

## TAI Plans

# Travel Assistance International

Medical Assistance Benefits *			
Benefit	Plan A	Plan B	Plan C
Medical Coverage*	\$60,000	\$15,000	-
Emergency Medical Evacuation	\$1,000,000	\$1,000,000	\$1,000,000
Medically Necessary Repatriation	\$1,000,000	\$1,000,000	\$1,000,000
Repatriation of Remains	\$1,000,000	\$1,000,000	\$1,000,000
24 Hour Accidental Death & Dismemberment	\$10,000	\$10,000	\$10,000
Visit by Family Member	\$1,000	\$1,000	\$1,000
Return of Traveling Companion	\$1,000	\$1,000	\$1,000
Return of Dependent Children	\$1,000	\$1,000	\$1,000
Vehicle Return	\$1,000	\$1,000	\$1,000
Meals/Accommodations	\$100/day/ 10days	\$100/day/ 10days	\$100/day/ 10days

\* Medical benefits reduced by 50% for members who have reached their 75<sup>th</sup> birthday.

Optional insurance and trip cancellation plans, for every need, including inbound to the USA are now available at [TravelAssistance.com](http://TravelAssistance.com) or 800-821-2828

### Plan Pricing

	Ages	Individual Plans			Family Plans		
		Plan A	Plan B	Plan C	Plan A	Plan B	Plan C
Up to 8 Days	0-39	\$121	\$85	\$34	\$199	\$141	\$59
	40-69	\$124	\$87	\$34	\$204	\$143	\$59
	70+	\$151	\$105	\$34	\$252	\$173	\$59
Up to 15 Days	0-39	\$141	\$101	\$39	\$233	\$167	\$69
	40-69	\$143	\$102	\$39	\$240	\$170	\$69
	70+	\$173	\$124	\$39	\$294	\$210	\$69
Up to 31 Days	0-39	\$177	\$151	\$54	\$290	\$2227	\$103
	40-69	\$181	\$154	\$54	\$296	\$232	\$103
	70+	\$222	\$189	\$54	\$363	\$285	\$103
Annual*	0-39	\$402	\$307	\$137	\$711	\$552	\$265
	40-69	\$410	\$313	\$137	\$740	\$563	\$265
	70+	\$519	\$396	\$137	\$936	\$733	\$265

\* Annual Coverage is the best value for frequent travelers. Maximum trip length is 90 days.

TAI Distributor ID#: 23 AFSPA

#### Applicant Information

Mr.  Mrs.  Ms.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

U.S. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Eve phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Where are you traveling? \_\_\_\_\_

#### Coverage Dates

Your membership will begin and end on the dates you have selected, provided valid payment has been received. Coverage will begin no sooner than the postmark date on your application or 12:01 AM EST the day following receipt of your application.

**Coverage must be purchased prior to trip departure.**

Starting 12:01 AM  
(your local time)

Month	Day	Year
Month	Day	Year

Ending 11:59 PM  
(your local time)

#### Dependents

In addition to yourself, the Family Plan covers your spouse and dependent children up to age 19, or less than age 23 if full-time students.

1/ \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Spouse Month Day Year

2/ \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dependent Month Day Year

3/ \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dependent Month Day Year

4/ \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dependent Month Day Year

#### Payment Calculation

Select Membership Plan and, if desired, any options. Pricing is subject to change without notice. Membership is non-refundable after the effective date. Membership is not transferable. All coverage is secondary.

#### Membership Plan for Medical Assistance Base Program

Please choose A, B, or C; then, choose Individual or Family

Plan A  Individual  Per Trip  
 Plan B  Family  Frequent Traveler  
 Plan C Price: \$ \_\_\_\_\_

#### Accidental Death & Dismemberment - Air Common Carrier

\$100,000 - \$5.00/person/trip  
 \$250,000 - \$10.00/person/trip  
 \$500,000 - \$20.00/person/trip Price: \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Plan Cost	Sub-total \$ _____
AFSPA Group Discount	-10%
Net Cost	\$ _____
Administration Fee:	\$ 10.00
Total Amount Due:	\$ _____

#### Payment Options

Check or money order in U.S. dollars, drafted on a U.S. bank check, payable to: **Travel Assistance International**  
 Visa  MasterCard  American Express  
 Discover  Diners Club

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Applicant Release:** I hereby enroll in Travel Assistance International ("TAI"). I authorize TAI to collect or release any information necessary to process this application and any claims. A photocopy or fax of this authorization is acceptable as an original. If TAI or the underwriter finds information contained in this application is inaccurate, all coverage benefits will be void. If signing as an agent for the applicant, the undersigned warrants his/her authority and capacity to so act. Please refer to the Description of Coverage for details of coverage, terms, conditions, limitations and exclusions. All services must be approved or arranged by our Assistance Center, Seven Corners Assist. The benefits under Section II are underwritten by Certain Underwriters at Lloyd's London

Signature: \_\_\_\_\_

Date for Enrollment: \_\_\_\_\_

**Mail or fax to:** TAI Administrator  
 303 Congressional Blvd  
 Carmel, IN 46032  
 800-821-2828 317-818-2099 FAX: 317-575-2659

Please submit any additional dependents on a separate piece of paper and attach to this application.

**Medical Assistance Benefits**

- Emergency Medical Evacuation
- Medically necessary repatriation
- On-the-spot emergency medical payments
- Repatriation of remains
- Referrals to physicians & hospitals
- Blood, screened to American Association of Blood Banks standards, in areas where supply is inadequate
- Round-the-clock medical monitoring
- Return of dependent children
- Return of traveling companion
- Vehicle return
- Meals and accommodations
- Optional health insurance

**Pre-Trip Assistance**

- Country-specific information
- Visa & passport requirements
- Inoculation & immunization requirements
- Foreign exchange rates
- Weather forecasts
- Embassy & consular information
- U.S. State Department travel advisories.

**Travel Assistance**

- Emergency travel arrangements & ticketing
- Emergency cash advance
- Referrals to attorneys
- Bail bond posting
- Luggage tracking
- Lost document assistance
- Prescription & eyeglass replacement or refill assistance
- Emergency message relay
- Interpreters (by telephone)

*All services must be approved or arranged in advance by our Assistance Center.*

**Optional Programs Now Available thru Travel Assistance International Provide**

- Inbound to the United States
- Major Medical Plans
- Country to Country Plans
- Long Term Travel and Expatriate
- Hazardous Sport
- Trip Cancellation

*Call 800.821.2828 for information*

**Description of Services****Section I**

**Emergency Evacuation/Medically Necessary Repatriation:** The insurer will provide for covered expenses as shown above if any injury or sickness commencing during the course of the covered trip results in your necessary emergency evacuation. Covered expenses are reasonable and customary expenses for medically necessary transportation, medical services, and medical supplies incurred in connection with your emergency evacuation. The Assistance Center must make all transportation arrangements and by the most direct and economical route possible.

**Repatriation of Remains:** The insurer will pay reasonable covered expenses incurred to return your body to your place of residence if you die during the covered trip. Covered expenses include expenses for: Embalming, cremation, and a minimally necessary container for transport, and transportation.

**Visit by Family Member or Friend:** When you are traveling alone, and are hospitalized for more than seven (7) consecutive days, The Assistance Center and the insurer will arrange and pay for the cost of transportation, up to the maximum shown, and to the place of hospitalization, for one person, chosen by you, provided medical repatriation is not imminent. Covered expenses are limited to the cost of the most direct, economy, round-trip common carrier fare to the place of hospitalization.

**Return of Dependent Children/Grandchildren:**

When dependent children, who are traveling under this plan with you, are left unattended as a result of your hospitalization, the insurer will reimburse to you the cost to transport, up to the maximum shown, for such minors to the domicile of a person nominated by you or to the next of kin. Covered expenses are limited to a one-way common carrier economy ticket and by the most direct route. Expenses for attendants will be provided if necessary.

**Return of Traveling Companion:** If you are hospitalized and your traveling companion must remain with you, thereby interrupting his or her pre-arranged travel itinerary and causing the original ticket to be invalid, the insurer will pay the cost of 1) a new one-way economy class ticket to return the traveling companion to the original return destination, or 2) charges to change the original ticket's return date, whichever is less.

**Vehicle Return Service:** Any noncommercial vehicle (i.e., auto, motor home, rental cars, etc.) left unattended or if you are physically unable to operate as a result of your medical emergency, will be returned to your residence or place of rental. The vehicle must be in good driving condition and capable of being driven on the highway in compliance with local laws. No reimbursements for services provided to you at no cost. Maximum: \$1,000.

**Meals and Accommodations:** If your traveling companion is hospitalized, TAI will pay for expenses incurred by you, up to \$100 per day to a maximum of 10 days, for reasonable additional accommodation and transportation expenses incurred to remain near your traveling companion.

**Section II**

**Emergency Accident & Emergency Sickness Medical Expenses:** The insurer will pay benefits, up to the maximum shown on the Membership Confirmation Letter, subject to a \$100 per person deductible per occurrence, if you incur covered medical expenses for a sickness or an accidental injury occurring during the course of the scheduled trip. You must receive the emergency treatment during the course of the scheduled trip and upon recommendation of the attending physician. If you are hospitalized (due to a sickness or an accidental injury which first occurred during the course of the scheduled trip) beyond the date of your scheduled return, coverage will be extended until you are released from the hospital or until maximum benefits under the policy have been paid. Covered medical expenses are medically necessary services and supplies, which are recommended by the attending physician. They include the services of a legally qualified physician, surgeon, graduate nurse, dentist, or osteopath; charges for semi-private hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests; ambulance service, drugs, medicine, therapeutic services and supplies. Insurer will not pay benefits in excess of reasonable and customary charges commonly charged by providers of medical care in the locality where care is furnished.

**Accident Death & Dismemberment:** If injury to you during your covered trip results in any of the following losses within 180 days of the date of a covered accident, the insurer, subject to the maximum amount stated in your Membership Confirmation Letter, will pay the largest applicable amount as follows. The **full** benefit amount is paid for loss of: life, both hands or both feet, entire sight of both eyes, one hand' and one foot, either hand or foot and & entire sight of one eye, speech plus hearing in both ears, entire sight of one eye. One quarter of the benefit amount is paid for loss of: thumb and index finger of the same hand. Loss with regard to hand or foot means actual severance through or above the wrist or ankle joints; eye means entire and irrecoverable loss of sight; speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; thumb and index finger means actual severance through or above the joint that meets the finger at the palm. Disappearance: the insurer will pay benefits for loss of life if your body cannot be located one year after the disappearance of the conveyance in which you were a passenger due to forced landing, stranding, sinking, or wrecking.

**Optional Coverage:** A complete description of optional services is included in the Description of Coverage

***This brochure lists a summary of benefits. For a complete description of all benefits, limitations, and exclusions, refer to the Description of Coverage sent with your membership confirmation.***

# Travel Assistance International

24-HOUR GLOBAL ASSISTANCE

And TRAVEL INSURANCE

**OFFERED AS A BENEFIT TO THE  
MEMBERS OF**

AMERICAN  
FOREIGN  
SERVICE

**PROTECTIVE  
ASSOCIATION**

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Washington, DC 20036-2902

202-833-4910

FAX: 202-775-9082

E-MAIL: [AFSPA@AFSPA.org](mailto:AFSPA@AFSPA.org)