



Group Protection Plans for 2024 Travel

Payment is required at the time the product is added to the booking.

Including Blue Ribbon Bags baggage tracking service!

Our Group Protection Plans helps protect your travel investment, your belongings and most importantly you, for those unforeseen circumstances that may arise before or during your trip.

Schedule of Benefits	Maximum Benefit Amount	
	Plan # F785G Group Select	Plan # F785F** Group Elite
Cancel For Any Reason	N/A	up to 75% of the non-refundable insured Trip Cost
Trip Cancellation***	up to 100% of the non-refundable insured Trip Cost	up to 100% of the non-refundable insured Trip Cost
Trip Interruption***	up to 100% of the non-refundable insured Trip Cost	up to 100% of the non-refundable insured Trip Cost
Trip Delay	up to \$5,000	up to \$5,000
Accident and Sickness Medical Expense	\$25,000	\$25,000
Medical Evacuation & Repatriation of Remains	\$50,000	\$50,000
Baggage and Personal Effects	\$1,000	\$1,000
Baggage Delay	up to \$100	up to \$100

**Plan #F785F is not available to residents of NY. Additional terms apply.

*** Trip Cancellation and Trip Interruption benefits are only payable if a trip is cancelled or interrupted due to a covered peril.

Non-Insurance Services
Generali Global Assistance
FootprintID®
Blue Ribbon Bags

Per Person Plan Payment Rate Table*		
	Plan # F785G Group Select (without CFAR)	Plan # F785F Group Elite (with CFAR)
Trip Cost	Plan Payment	Plan Payment
Up to \$1,250	\$51	\$141
\$1,251-\$2,000	\$63	\$164
\$2,001-\$2,500	\$74	\$192
\$2,501-\$3,000	\$85	\$225
\$3,001-\$4,000	\$114	\$293
\$4,001-\$5,000	\$142	\$372
\$5,001-\$6,000	\$170	\$450
\$6,001-\$7,000	\$199	\$529
\$7,001-\$8,000	\$227	\$608
\$8,001-\$9,000	\$261	\$686
\$9,001-\$10,000	\$289	\$765
\$10,001-\$15,000	\$318	\$838

*Eligible trips are under \$15,000 and/or 60 days in length

To view plan details and important disclosures, visit: www.tripmate.com/wpF785F or www.tripmate.com/wpF785G.

Cancel For Any Reason Benefit (applies to Plan F785F only)

If You cancel Your Trip for any reason not otherwise covered by this Plan, benefits will be paid for 75% of the unused, forfeited, prepaid non-refundable Payments or Deposits You paid for Your Trip, provided: a) Your payment for this Plan is received within 14 days of the date Your initial Payment or Deposit for Your Trip is received; and b) You cancel Your Trip no later than two (2) days prior to Your Scheduled Departure Date. **This Cancel For Any Reason Benefit does not cover:** 1) penalties associated with any air or other travel arrangements not provided by Classic Vacations; or 2) the failure of Classic Vacations to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.



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Exclusions and Limitations

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, Family Member scheduled and booked to travel with You. **The following exclusion(s) apply(ies) to the Trip Cancellation and Trip Interruption and Medical Expense.** We will not pay for any loss or expense caused due to, arising or resulting from: **1.** a Pre-Existing Medical Condition, as defined in the plan. Death resulting from a Pre-Existing Medical Condition will not be excluded. Death must occur prior to the termination date of the benefit under which the claim is being made. **The following exclusions apply to the Medical and Dental Expense benefits.** We will not pay for any loss or expense caused due to, arising or resulting from: **1.** routine physical examinations or routine dental care; **2.** traveling for the purpose or intent of securing medical treatment or advice; **3.** any Trip taken against the advice of a Physician and any losses occurred during such Trip; **4.** Elective Treatment and Procedures; **5.** care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease that first manifests or occurred during Your Trip; **6.** any medical service provided by You, a Family Member, or Traveling Companion; **7.** any treatment or medication which, at the time of Your Scheduled Departure Date, is required to be continued during Your Trip; **8.** Alcohol or substance abuse or treatment for the same including admittance to a rehab facility; **9.** Normal pregnancy (except Complications of Pregnancy) or childbirth, except as specifically covered under Trip Cancellation or Trip Interruption or elective abortion; **10.** a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the plan is in effect. Hospitalized or Partially Hospitalized requirement does not apply to dementia when death results; **11.** any loss that results from an illness, disease or other condition, event or circumstance that occurs at a time when the plan is not in effect for You; **12.** Your participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator; **13.** diving if You are not certified to dive and a dive master is not present during the dive; **14.** Your participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits. We will not pay for any loss or expense caused due to, arising or resulting from: **1.** suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane or insane; **2.** being under the influence of drugs, marijuana or narcotics, unless administered upon the advice of a Physician as prescribed; **3.** activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage; **4.** war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the plan specifically provides otherwise; **5.** the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner. The sole exception to this exclusion is for situations where a Family Member commits, or attempts to commit, an act of violence against another Family Member. In such cases, the Family Member who is the victim, or the intended victim, of the act of violence is still eligible to have his or her loss or losses covered under the plan; **6.** piloting or learning to pilot or acting as a member of the crew of any aircraft; **7.** a loss or damage caused by detention, confiscation or destruction by customs; or **8.** Bankruptcy or Default or failure to supply services by a Travel Supplier.

The plan also contains exclusions that apply specifically to Baggage and Personal Effects.

Excess Insurance Limitation: The insurance provided by this Plan shall be in excess of all other valid and collectible Insurance or indemnity.

MEDICALLY FIT TO TRAVEL EXCLUSION: We will not pay any expense as a result of You having been advised in writing that You, Your Traveling Companion or Family Member scheduled and booked to travel with You are not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the plan. If coverage for a Trip is purchased and it is later determined that You, Your Traveling Companion or Family Member scheduled and booked to travel with You were not Medically Fit to Travel at the time of purchase of coverage for Your Trip, as defined in the plan, the coverage is void and plan cost paid will be returned.

Information You Need To Know:

This advertisement contains highlights of the plans developed by Trip Mate, Inc., which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al, and non-insurance Travel Assistance Services provided by Generali Global Assistance, FootprintID®, and Blue Ribbon Bags. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. **Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions.** In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800-927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Trip Mate, Inc. (dba Trip Mate Insurance in CA and UT; CA license #0805270); P.O. Box 527, Hazelwood, MO 63042; 1-844-207-1929; assistancefees@tripmate.com. While Trip Mate, Inc. markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Trip Mate, Inc., and Trip Mate, Inc. does not receive compensation from USF for providing the non-insurance components of the plans.



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Schedule of Benefits	Maximum Benefit Amount
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Trip Cancellation**	up to 100% of the non-refundable insured Trip Cost
Trip Interruption**	up to 100% of the non-refundable insured Trip Cost
Trip Delay	up to \$5,000
Accident and Sickness Medical Expense	\$25,000
Medical Evacuation & Repatriation of Remains	\$50,000
Baggage and Personal Effects	\$1,000
Baggage Delay	up to \$100

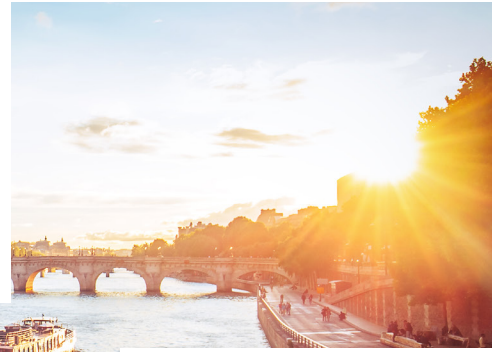
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\$2,501-\$3,000	\$85
\$3,001-\$4,000	\$114
\$4,001-\$5,000	\$142
\$5,001-\$6,000	\$170
\$6,001-\$7,000	\$199
\$7,001-\$8,000	\$227
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\$9,001-\$10,000	\$289
\$10,001-\$15,000	\$318

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