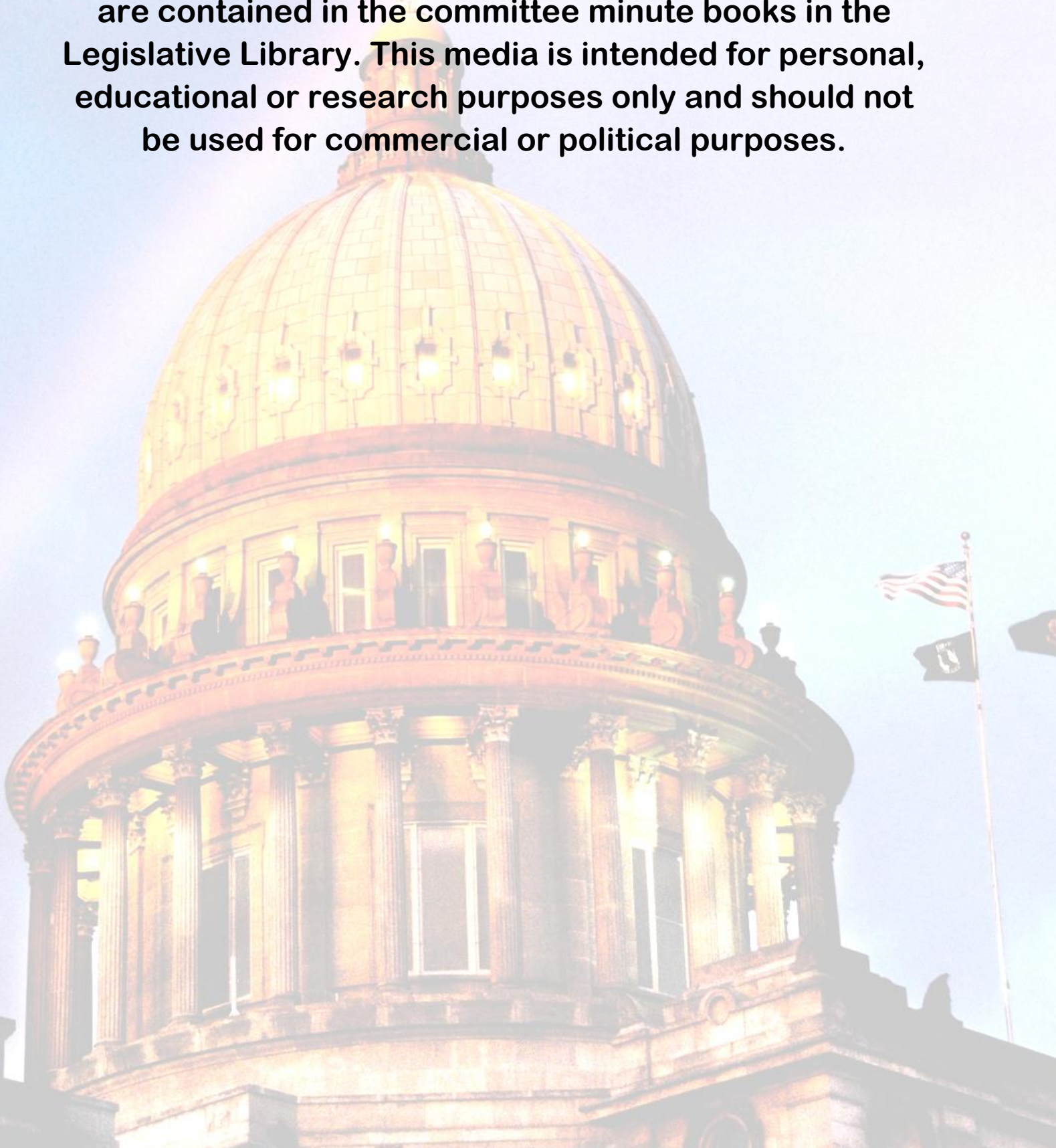


Please be advised that this is an electronic reproduction of Legislative proceedings and does not represent the official record of committee actions that are contained in the committee minute books in the Legislative Library. This media is intended for personal, educational or research purposes only and should not be used for commercial or political purposes.



MINUTES
HOUSE BUSINESS COMMITTEE

DATE: Wednesday, January 17, 2018

TIME: 12:15 P.M.

PLACE: Room EW41

MEMBERS: Chairman Barbieri, Vice Chairman Clow, Representatives Collins, Crane, Palmer, Thompson, Batt, Hixon, Kauffman, Monks, Anderst, Beyeler, DeMordaunt, Andrus, Troy, Smith, Rusche, Jordan

**ABSENT/
EXCUSED:** None

GUESTS:

test1
test2
test3
test4

Representative Barbieri
Chair

Kelly Reister
Secretary

Allianz Travel Insurance

Individual Travel Insurance Policy

FOR SERVICE, VISIT OR CALL:
www.etravelprotection.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!

Global Assistance

Allianz 

Jefferson
Insurance Company™

Allianz Global Assistance and Allianz Travel Insurance branded plans are underwritten by Jefferson Insurance Company. AGA Service Company is the licensed producer for this plan.

Your Travel Insurance Policy

Thank you for buying a travel insurance **plan** from **us**!

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

- This policy, 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 policy may describe coverage **your plan** doesn't include. Make sure **you** review carefully **your letter of confirmation**. Contact **us** immediately if **you** don't receive **your letter of confirmation** or if you think there is a mistake.

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

WHAT'S INSIDE

Section 1: Our agreement with you	3
Section 2: What this policy includes	4
Section 3: What this policy excludes	15
Section 4: Who is covered and when	17
Section 5: Claims information	18
Section 6: Definitions.....	20

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 Jefferson Insurance Company and its agents;
- **Jefferson** means Jefferson Insurance Company;
- **you** and **your** mean the people listed on **your letter of confirmation**; and
- all other bolded terms are defined in Section 6, Definitions.

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.

About this agreement

Please read your policy carefully for full details. This is a legal contract. The entire contract consists of the policy, any riders attached to it; and the *letter of confirmation*. **You** have a duty to make all reasonable efforts to minimize any loss.

We have issued the policy and any attached riders based on **your** payment of the premium and on the information **you** included in **your** application or other form. The statements **you** made in **your** application 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 policy 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, 9950 Mayland Drive, Richmond, VA 23233



Mike Nelson, President



Fred Faett, Secretary

SECTION 2: WHAT THIS POLICY INCLUDES

This is a named perils travel insurance policy, 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 *Help while traveling*.

Coverage	When it applies	Page
	Your trip is canceled or interrupted	5
Trip cancellation	Your trip is canceled before you get started	
Trip interruption	Your trip is interrupted after you've left	
Frequent traveler/ Loyalty program	You have to re-deposit frequent traveler or loyalty program awards	
	You get sick or hurt while traveling	9
Emergency medical/dental	You have to pay for emergency medical or dental care	
	You're delayed or you miss your flight or cruise	10
Travel delay	Your travel is delayed six hours or more	
Missed connection	You miss your connecting flight or cruise	
	Your baggage is lost, damaged, stolen or delayed	12
Lost, damaged or stolen baggage	Your baggage is lost, damaged or stolen	
Delayed baggage	Your baggage is delayed by a common carrier	
	Other coverage	13
Lost ticket	Your common carrier ticket is lost or stolen	
Change fee	You have to change your airline ticket due to covered reasons	

* 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 5, *Claims information*.

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



Important

Be sure to also read Section 3, *What this policy excludes*, as well as Section 4, *Who is covered and when*, for important information on how your coverage works. Travel insurance doesn't cover everything. It's designed to protect **you** when there's a sudden, unexpected problem or event.

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 *Help while traveling*, for a complete list of ways **we** can help.

Trip cancellation and Trip interruption coverage

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** is seriously ill or injured.

Specific requirements:

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

Quarantine

You or a traveling companion is quarantined.

Transportation and accommodation

Traffic accident

You or a traveling companion is in a traffic **accident** on the way to **your** point of departure, and:

- **you** or the **traveling companion** need medical attention; or
- the **car** needs to be repaired because it's not safe to drive.

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**.

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.

Environment

Home uninhabitable

Your primary residence 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**; or
- **severe weather**.

Specific requirement:

- **Your travel supplier** doesn't offer **you** a substitute itinerary.

Politics and violence

Hijacking

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

Terrorism

A **terrorist event** happens at **your** 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.

Work

Termination or layoff

You or a **traveling companion** is 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; and
- **You** worked for this employer for at least three continuous years.

Military Duty in the U.S. Armed Forces

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

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; and
- **You** must be delayed for a **covered reason** listed under travel delay coverage.

What it covers

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

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**.

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 companion** is hospitalized.

Special limit:

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

Frequent traveler/Loyalty program coverage

When it applies

You have to re-deposit points in **your** frequent traveler or loyalty program because **your trip** is canceled for one of the **covered reasons** listed under trip cancellation coverage.

What it covers

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

Redeposit fees

Fees for re-depositing frequent traveler or loyalty program awards into **your** account.

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 *Help while traveling*, for a complete list of ways **we** can help.

Emergency medical/dental coverage

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**, including any **deductible** for **outpatient** care that may apply to **your plan**.

Reasonable and customary costs

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



Important

This is secondary coverage. If **you** have health insurance, **you** must submit **your** claim to that provider first. Any benefits **you** receive from **your** primary insurance provider or from any excess coverage will be deducted from **your** claim.

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

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 *Help while traveling*, for a complete list of ways **we** can help.

Travel delay coverage

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 additional 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 coverage or missed connection coverage, not both.

Missed connection coverage

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**;
- **you're** delayed by **severe weather** while en route to the departure; or
- **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; and
- **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 coverage or travel delay coverage.

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 *Help while traveling*, for a complete list of ways **we** can help.

Lost, damaged or stolen baggage coverage

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; and
- **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.

Delayed baggage coverage

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.

OTHER COVERAGE



Important

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

Lost ticket coverage

When it applies Your **common carrier** ticket is lost or stolen.

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

Reissue fees

Fees to reissue **your common carrier** ticket.

Change fee coverage

When it applies **You** have to change the dates on **your** airline ticket for one of the following **covered reasons**:

- **your trip** is canceled or interrupted for a **covered reason** listed under trip cancellation/trip interruption coverage, except cessation of operations; or
- **you** or a **traveling companion** are delayed by **severe weather** on the way to **your** flight.

Specific requirement:

- If **you** were delayed by **severe weather**, **you** allowed enough time in **your** itinerary to reach **your** flight on time.

What it covers

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

Change fees

Fees to change the dates on **your** airline ticket.

SECTION 3: WHAT THIS POLICY EXCLUDES

GENERAL EXCLUSIONS

You aren't covered for any loss that results directly or indirectly from any of the following general exclusions.

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

- **existing medical conditions** (unless **you** have existing medical condition coverage in Section 2);
- intentional self-harm or attempting or committing suicide (only applies to **you**);
- pregnancy, (unless specifically included in Section 2), 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); or
- 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; or
- 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; or
 - 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 (unless specifically included in Section 2);
- 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 (unless specifically included in Section 2);

- **terrorist events** (unless specifically included in Section 2);
- **financial default** (unless specifically included in Section 2); or
- **unlawful acts**.

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

- **your common carrier** tickets don't show departure and return dates; or
- the departure and return dates on **your** application 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 policy includes.

Lost, damaged or stolen baggage coverage

- intentional loss of or damage to equipment;
- defective materials or workmanship; or
- 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; and
- **baggage** when it is:
 - shipped as freight ;
 - sent before **your scheduled departure date**;
 - left in or on a **car** trailer; or
 - left in an unlocked **car**.

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 you purchase your plan .
by mail	the day after your application or other form is postmarked.
over the phone	the day after you place your telephone order.
by fax	the day after we receive your fax.
online	the day after we receive your 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**; or
- the 120th day of the **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: CLAIMS INFORMATION

HOW TO MAKE A CLAIM

Making a claim is easy – just visit www.etravelprotection.com, 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.etravelprotection.com
- **Email:** claimsinquiry@allianzassistance.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.

Proof of Loss

You are responsible for providing all necessary documentation to prove **your** loss.

Assignment

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

About beneficiaries

All 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.

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** application or other form is deliberately misleading or inaccurate; or
- **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 policy, 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 6: DEFINITIONS

Accident	An unexpected and unintended event that causes injury , property damage or both.
Accommodation	A hotel or other kind of lodging where you make a reservation and pay a fee.
Assault	Physical assault that requires treatment in a hospital .
Baggage	Personal property you take on your trip and the suitcases or other kinds of containers you use to carry them.
Common carrier	A company that's licensed to carry passengers on land, water or in the air for a fee, not including car rental companies.
Covered reasons	The specific situations and events that are covered by this policy.
Current market value	The dollar amount an item could reasonably be sold for, based on its original price, age and current condition.
Deductible	The dollar amount you must contribute to the loss.
Dentist	Someone who is licensed and legally entitled to practice dentistry or dental surgery. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Destination	A place more than 100 miles from your primary residence where you spend more than 24 hours of your trip .
Doctor	Someone who is legally entitled to practice medicine, and is licensed if required. This can't be you , a traveling companion , any member of either of your immediate families , or any member of the sick or injured person's immediate family .
Domestic partner	A person you've lived with in a spousal relationship for at least 12 consecutive months who is 18 years or older. You must be able to show evidence that you've lived together for 12 consecutive months.
Emergency medical and/or dental care	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"> • elective cosmetic surgery or cosmetic foot care; • physical exams; • allergy treatments (unless life threatening); • hearing aids, eyeglasses and contact lenses; • palliative care; or • experimental treatment.
Epidemic	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).

Existing medical condition

An **illness** or **injury** that **you**, a **traveling companion** or **family member** were seeking or receiving treatment for or had symptoms of on the day **you** purchased **your plan**, or at any time in the 120 days before **you** purchased it.

You, a **traveling companion** or **family member** are considered to have an **existing medical condition** if **you**, a **traveling companion** or **family member**:

- saw or were advised to see a **doctor**;
- had symptoms that would cause a prudent person to see a **doctor**; or
- 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.

Family member

Any of the following people, whether or not they're traveling with **you**:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings;
- grandparents and grandchildren;
- the following in-laws: mother, father, son, daughter, brother, sister;
- aunts, uncles, nieces and nephews;
- legal guardians and wards;
- business partners;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act).

Immediate family members are:

- spouses and common-law, civil union and **domestic partners**;
- parents and step-parents;
- children and step-children (including adopted or soon to be adopted children);
- siblings; and
- grandparents and grandchildren.

Financial default

A complete cessation of operations because of financial circumstances, with or without filing for bankruptcy protection.

Hospital

A facility whose primary function is to diagnose and treat sick and injured people under the supervision of **doctors**. It must:

- 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;
- be compensated by patients or their insurance providers for performing these services; and
- be licensed where required.

Illness	Sickness, infirmity or disease. It doesn't include conditions you already had or knew about when you purchased your plan (see existing medical condition).
Injury	Physical harm directly caused by an accident or assault , without other contributing causes.
Inpatient	Someone who receives medical or dental treatment while registered as a bed patient in a hospital or other licensed provider . Room and board is charged for the patient's stay, in addition to charges for medical treatment and care.
Medical condition	A physical condition you have, or have symptoms of, that you : <ul style="list-style-type: none"> • have seen or been advised to see a doctor about; • have symptoms of that would cause a prudent person to see a doctor; or • are taking prescribed medication for.
Medically necessary	Treatment that's appropriate for your illness or injury , consistent with your symptoms, and that can safely be provided to you . It meets the standards of good medical practice and isn't for your convenience or the provider's convenience.
Natural disaster	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.
Other licensed provider	A person or entity that isn't a doctor or hospital but provides medical or dental services, and is licensed where required.
Outpatient	Someone who receives medical or dental treatment but doesn't have to stay at a hospital for overnight care.
Pandemic	An epidemic over a wide geographic area that affects a large portion of the population.
Primary residence	Your permanent, fixed address and primary residence for legal and tax purposes. We call the place your primary residence is located your place of residence .
Quarantine	Mandatory isolation or restrictions on where you can go, intended to stop a contagious disease from spreading.
Reasonable and customary costs	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.
Refund	Cash or a credit or voucher for future travel that you get from a travel agent, tour operator, airline, cruise line or other travel supplier , or any credit, recovery or reimbursement you get from your employer, another insurance company, a credit card issuer or any other entity.

Scheduled departure date	The day and time you listed on your application or other form as the day and time you plan to start your trip . You have paid for travel that starts on this date.
Severe weather	Hazardous weather conditions, like fog, a hailstorm or severe rainstorm, a blizzard, or an ice storm.
Terrorist event	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.
Travel supplier	A travel agent, tour operator, airline, cruise line or other travel service provider.
Traveling companion	A person traveling with you whose name appears with yours on the same trip arrangement and who will accompany you on your trip . A group or tour leader is not considered a traveling companion unless you are sharing the same room with the group or tour leader.
Trip	Round-trip or one-way travel to and from a place at least 100 miles from your home. It can't include travel to receive health care or medical treatment of any kind, or commuting to and from work.
Unlawful acts	Felonies committed by you , a traveling companion or a family member , even if the family member isn't covered by your plan .
Uninhabitable	A natural disaster , fire, flood, burglary or vandalism causes enough damage to make a reasonable person find their home or other accommodation unfit for use.

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 policy 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** 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.

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.

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.

EMERGENCY MEDICAL TRANSPORTATION



Important

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

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

You or **your** representative must contact **us** and **we** must make all transportation arrangements in advance. **We** will not pay for any of the services listed in this section if **we** didn't authorize and arrange it.

Moving you to a hospital or medical clinic (emergency medical evacuation)

If **you're** seriously ill or injured during **your trip** and **our** medical team determines that the local medical facilities are unable to provide appropriate medical treatment:

- **our** medical team will consult with the local **doctor**;
- **we'll** identify the closest appropriate facility, make arrangements and pay to transport **you** to that facility; and
- **we'll** arrange and pay for a **medical escort** if **we** determine one is necessary.

Getting you home after your care (medical repatriation)

If **you're** seriously ill or injured during **your trip**, under the care of a local **doctor** and unable to continue **your trip**, medical repatriation takes place once **our** medical team determines that **you** are medically stable to return home via commercial transportation carrier, such as a scheduled passenger airline. **We'll**:

- arrange and pay (less any **refunds** for unused tickets) for **you** to be transported via a commercial transportation carrier in the same class of service that **you** were booked for **your trip**. The transportation will be to one of the following:
 - **your primary residence**;
 - a location of **your** choice in the United States; or
 - a medical facility near **your primary residence** or city of **your** choice in the United States. **We'll** take **your** request into consideration as long as the medical facility will accept **you** as a patient and is approved as medically appropriate for **your** continued care by **our** medical director.
- arrange and pay for a **medical escort** if **our** medical team determines a **medical escort** is necessary.

Bringing a friend or family member to you (transport to bedside)

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** transport a friend or **family member** to stay with **you**. **We'll** arrange and pay for round-trip transportation in economy class on a **common carrier**.

Getting your children home (return of dependents)

If **you're** told **you** will be hospitalized for more than seven days during **your trip**, **we'll** arrange for and pay (less any **refunds** for unused tickets) to transport **your** children under the age of 23 who are traveling with **you** to one of the following:

- **your primary residence**; or
- a location of **your** choice in the United States.

Transportation will be on a **common carrier** in the same class of service they were originally booked.

Transporting your remains (repatriation of remains)

We'll arrange and pay for the reasonable and necessary services to transport **your** remains to one of the following:

- a funeral home near **your primary residence**; or
- a funeral home located in the United States.

We'll also assist the sending and receiving funeral homes coordinate with each other.

This benefit does not include funeral, burial or cremation expenses or related containment expenses for items such as a coffin, urn or vault.

Your representative must contact **us** in advance to make these arrangements. If this is not possible, **your** representative must contact **us** within a reasonable time, but no later than one year after the transportation.

Medical escort A professional person contracted by **our** medical team to accompany a seriously ill or injured person while they are being transported. A **medical escort** is trained to provide medical care to the person being transported. A friend or **family member** cannot be a **medical escort**.

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:

Entertainment/Event Planning

When **you** are traveling, or planning **your trip**, the following entertainment options are at **your** disposal:

- Restaurant information, referrals and reservations
- Sports event, show and festival information, reservations and ticket purchasing
- Theater and concert event information, reservations and ticket purchasing
- Health Club information, referrals and reservations
- Golf tee times, information, referrals and reservations

Destination Assistance

Get the details on **your** destination from **our** vast experience and database of information.

- Highlights and sightseeing information
- Airport and mass transportation information
- Health and security information
- Local custom and duty information
- Exhibition, show and festival information and ticket purchase
- Museum information
- Shopping information
- Exchange rate information
- Visa and passport information
- ATM location information

Travel Information and Reservations

When **you** need assistance with accommodations, flights or transportation, **we** stand ready to help.

- Hotel and other overnight accommodation information, referrals and reservations
- Flight information and reservations
- Train information and reservations
- Limo and car service information and reservations

Business Services

When traveling on business, **you** will find the business services helpful should unexpected events or important business needs occur.

- Computer rental and referrals and arrangements
- Audio/visual equipment referrals and arrangements
- Translation service referrals and arrangements
- Messenger service referrals and arrangements
- Mobile phone rental referrals and arrangements

Specialty Services

A last minute gift need, an important thank you, or other special event while **you** are traveling can easily be remedied. Some common services include:

- Gift Basket purchase arrangements
- Flower delivery purchase arrangements
- Gift referral and purchase arrangements
- Gourmet food purchase arrangements

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

We're only a CLICK away!

**Visit www.etravelprotection.com
to:**

- File a claim
- Check claim status
- Modify a policy

Global Assistance

Allianz 

JEFFERSON INSURANCE COMPANY

(A Stock Company)

IDAHO AMENDATORY RIDER

The **policy** to which this rider is attached is amended as follows:

1. At the bottom of the page titled **Your Travel Insurance Policy**, the following provision is added:

You may appeal any decision made by **us** to the Idaho Department of Insurance by contacting:

Idaho Department of Insurance
Consumer Affairs
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043
1-800-721-3272
www.DOI.Idaho.gov

2. Under the section entitled **SECTION 3: WHAT THIS POLICY EXCLUDES**, the following **GENERAL EXCLUSIONS** do not apply to **Emergency medical/dental coverage**:

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; or
- 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; or
 - scuba diving below 120 feet (40 meters) or without a dive master.

3. Under the section entitled **SECTION 6: DEFINITIONS**, the definitions of **Family member** and **Immediate family member** are revised by replacing the first bullet with the following:

- spouse or **domestic partner**;

4. Under the section entitled **SECTION 6: DEFINITIONS**, the definition of **Hospital** is deleted in its entirety and replaced with the following:

Hospital means a provider that is a short-term, acute, or general hospital that:

- is a duly licensed institution;
- in return for compensation from its patients, is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick person by or under supervision of **doctors**;
- has organized departments of medicine and major surgery;
- provides 24-hour nursing service by or under the supervision of registered graduate nurses; and
- is not other than incidentally: a) a skilled nursing facility, nursing home, custodial care home, health resort, spa or sanatorium, place for rest, or place for the aged; b) a place for the treatment of mental illness; c) a place for the treatment of alcoholism or drug abuse, place for the provision of hospice care; or d) a place for the treatment of pulmonary tuberculosis.

There are no other changes to the **policy**.