

GROUP LITE

GROUP TRAVEL PROTECTION PLAN



SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

Trip Cancellation**	Trip Cost*
Trip Interruption**	Trip Cost*
Travel Delay – 12 hours	\$500 (\$100/day)
Baggage/Personal Effects	\$500
Accident & Sickness Medical Expense	\$10,000
Emergency Evacuation & Repatriation	\$20,000
Non-Insurance Worldwide Emergency Assistance Services	Included

* Up to the lesser of the Trip Cost paid or the limit of Coverage for which benefits are requested and the appropriate plan cost has been paid. Maximum limit of \$10,000.

** For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

PAYMENT INFO:

To purchase the Travel Insured Group Lite Protection Plan please mail this form with a check to:

U.S. Tours

7000 Grand Central Avenue
Vienna, WV 26105
(304) 485-8687

PER PERSON RATES

Cost of Trip	Rates	Cost of Trip	Rates
\$0	\$13	\$4,001-\$4,500	\$215
\$1-\$200	\$17	\$4,501-\$5,000	\$237
\$201-\$400	\$25	\$5,001-\$5,500	\$275
\$401-\$600	\$34	\$5,501-\$6,000	\$300
\$601-\$800	\$44	\$6,001-\$6,500	\$325
\$801-\$1,000	\$52	\$6,501-\$7,000	\$350
\$1,001-\$1,500	\$82	\$7,001-\$7,500	\$375
\$1,501-\$2,000	\$104	\$7,501-\$8,000	\$400
\$2,001-\$2,500	\$129	\$8,001-\$8,500	\$425
\$2,501-\$3,000	\$153	\$8,501-\$9,000	\$450
\$3,001-\$3,500	\$171	\$9,001-\$9,500	\$475
\$3,501-\$4,000	\$195	\$9,501-\$10,000	\$500

All of the above rates are for the plan which includes insurance and non-insurance services.

Purchase within 14 days of initial trip deposit for Pre-Existing Condition Waiver.

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased within 14 days of initial trip deposit, and you insure all prepaid trip costs that are subject to cancellation penalties or restrictions, and the booking for the covered trip is the first and only booking for this travel period and you are not disabled from travel at the time you pay the premium.

Travel Insured International

844-440-8113

groups@travelinsured.com

www.travelinsured.com

APPLICATION:

Applicant Name(s): _____

Group Name: _____

Trip Dates: _____

Phone: _____

Email: _____

Zip: _____

Trip Cost: _____

Premium Amount: _____

Applicant Signature _____