companion** to cancel or interrupt **your trip** before **you** cancel or interrupt it. If that isn't possible, a **doctor** must examine **you** within 72 hours of **your** cancellation or interruption.

A **family member** who isn't traveling with **you** is seriously ill or injured.

Specific requirement

- The **injury, illness or medical condition** must be considered life threatening, require hospitalization, or he or she must require **your** care.

*Death*

**You**, a **traveling companion** or **family member** dies.

Specific requirement

- A **traveling companion** or **family member's** death must occur before or during **your trip**.

*Quarantine*

**You** or a **traveling companion** are **quarantined**.

*Pregnancy*

**You** become pregnant (*trip cancellation coverage only*).

*Childbirth*

**You** need to attend the birth of an **immediate family member's** child (*trip cancellation coverage only*).

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### **Transportation and accommodation**

*Financial default*

**Your** tour operator, airline or cruise line ceases operations due to **financial default**.

Specific requirements (all must apply)

- **You** purchased this insurance within 14 days of making **your** first **trip** deposit or first **trip** payment.
- The **financial default** happens more than seven days after **your plan's** effective date.
- The tour operator, airline or cruise line isn't the entity **you** purchased **your plan** or **your** travel services from, or an affiliate of that entity, and was included in **our List of covered suppliers** on **your plan's** effective date.

Please note that **Jefferson** can choose to give **you** a **trip** of similar value

instead of cash.

*Traffic accident*

**You** or a **traveling companion** are in a traffic **accident** on the way to **your** point of departure.

*Family or friends can't accommodate you as planned*

Family or friends outside the United States can't accommodate **you** as planned because someone in the household has died or been diagnosed with a serious **illness or injury**.

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### **Legal**

*Jury duty or court-ordered appearance*

**You're** summoned by a court order or subpoena to serve on a jury or appear in court.

*Legal separation or divorce*

**You** or a **traveling companion** legally separate or divorce after **your plan's** effective date but before **your scheduled departure date**.

Specific requirement

- **You** purchased **your plan** within 14 days of making **your** first **trip** deposit or first **trip** payment.

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### **Environment**

*Home uninhabitable*

**Your primary residence** is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

*Destination uninhabitable*

**Your destination** is **uninhabitable** because of a **natural disaster**, fire, flood, burglary or vandalism.

*Canceled services*

**Your** airline, cruise line, or tour operator or **travel supplier** stops offering all services for at least 24 consecutive hours where **you're** departing, arriving or making a connection because of:

- a **natural disaster**
- **severe weather**
- a strike
- a Federal Aviation Administration (FAA) mandate

Specific requirements (all must apply)

- **Your travel supplier** doesn't offer **you** a substitute itinerary.
- The striking workers aren't employed by the supplier **you** purchased **your plan** or travel services from, or an affiliate of that supplier.

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### **Politics and violence**

#### *Hijacking*

**You** or a **traveling companion** is hijacked.

#### *Terrorism*

A **terrorist event** happens at **your** U. S. or foreign **destination** within 30 days of the day **you're** scheduled to arrive.

#### Specific requirement

- For locations outside the United States, **you're** not covered if there's been a **terrorist event** at **your destination** in the 30 days before **your plan's** effective date.

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### **Work**

#### *Termination or layoff*

**You** or a **traveling companion** are terminated or laid off from a company after **your plan's** effective date.

#### Specific requirements (all must apply)

- The termination or layoff isn't **your** fault.
- **You** worked for this employer for at least 12 continuous months.

#### *U.S. Armed Forces*

**You** or a **traveling companion** serving in the U.S. Armed Forces are reassigned, or have **your** personal leave revoked, except because of war, the War Powers Act, base or unit mobilization, unit reassignment or disciplinary action.

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### **Other**

#### *Extended travel delay*

**You** miss more than half of the total length of **your trip** because **your** travel is delayed.

#### Specific requirements (all must apply)

- **Your plan** must include *travel delay* coverage.
- **You** must be delayed for a **covered reason** listed under *travel delay* coverage.

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### **BizPack coverage**

If **you** purchased BizPack, the following covered reasons will apply:

#### *Place of work unsuitable for business*

The place where **you** work is unsuitable for business because of a **natural disaster**, fire, flood, burglary or vandalism, and **you're** required to work as a result.

#### *Work obligation*

**You** or a **traveling companion** are required to work during the time

**you're** scheduled to travel.

#### Specific requirement

- **You** didn't know **you'd** be required to work when **you** purchased **your plan**.

#### *Merger or acquisition*

**You're** required to work during the time **you're** scheduled to travel because **your** employer is merging with another company or being acquired.

#### Specific requirements (all must apply)

- **You're** directly involved in the merger or acquisition.
- **You** didn't know **you'd** be required to work when **you** purchased **your plan**.

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

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### **Trip cancellation coverage**

#### *Non-refundable payments and deposits*

Payments and deposits **you** made before **your trip** was canceled, less any published **refunds you're** entitled to receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

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### **Trip interruption coverage**

#### *Prepaid expenses*

The unused part of **your** prepaid expenses, less any **refunds you** receive.

#### *Accommodation*

The extra cost of single **accommodation** if **you** prepaid for shared **accommodation** and a **traveling companion** canceled or interrupted their **trip** for a **covered reason** or was delayed for a **covered reason**.

#### *Transportation*

Reasonable transportation expenses for getting to:

- **your** final **destination** or a place where **you** can continue **your trip**, or
- **your** original **destination** another way, if **your** travel is delayed for 24 hours or more at the start of **your trip**.

#### *Expenses for the cost of staying longer than you planned*

Extra **accommodation** and transportation expenses because a **traveling**

## **What it covers**

## **Additional coverage**

companion is hospitalized.

Special limit

- Maximum of \$100 a day for up to five days.

## YOU GET SICK OR HURT WHILE TRAVELING



### We can help!

Need help finding a **doctor** or getting emergency cash from home to pay for treatment? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

## Emergency medical/dental

**When it applies** You have to pay for **emergency medical or dental care** for one of the following **covered reasons**:

- **you** have a sudden, unexpected **illness** or **injury** during **your trip** that's either life threatening or could cause serious and irreparable harm if it isn't treated
- **you** have an **injury** or infection, a lost filling or a broken tooth during **your trip** that requires immediate treatment by a **dentist**

Specific requirement

- The treatment is **medically necessary** and is provided by a **doctor, dentist, hospital** or **other licensed provider** during **your trip**.

**What it covers** Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Reasonable and customary costs*

**Reasonable and customary costs** for supplies and services from a **doctor, dentist, hospital** or **other licensed provider**.

**California Residents:** If **you** are purchasing a **plan** that includes *emergency medical/dental coverage*, please note the following:

This **plan** contains disability insurance benefits or health insurance benefits, or both, that only apply during the 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.



### Important

This is primary coverage.

If **you're** eligible for benefits or compensation through a government-funded program other than Medicaid, **you** don't qualify for this coverage.

## Travel accident

**When it applies** **You're** in an **accident** during **your trip** that results in:

- **your** death
- total and permanent loss of sight in one or both of **your** eyes
- permanent loss of one or both of **your** hands or feet when they are severed at or above the wrist or ankle

Specific requirement

- The loss is a direct result of the **accident** and happens within 365 days of the **accident**.

**What it covers** Please refer to **your** letter of confirmation to confirm the coverage and limits in **your plan**.

*Death benefit*

In the event of **your** death, **we** will pay 100% of the *travel accident* benefit shown in **your** letter of confirmation.

*Dismemberment benefit*

If **you** lose one eye, hand or foot, **you're** eligible for 50% of the *travel accident* benefit shown on **your** letter of confirmation. If **you** lose more than one eye, hand or foot, in any combination, **you're** eligible for 100% of the benefit.

Benefits are payable for only one loss and are paid in a lump sum.

## YOU'RE DELAYED OR YOU MISS YOUR FLIGHT OR CRUISE



### Important

**You** need to make reasonable efforts to continue **your trip** if **you're** delayed or **you** miss **your** flight or cruise. The coverage described here can help. Any **refunds you** receive from **your travel suppliers** will be deducted from **your** claim.



### We can help!

Need help rebooking **your** flight or arranging for alternative transportation? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

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## Travel delay

**When it applies** Your travel is delayed for six or more consecutive hours for one of the following **covered reasons**.

*Strike or common carrier delay*

- **Your** departure is delayed by a **common carrier**.
- **Your** departure is delayed by an unannounced strike.

*Quarantine*

- **You** are **quarantined**.

*Natural disaster*

- There's a **natural disaster**.

*Politics, violence or theft*

- **Your** passports, money or other travel documents are lost or stolen.
- **Your** travel is delayed by a hijacking.
- **Your** travel is delayed by civil disorder or unrest.

**What it covers** Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Meals, accommodation and transportation*

- Reasonable expenses for meals and **accommodation** while **you're** delayed.
- Reasonable additional transportation expenses.

*Special limit*

- Maximum of \$150 per person per day, up to the limit shown on **your** letter of confirmation.

Benefits are payable under *travel delay* or *missed connection* coverage, not both.

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## Missed connection

**When it applies** You miss **your** connecting flight or cruise for one of the following **covered reasons**:

- **you're** involved in or delayed by a traffic **accident**
- **severe weather** cancels one of **your** flights en route to the connection or cruise, or delays it for at least three hours

*Specific requirements (all must apply)*

- **You** allowed enough time in **your** itinerary to reach **your** flight or

cruise on time.

- **You** aren't able to reach **your** connecting flight or cruise another way.

## What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Prepaid expenses*

The unused part of **your** prepaid expenses if **you** miss at least 24 hours of **your trip**, less any **refunds you** receive.

*Meals, accommodation and transportation*

- Reasonable additional expenses for meals and **accommodation** related to **your** missed connection or cruise.
- Reasonable additional transportation expenses to get to **your** original **destination** or to a place where **you** can continue **your trip**.

Benefits are payable under only one of *missed connection* or *travel delay* coverage.

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## YOUR BAGGAGE IS LOST, DAMAGED, STOLEN OR DELAYED



### Important

Any **refunds you** receive will be deducted from **your** claim.



### We can help!

Need help contacting local authorities or getting emergency cash from home? See Section 5, *Help while traveling*, for a complete list of ways **we** can help.

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## Lost, damaged or stolen baggage

**When it applies** **Your baggage** is lost, damaged or stolen while **you're** traveling.

*Specific requirements (all must apply)*

- **You** take reasonable steps to keep **your baggage** safe and intact, and to recover it.
- **You** file a report giving a description of the property and its value with the appropriate local authorities, **common carrier**, hotel or tour operator within 24 hours of the loss.

## What it covers

Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Actual price, actual cash value, repair or replacement (whichever is less)*

- *actual price* is the amount it would cost to buy a similar item
- *actual cash value* is the amount the item is worth based on its **current market value**. If **you** don't have an original receipt, **we'll** cover up to 75% of its **current market value**
- *repair or replacement* is the cost to repair or replace the item

Special limit

- Maximum \$500 in total for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items. **You** need to provide original receipts for these items or they won't be covered.

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## Delayed baggage

**When it applies** A **common carrier**, hotel or tour operator delays **your baggage** for 24 hours or more.

Specific requirement

- **You** report the loss and file a claim with the **common carrier**, hotel or tour operator.

**What it covers** Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Reasonable essential items*

Reasonable essential items for **you** to use until **your baggage** arrives.

## YOUR RENTAL CAR IS DAMAGED OR STOLEN

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### Collision, loss or damage

**When it applies** A **car you're** renting is stolen or is damaged in an **accident** or while it's left unattended.

Specific requirements

- The driver is listed on the **rental car agreement**.
- **You** file a report with the rental car company, either within 24 hours of the loss or damage or when **you** return the **rental car** (whichever comes first).

**What it covers** Please refer to **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

*Repair or replacement*

The cost to repair or replace the **car** (whichever is less)

- repair costs include only **reasonable and customary costs** to repair physical damage to the **car** and reasonable loss of use fees the rental car company charges while it's being repaired
- replacement cost is the **car's current market value**



#### Important

This is secondary coverage. Any money **you** receive from or have paid on **your** behalf by another insurance provider will be deducted from **your** claim.

## OTHER COVERAGE



#### Important

Please check **your** letter of confirmation to confirm **your** coverage and limits.

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### Existing medical condition coverage

If **your plan** includes this coverage, **you**, a **traveling companion** or **family member** can have an **existing medical condition** and **you** will still be eligible for all coverage and assistance services, as long as:

- **you** purchased **your plan** within 14 days of making **your first trip** payment or first **trip** deposit
- **you** purchased *trip cancellation* coverage that covers the full cost of all **your** non-refundable **trip** arrangements
- **you** were a U.S. resident and medically able to travel on the day **you** purchased the **plan**, and
- the total cost of **your trip** is \$50,000 per person or less.

## SECTION 3: WHAT THIS CERTIFICATE EXCLUDES

### GENERAL EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following general exclusions, unless they're included in Section 2, *What this certificate includes*.

The following things if they affect **you**, a **traveling companion** or an **immediate family member**, whether the **immediate family member** is traveling with **you** or not:

- **existing medical conditions** (unless **you** have *existing medical condition* coverage)
- intentional self-harm or attempting or committing suicide (only applies to **you**)
- pregnancy, unless there are unforeseen complications or problems with the pregnancy
- fertility treatments, childbirth or elective abortion
- a mental or nervous health disorder (like anxiety, depression, neurosis, psychosis and others), or any related physical complications (physical complication means any physical symptom)
- the use or abuse of alcohol or drugs, or any related physical complications (physical complication means any physical symptom)

The following activities if **you**, a **traveling companion** or a **family member** participates in them, whether the **family member** is traveling with **you** or not:

- flying or learning to fly an aircraft as a pilot or crew member
- participating in or training for any professional or amateur sporting competition
- participating in extreme, high-risk sports like:
  - skydiving, hang gliding or parachuting
  - bungee jumping
  - caving
  - extreme skiing, heli-skiing or skiing outside marked trails
  - body contact sports (meaning any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate)
  - mountain climbing or any other high altitude activities
  - scuba diving below 120 feet (40 meters) or without a dive master

The following events:

- any problem or event that could have reasonably been foreseen or expected when **you** purchased **your plan**
- an **epidemic** or **pandemic**
- **natural disasters** like hurricanes, earthquakes, fires and floods
- air, water or other pollution, or the threat of a pollutant release
- **nuclear reaction**, radiation or radioactive contamination
- war (declared or undeclared), acts of war, military duty, civil disorder or unrest
- **terrorist events**
- **financial default**
- **unlawful acts**

**You** aren't eligible for reimbursement under any coverage if:

- **your common carrier** tickets don't show departure and return dates
- the departure and return dates on **your** enrollment or other form don't represent when **you** actually intended to travel

### SPECIFIC EXCLUSIONS

**You** aren't covered for any loss that results directly or indirectly from any of the following specific exclusions unless they're included in Section 2, *What this certificate includes*.

#### Trip cancellation and trip interruption coverage

- travel bulletins or alerts
- government prohibitions or regulations

#### Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment
- defective materials or workmanship
- ordinary wear and tear

These items aren't covered:

- animals
- **cars** and accessories, motorcycles and motors, aircraft, boats and other vehicles
- bicycles, skis and snowboards (unless they're checked with a **common carrier**)
- eyeglasses, sunglasses and contact lenses
- hearing aids, artificial teeth and limbs
- wheelchairs and other mobility devices
- consumables, medicines, perfumes, cosmetics and perishables
- tickets, passports, deeds and other documents
- money, credit cards, securities, bullion, stamps and keys
- rugs and carpets
- property for business or trade
- **baggage** when it is:
  - shipped as freight
  - sent before **your scheduled departure date**
  - left in or on a **car** trailer
  - left in an unlocked **car**

### Collision, loss or damage coverage

- any obligation **you** assume under any agreement, except a collision or comprehensive **deductible** for **your** primary insurance
- violating the **rental car agreement**

Also doesn't cover:

- leases or rentals for 45 consecutive days or longer
- **cars** rented in or driven through:
  - Israel
  - Jamaica
  - Republic of Ireland
  - Northern Ireland
  - jurisdictions where the law doesn't allow this coverage

## SECTION 4: WHO IS COVERED AND WHEN

### WHO IS COVERED BY YOUR PLAN

**Your plan** covers the people listed on **your** letter of confirmation.

### WHEN YOUR COVERAGE BEGINS AND ENDS

**You're** only eligible for coverage if **we** accept **your** request for insurance.

**Your plan's** effective date depends on how **you** purchased it.

if you purchased	it's effective:
in person	the day and time <b>you</b> purchase <b>your plan</b>
by mail	the day after <b>your</b> enrollment or other form is postmarked
over the phone	the day after <b>you</b> place <b>your</b> telephone order
by fax	the day after <b>we</b> receive <b>your</b> fax
online	the day after <b>we</b> receive <b>your</b> online order

*Trip cancellation* coverage begins on **your plan's** effective date, as long as **we** receive **your** premium before **you** cancel **your trip** or make a claim.

All other coverage begins on **your scheduled departure date**, as long as **we've** received **your** payment. **Your** departure and return dates are counted as two separate days of travel when **we** calculate the duration of **your trip**.

**Your** coverage ends on the earliest of:

- the day **you're** scheduled to return
- the day **you** actually return, if **you** come back earlier
- the day and time **you** cancel **your trip**

If **your** return travel is delayed for a **covered reason**, **we'll** extend **your** coverage until **you** can get home.

**Your plan** can't be renewed.

## SECTION 5: HELP WHILE TRAVELING

If **you** need help while traveling, **our** assistance team is available 24 hours a day.

**Our** services are here to help make challenging situations a little easier. With **our** global reach, **we** can get **you** in touch with licensed medical and legal professionals and other kinds of help.



### Important

Please note that the General exclusions for **your plan** also apply to **our** assistance services. **You'll** find the list of these exclusions in Section 3, *What this certificate excludes*.

## HOW TO REACH US

In the United States, Canada, Puerto Rico and U.S. Virgin Islands, call **1-800-654-1908**  
All other locations, call collect **1-804-281-5700**  
If **you** can't call collect, **we'll** call **you** back.

Please have this information ready when **you** call:

- **your** name, location and phone number
- **your** policy identification number

## MEDICAL ASSISTANCE

### *Finding a doctor, dentist or medical facility*

If **you** need care from a **doctor**, **dentist** or medical facility while **you're** traveling, **we** can help **you** find one.

### *Paying or guaranteeing your hospital bill*

If **you** need to be admitted to a **hospital** as an **inpatient** for longer than 24 hours, **we** can guarantee or advance payments up to the limit of **your emergency medical/dental coverage** (described in Section 2).

### *Monitoring your care*

If **you're** hospitalized, **our** medical staff will stay in contact with **you** and the **doctor** caring for **you**. **We** can also notify **your** family and **your doctor** back home of **your illness** or **injury** and update them on **your** status.

## EMERGENCY MEDICAL TRANSPORTATION



### Important

If **your** emergency is immediate and life threatening, seek local emergency care at once.

**Your** emergency medical transportation limit is the total amount available for all covered services described below. Please check **your** letter of confirmation to confirm that **you** have this benefit in **your plan** and **your** total dollar limit.

**You** must make all emergency medical transportation arrangements described below through **us**. **We** can deny a claim for emergency transportation if **we** didn't authorize and arrange it.

### *Moving you to a hospital or medical clinic (Emergency medical evacuation)*

If **our** medical team and the **doctor** caring for **you** agree that a local care facility can't treat **your injury** or **illness**, **we'll** identify the nearest appropriate facility that can provide the care **you** need.

**We'll** only cover the cost of **your** emergency medical evacuation if **we** authorize and arrange:

- **your** transportation, and
- the medical escort (if **you** need one).

### *Bringing a friend or family member to you or getting your children home (transport to bedside or return of dependents)*

If **you're** told **you** will be hospitalized for more than seven days, **we'll** arrange for and cover the cost of an economy class round-trip ticket to bring a friend or **family member** to **you** if **you're** alone, or to send children under the age of 23 who are traveling with **you** home.

### *Getting you home after your care (medical repatriation)*

Once **you've** recovered enough to return home, **we'll** arrange for and cover the cost of an economy class ticket to get **you** home (less any **refunds** from **your** unused return trip tickets).

**We'll** only cover the cost of **your** medical repatriation if **we** authorize and arrange **your** transportation.

### *Transporting your remains (repatriation of remains)*

**We'll** cover the cost of reasonable and necessary services to transport **your** remains to **your place of residence**. **We** can also help the sending and receiving funeral homes coordinate with each other.

## LEGAL ASSISTANCE

### *Finding a legal advisor*

**We** can help **you** find local legal advice if **you** need it while **you're** traveling.

### *Arranging a cash transfer*

If **you** need to pay legal fees, **we** can arrange to transfer funds from **your** family or friends.

## TRAVEL AND DOCUMENT ASSISTANCE

### *Replacing lost travel tickets*

If **your** tickets are lost or stolen, **we** can contact the airline or other **common carrier**, and can help **you** with **your** travel arrangements if **your trip** is interrupted.

### *Replacing lost passports and other travel documents*

If **your** passport or other travel documents are lost or stolen, **we** can help **you** reach the appropriate authorities, contact **your** family or friends, and assist **you** in getting **your** documents replaced.

## OTHER ASSISTANCE SERVICES

### *Getting flight information*

If **you** miss **your** flight or it's canceled, **we** can give **you** arrival and departure times for other flights that will get **you** to **your** connecting flight or final **destination**.

### *Getting emergency cash*

If **your** cash is lost or stolen or **you** need extra money to pay for unexpected expenses, **we** can arrange to transfer funds from **your** family or friends.

### *Delivering emergency messages*

**We** can help **you** get an urgent message to someone back home. **We'll** try calling up to three times within 24 hours and confirm whether **we** were able to reach the person **you** asked **us** to contact.

## CONCIERGE SERVICES

If **you** are in need of assistance 24 hours a day, any day of the year, please call the phone number printed on **your** letter of confirmation, or the hotline at:

**1-800-654-1908** when in the U.S., Canada, Puerto Rico and U.S. Virgin Islands  
**1-804-281-5700** collect

When **you** call, have the following information ready for the hotline coordinator:

- **Your** name and confirmation or identification number; and
- **Your** location and local telephone number.

The hotline coordinator will confirm **your** enrollment and connect **you** with a Concierge associate.

**Note:** It may not be possible to call collect. If **you** must phone the hotline directly, give **your** location and phone number to the hotline coordinator who will call **you** back.

**Our** goal is to make **your** travels more enjoyable and hassle free. **Our** Concierge associates can assist **you** with many requests from the routine to the extraordinary. The following are types of services **you** can contact **us** for assistance with:

- Restaurant and local event information
- Emergency and after hours hotel information and reservations
- Golf tee times, information, referrals and reservations

All of **our** concierge benefits are service benefits, not financial benefits. Any costs associated with the services are paid by **you**.

### **About our assistance services**

**Our** goal is to help **you** with **your** problem no matter where **you're** traveling.

**We'll** make all reasonable efforts to help **you** as **we've** described, but there may be times when **we** aren't able to resolve **your** problem for reasons that are beyond **our** control.

**We** will always do **our** best to refer **you** to appropriate professionals, but please be aware that they are independent providers and **we** can't be held responsible for the results of any services they provide.

## SECTION 6: CLAIMS INFORMATION

### HOW TO MAKE A CLAIM

Making a claim is easy – just visit [www.accessamerica.com/claims](http://www.accessamerica.com/claims), email or call **us** and **we'll** be happy to help.

#### Go online to:

- find out what forms and documentation **you** need
- download a claims form and mail it in
- file a claim electronically and track its progress

#### Email or call to:

- find out what forms and documentation **you** need
- file a claim and check its progress

#### Claims inquiry:

- **Website:** [www.accessamerica.com/claims](http://www.accessamerica.com/claims)
- **Email:** [claimsinquiry@accessamerica.com](mailto:claimsinquiry@accessamerica.com)
- **Telephone:** 1-800-334-7525

### IMPORTANT INFORMATION ABOUT CLAIMS

**You** have 90 days from the date of **your** loss to submit **your** claim to **us**, except as otherwise provided by law.

#### Assignment

**You** can assign **your** rights under **your plan** by notifying **us** in writing.

#### About beneficiaries

If **you** named a beneficiary on **your** enrollment or other form, *travel accident* benefits will be paid to **your** beneficiary if **you** die. All other benefits will be paid to **your** estate.

#### Duplicate coverage

If **you're** covered by another certificate or policy that **we've** issued with the same or similar coverage, **we'll** use the terms and conditions of the certificate or policy that pays the most. **We'll** also refund any premium **you've** paid for duplicate coverage.

#### Maximum coverage

The most that will be paid per **trip** for all losses resulting from the same event or problem is:

- \$500,000 to a single person
- \$10,000,000 in total for all people **we** cover who are affected by the same event or problem. If the combined loss is more than this amount, **we'll** divide the \$10,000,000 among the people affected in proportion to each person's share of the combined loss.

#### Medical examinations and autopsy

**We** have the right to have **you** medically examined as reasonably necessary to make a decision about **your** medical claim. If someone covered by **your plan** dies, **we** may also require an autopsy (except where prohibited by law). **We** will cover the cost of these medical examinations or autopsies.

#### Recovery

**We** have the right to recover any amount **you** receive that exceeds the total amount of **your** loss.

#### Subrogation

When someone is responsible for **your** loss, **we** have the right to recover any payments **we've** made to **you** or someone else in relation to **your** claim, as permitted by law. Everyone eligible to receive payment for a claim submitted to **us** must cooperate with this process, and must refrain from doing anything that would adversely affect **our** rights or the rights of **Jefferson** to recover payment.

#### About fraud

Fraud is illegal. **We** will deny **your** claim if:

- what **you** told us on **your** enrollment or other form is deliberately misleading or inaccurate
- **you** intentionally file a claim that includes false information or deliberately conceals material facts. This may be a crime subject to criminal prosecution and civil penalties, and **you** may be liable for the stated value of the claim.

#### Resolving disputes

If **you** disagree with **our** decision about a claim, **you** can request to go to arbitration through the American Arbitration Association. If **we** agree, **you** can submit a dispute to desk arbitration, as long as:

- **you** submit it at least 60 days, but no more than three years, after **you've** filed **your** entire claim with **us**, and
- it complies with the American Arbitration Association's rules at the time **you** submit it.



#### Important

This is a *named perils* travel insurance certificate, which means it covers only the specific situations, events and losses included in this document, and only under the conditions **we** describe.

**We'll** only pay for reasonable, appropriate expenses that are covered by the **plan** **you** purchased. Please check **your** letter of confirmation to confirm **your** coverage and limits in **your plan**.

## SECTION 7: DEFINITIONS

<b>Accident</b>	An unexpected and unintended event that causes <b>injury</b> , property damage or both.
<b>Accommodation</b>	A hotel or other kind of lodging where <b>you</b> make a reservation and pay a fee.
<b>Assault</b>	Physical assault that requires treatment in a <b>hospital</b> .
<b>Baggage</b>	Personal property <b>you</b> take on <b>your trip</b> and the suitcases or other kinds of containers <b>you</b> use to carry them.
<b>Car or rental car</b>	A <b>car</b> or other vehicle designed for use on public roads that <b>you</b> own or that <b>you've</b> rented for the period of time shown in a <b>rental car agreement</b> . <b>Rental cars</b> don't include: <ul style="list-style-type: none"> <li>• trucks</li> <li>• campers, trailers and recreational vehicles</li> <li>• motorcycles, motorbikes and all-terrain vehicles</li> <li>• off-road vehicles</li> <li>• vehicles that are older than 20 years</li> <li>• vehicles that haven't been manufactured in the last 10 years</li> <li>• vehicles that don't have to be licensed</li> <li>• vehicles that are rented for commercial or livery purposes, including limousines</li> <li>• vehicles that have a manufacturer's suggested retail price of more than \$75,000</li> <li>• other conveyances</li> </ul>
<b>Common carrier</b>	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
<b>Covered reasons</b>	The specific situations and events that are covered by this certificate.
<b>Current market value</b>	The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.
<b>Deductible</b>	The dollar amount <b>you</b> must contribute to the loss.
<b>Dentist</b>	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .
<b>Destination</b>	A place more than 100 miles from <b>your primary residence</b> where <b>you</b> spend more than 24 hours of <b>your trip</b> .
<b>Doctor</b>	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be <b>you</b> , a <b>traveling companion</b> , any member of either of your <b>immediate families</b> , or any member of the sick or injured person's <b>immediate family</b> .

<b>Domestic partner</b>	A person <b>you've</b> lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. <b>You</b> must be able to show evidence that <b>you've</b> lived together for 12 consecutive months.
<b>Emergency medical and/or dental care</b>	Medical and dental services, supplies and charges that are for a health emergency. It doesn't include things like: <ul style="list-style-type: none"> <li>• elective cosmetic surgery or cosmetic foot care</li> <li>• physical exams</li> <li>• allergy treatments (unless life threatening)</li> <li>• hearing aids, eyeglasses and contact lenses</li> <li>• palliative care</li> <li>• experimental treatment</li> </ul>
<b>Epidemic</b>	An outbreak of a contagious disease that spreads rapidly and widely and that is identified as an epidemic by The Centers for Disease Control and Prevention (CDC).
<b>Existing medical condition</b>	An <b>illness</b> or <b>injury</b> that <b>you</b> , a <b>traveling companion</b> or <b>family member</b> were seeking or receiving treatment for or had symptoms of on the day <b>you</b> purchased <b>your plan</b> , or at any time in the 120 days before <b>you</b> purchased it. <p><b>You</b>, a <b>traveling companion</b> or <b>family member</b> are considered to have an <b>existing medical condition</b> if <b>you</b>, a <b>traveling companion</b> or <b>family member</b>:</p> <ul style="list-style-type: none"> <li>• saw or were advised to see a <b>doctor</b></li> <li>• had symptoms that would cause a prudent person to see a <b>doctor</b></li> <li>• were taking prescribed medication for the condition or the symptoms, unless the condition or symptoms are effectively controlled by the prescription, and the prescription hasn't changed</li> </ul>
<b>Family member</b>	Any of the following people, whether or not they're traveling with <b>you</b> : <ul style="list-style-type: none"> <li>• spouses and common-law, civil union and <b>domestic partners</b></li> <li>• parents and step-parents</li> <li>• children and step-children (including adopted or soon to be adopted children)</li> <li>• siblings</li> <li>• grandparents and grandchildren</li> <li>• the following in-laws: mother, father, son, daughter, brother, sister</li> <li>• aunts, uncles, nieces and nephews</li> <li>• legal guardians and wards</li> <li>• business partners</li> <li>• paid, live-in caregivers</li> <li>• service animals (as defined by the Americans with Disabilities Act)</li> </ul> <p><b>Immediate family members</b> are:</p> <ul style="list-style-type: none"> <li>• spouses and common-law, civil union and <b>domestic partners</b></li> <li>• parents and step-parents</li> <li>• children and step-children (including adopted or soon to be</li> </ul>

	<ul style="list-style-type: none"> <li>• adopted children)</li> <li>• siblings</li> <li>• grandparents and grandchildren</li> </ul>
<b>Financial default</b>	A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.
<b>Hospital</b>	<p>A facility whose primary function is to diagnose and treat sick and injured people under the supervision of <b>doctors</b>. It must:</p> <ul style="list-style-type: none"> <li>• have organized departments of medicine and major surgery, on site or off site through a pre-arranged contract provide 24 hour nursing service supervised or provided by registered nurses</li> <li>• be compensated by patients or their insurance providers for performing these services, and</li> <li>• be licensed where required.</li> </ul>
<b>Illness</b>	Sickness, infirmity or disease. It doesn't include conditions <b>you</b> already had or knew about when <b>you</b> purchased <b>your plan</b> (see <b>existing medical condition</b> ).
<b>Injury</b>	Physical harm directly caused by an <b>accident</b> or <b>assault</b> , without other contributing causes.
<b>Inpatient</b>	Someone who receives medical or dental treatment while registered as a bed patient in a <b>hospital</b> or <b>other licensed provider</b> . Room and board is charged for the patient's stay, in addition to charges for medical treatment and care.
<b>Medical condition</b>	<p>A physical condition <b>you</b> have, or have symptoms of, that <b>you</b>:</p> <ul style="list-style-type: none"> <li>• have seen or been advised to see a <b>doctor</b> about</li> <li>• have symptoms of that would cause a prudent person to see a <b>doctor</b></li> <li>• are taking prescribed medication for</li> </ul>
<b>Medically necessary</b>	Treatment that's appropriate for <b>your illness</b> or <b>injury</b> , consistent with <b>your</b> symptoms, and that can safely be provided to <b>you</b> . It meets the standards of good medical practice and isn't for <b>your</b> convenience or the provider's convenience.
<b>Natural disaster</b>	A large-scale extreme weather or environmental event that damages property, disrupts transportation or endangers people. Examples include: earthquake, fire, flood, hurricane, or volcanic eruption.
<b>Other licensed provider</b>	A person or entity that isn't a <b>doctor</b> or <b>hospital</b> but provides medical or dental services, and is licensed where required.
<b>Outpatient</b>	Someone who receives medical or dental treatment but doesn't have to stay at a <b>hospital</b> for overnight care.
<b>Pandemic</b>	An <b>epidemic</b> over a wide geographic area that affects a large portion of the population.

<b>Primary residence</b>	<b>Your</b> permanent, fixed address and primary residence for legal and tax purposes. <b>We</b> call the place <b>your</b> primary residence is located <b>your place of residence</b> .
<b>Quarantine</b>	Mandatory isolation or restrictions on where <b>you</b> can go, intended to stop a contagious disease from spreading.
<b>Reasonable and customary costs</b>	<p>What customers would usually be charged for a specific service in a particular geographic area. The charges are appropriate to the availability of the service, and of skilled and licensed service providers.</p> <p>For <i>collision, loss or damage</i> coverage, the charges are also appropriate to the availability of parts, the difficulty or complexity of the job, and the effort needed to repair the damaged vehicle.</p>
<b>Refund</b>	Cash or a credit or voucher for future travel that <b>you</b> get from a travel agent, tour operator, airline, cruise line or other <b>travel supplier</b> , or any credit, recovery or reimbursement <b>you</b> get from <b>your</b> employer, another insurance company, a credit card issuer or any other entity.
<b>Rental car agreement</b>	The contract that describes all of the terms and conditions of renting a <b>car</b> , including <b>your</b> responsibilities and the responsibilities of the rental car company.
<b>Scheduled departure date</b>	The day and time <b>you</b> listed on <b>your</b> enrollment or other form as the day and time <b>you</b> plan to start <b>your trip</b> . <b>You</b> have paid for travel that starts on this date.
<b>Severe weather</b>	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
<b>Terrorist event</b>	When an organized terrorist group, as defined by the U.S. State Department, injures or kills people or damages property to achieve a political, ethnic or religious goal or result. Terrorist events don't include general civil protest, unrest, rioting or acts of war.
<b>Travel supplier</b>	A travel agent, tour operator, airline, cruise line or other travel service provider.
<b>Traveling companion</b>	A person traveling with <b>you</b> whose name appears with <b>yours</b> on the same <b>trip</b> arrangement and who will accompany <b>you</b> on <b>your trip</b> . A group or tour leader is not considered a <b>traveling companion</b> unless <b>you</b> are sharing the same room with the group or tour leader.
<b>Trip</b>	Round-trip or one-way travel to and from a place at least 100 miles from <b>your</b> home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
<b>Unlawful acts</b>	Felonies committed by <b>you</b> , a <b>traveling companion</b> or a <b>family member</b> , even if the <b>family member</b> isn't covered by <b>your plan</b> .
<b>Uninhabitable</b>	A <b>natural disaster</b> , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other <b>accommodation</b> unfit for use.

**Unsuitable for  
business**

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A **natural disaster**, fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their workplace unfit for use.

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