



INSURANCE WAIVER FORM

Our Travel Protector – Group Plan Takes the uncertainty out of travel

It gives you **peace of mind** against unforeseen expenses and can protect you against cancellation penalties that may be as high as 100% of your trip cost.

Basic Group Plan (Plan No. 877B) provides:

Benefit	Maximum Benefit Amount
Medical Expense/Emergency Assistance	\$100,000
Accident and Sickness Medical Expense	Included
Emergency Evacuation & Repatriation	Included
One Call 24-Hour Assistance Services	Included
Travel Delay (Up to \$200 Per Day)	\$1,000
Baggage and Personal Effects	\$1,500
Baggage Delay (Up to \$200 Per Day)	\$400

Comprehensive Group Plan (Plan No. 877C) provides:

All the benefits of the Basic Group Plan (see above), plus "TC/TI":	
Benefit	Maximum Benefit Amount
Trip Cancellation ("TC")	Up to Trip Cost
Trip Interruption ("TI")	150% of Trip Cost
Missed Connection	\$1,000

Deluxe Group Plan (Plan No. 877D) provides:

All the benefits of the Comprehensive Group Plan (see above), PLUS	
Benefit	Maximum Benefit Amount
Cancel for Any Reason Benefit	75% of Non-Refundable Trip Cost

By checking this box, I decline to purchase this insurance and agree that I will be solely responsible for any medical costs if I become sick or injured on my trip, and any non-refundable trip costs if I must cancel, interrupt or delay my trip, including lost, stolen or delayed baggage/personal effects.

Print Name

Signature

Date: _____

Give this signed form to your Tour Operator if you are sure you want to decline this insurance protection.