

# ROUNDTRIP<sup>®</sup>

## ECONOMY



### **TRIP CANCELLATION COVERAGE**

Protection From the Time You Buy Until You Return Home



SEVEN CORNERS

# CHOOSING ROUNDTrip® ECONOMY

## WHY CHOOSE ROUNDTrip ECONOMY?

RoundTrip Economy is an economical plan which protects your trip cost. It also provides coverage for your medical expenses and baggage while you are traveling.

### RoundTrip Economy Helps You -



**Protect Your Investment** – Should a sudden illness prevent you from taking the trip of a lifetime, this plan can help protect you from losing everything you spent on your trip. We can help so you can take your trip later.



**Protect Your Medical Expenses** – If you become sick or injured while traveling, your health insurance here at home may not cover it. RoundTrip Economy helps protect against financial hardship.



**Protect Your Belongings** – You bought a new wardrobe for this trip. This plan can help replace it if it is stolen or damaged during your trip.

## OUR FOCUS IS SERVICE

**Seven Corners** - As your plan administrator, Seven Corners will take care of your plan needs from start to finish. We will process your purchase, provide all documents, & handle any claims. Our goal is to provide you with outstanding service every step of your journey with us.

- Travel Assistance** - If you need travel assistance during your trip, our own in-house team, Seven Corners Assist, is available 24/7 for your emergency and non-emergency travel needs.

## TRIP CANCELLATION & INTERRUPTION

Covers non-refundable, prepaid trip costs if you are unable to take your trip due to:

Sickness, Injury or Death	Felonious Assault
Court Ordered Appearance	Military Duty for Natural Disaster Relief
Jury Duty	Termination/Layoff
Strike	Weather
Hijacking	Terrorist Incident
Traffic Accident	Bankruptcy/Default
Quarantine	Residence Uninhabitable Court Ordered Appearance

Single Occupancy - We will pay the increased cost in your per person occupancy rate if your traveling companion's or family member's trip is canceled or interrupted for a covered reason.

This brochure does not contain a complete summary of the coverage. Please visit [www.sevencorners.com/roundtrip-economy](http://www.sevencorners.com/roundtrip-economy) to view your plan document and coverage details.

# SCHEDULE OF BENEFITS

BENEFIT	PER PERSON LIMIT
Trip Cancellation	Trip Cost to a maximum of \$20,000
Trip Interruption	Up to 100% of trip cost
Trip Delay	\$250
Missed Connection	\$250
Emergency Medical Expense	\$10,000
Emergency Medical Evacuation/Repatriation	\$100,000
Lost Baggage/Personal Effects	\$500
Baggage Delay	\$100
24-Hour AD&D	\$5,000
Common Carrier AD&D	\$10,000
Optional Flight Accident	\$100,000, \$250,000 or \$500,000
Optional Rental Car Damage	\$35,000
Travel Assistance Services*	Included

\*provided by Seven Corners Assist

## YOUR BENEFITS

### TRIP DELAY

Reimburses you \$100 per day for additional transportation, meals, accommodations & non-refundable, unused prepaid expenses if delayed 12 or more hours en route to/from your trip. *(Separate coverage reasons apply.)*

### MISSED CONNECTION

Reimburses you for additional transportation costs to join your cruise or tour if you miss your connection due to flight cancellation or a flight delay of 3 or more hours. This benefit also covers accommodations, meals, and non-refundable trip payments for the unused portion of the cruise or tour. *(Separate coverage reasons apply.)*

### EMERGENCY MEDICAL EXPENSE

Covers medical treatment for a sickness or injury which occurs during your trip.

### EMERGENCY MEDICAL EVACUATION/REPATRIATION

- We will evacuate you to the nearest appropriate medical facility if medically necessary.
- If you are hospitalized more than 7 days, we will transport dependent children home if traveling with you. Also, we will send a person chosen by you to/from your bedside if you are traveling alone.
- If you die while traveling, we will return your remains to your residence in the United States or to your place of burial.

## YOUR BENEFITS

### BAGGAGE & CHECKED BAGGAGE DELAY

Covers loss, theft & damage to baggage & personal effects. Also reimburses you for personal effects if your bags are delayed more than 24 hours. *These benefits are secondary to other coverage.*

### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

### OPTIONAL COVERAGES

These optional benefits are provided if you select them & pay the additional cost.

**Flight Accident Coverage** - Pays additional AD&D benefits due to an accident occurring while you are a passenger on an aircraft.

**Rental Car Damage** - Provides rental car coverage while on your trip.

### PRE-EXISTING MEDICAL CONDITIONS

Pre-existing medical conditions are not covered by this plan.

**A PRE-EXISTING CONDITION** is an illness, disease or condition which you, your traveling companion, business partner, or family member booked to travel with you has 60 days before the coverage start date. This means that during those 60 days (1) a test, exam, or treatment was received or recommended for a condition which first manifested, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) prescription medication was received or taken. Number 2 does not apply to a condition which is treated or controlled solely by taking prescription medication and which remains controlled without any change in the prescription in the 60 days before coverage begins.

## IMPORTANT INFORMATION

When paying for your trip, please save all documents, as this information will be required to process any claim.

***This brochure is intended as a brief summary of benefits and services. It is not part of your plan document and does not contain a complete summary of your coverage. If there is any difference between this brochure and your plan document, the provisions in the plan document will prevail. Benefits and premiums are subject to change.***

Insurance benefits are underwritten by United States Fire Insurance Company, which is rated "A" (Excellent) by AM Best.

Assistance services are not insurance and are provided by Seven Corners Assist.

## PLAN COST

Trip Cost Per Person	Plan Rate				
	Rates Effective: 06/01/14 (per person based on age on the purchase date) The rates below are for trips from 1 through 30 days long.**				
	0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$0*	\$12	\$19	\$25	\$42	\$85
\$1 - \$500	\$19	\$26	\$35	\$57	\$94
\$501 - \$1,000	\$26	\$36	\$54	\$78	\$132
\$1,001 - \$1,500	\$34	\$45	\$69	\$101	\$169
\$1,501 - \$2,000	\$42	\$58	\$88	\$128	\$214
\$2,001 - \$2,500	\$62	\$83	\$109	\$181	\$318
\$2,501 - \$3,000	\$71	\$96	\$134	\$218	\$376
\$3,001 - \$3,500	\$80	\$108	\$159	\$256	\$435
\$3,501 - \$4,000	\$89	\$119	\$189	\$299	\$504
\$4,001 - \$4,500	\$100	\$136	\$218	\$344	\$571
\$4,501 - \$5,000	\$113	\$153	\$249	\$386	\$638
\$5,001 - \$5,500	\$172	\$233	\$327	\$453	\$759
\$5,501 - \$6,000	\$189	\$255	\$359	\$496	\$830
\$6,001 - \$6,500	\$205	\$277	\$390	\$538	\$903
\$6,501 - \$7,000	\$225	\$303	\$427	\$590	\$986
\$7,001 - \$8,000	\$247	\$333	\$468	\$648	\$1,082
\$8,001 - \$9,000	\$277	\$376	\$530	\$730	\$1,223
\$9,001 - \$10,000	\$310	\$420	\$591	\$817	\$1,367

*Coverage must be purchased for the full cost of the trip.*

*\*Note: If you purchase the \$0 category- there is no Trip Cancellation. Trip Interruption only covers return air up to \$1,000 per person. All other benefits apply.*

**\*\*For trips 31 - 90 days in length, an additional cost of \$3 per person per day is required.**

For trip cost between \$10,001 and \$20,000, contact your agent or Seven Corners for the rate.

## SEVEN CORNERS ASSIST

### WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

**24/7 Travel Assistance** – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, & pre-trip information, including inoculation & visa requirements.

**24/7 Medical Assistance** – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children, and medical record transfers.

## GENERAL EXCLUSIONS & LIMITATIONS

**Insurance Benefits are not payable for any loss 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 to travel with you, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition or participating as a professional in a stunt, athletic or sporting event or competition; 7. participating in skydiving or parachuting, parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, mountaineering, any race, speed contests not including any of the regatta races, spelunking or caving, hot air ballooning, or scuba diving if the depth exceeds 120 feet (40 meters) or if you are not certified to dive and a dive master is not present during the dive; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being intoxicated or under the influence of any controlled substance unless as administered or prescribed by a legally qualified physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except complications of pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided herein); 13. amounts which exceed the maximum benefit amount for each coverage as shown in the Schedule of Benefits; 14. due to a pre-existing condition, as defined in the plan documents. The pre-existing condition limitation does not apply to the emergency medical evacuation or return of remains coverage; 15. any amount paid or payable under any worker's compensation, disability benefit or similar law; 16. a loss or damage caused by detention, confiscation or destruction by customs; 17. elective treatment and procedures; 18. medical treatment during or arising from a trip undertaken for the purpose or intent of securing medical treatment; 19. an assessment from a legally qualified physician advising you in writing that you, a traveling companion, family member or business partner booked to travel with you are not medically fit to travel, as defined in the plan documents, at the time of purchase of coverage for a trip.

## EXCESS INSURANCE LIMITATION

The insurance provided by RoundTrip Economy is in excess of all other valid and collectible insurance. If at the time of loss there is other valid and collectible insurance, we are liable only for the excess of the amount of loss, over the amount of the other insurance and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

## BAGGAGE EXCLUSIONS & LIMITATIONS

**Additional Exclusions for Baggage & Personal Effects:**

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;
- 5) motors;
- 6) aircraft;
- 7) bicycles, except when checked as baggage with a Common Carrier;
- 8) household effects and furnishings;
- 9) antiques and collectors items;
- 10) sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or hearing aids;
- 11) artificial limbs or other prosthetic devices;
- 12) prescribed medications;
- 13) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 15) professional or occupational equipment or property, whether or not electronic business equipment ; or
- 16) telephones or PDA devices , computer hardware or software;

**Additional Exclusions for Baggage & Personal Effects:**

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or custom's rule;
- d) theft or pilferage while left in any unlocked vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) Your negligent acts or omissions; or
- g) property shipped as freight or shipped prior to the Scheduled Departure Date;

## STATE RESTRICTIONS

***Please review your plan document for specific state information which may affect benefits and/or coverage limitations.***

## PLAN DOCUMENTS

After you have enrolled, you will receive your plan document and an ID Card, which will describe your coverage in detail. You will also receive contact information in case of an emergency or claim.

# ROUNDTRIP® ECONOMY ENROLLMENT FORM

**AGENT #** \_\_\_\_\_

All enrollees must be located within the United States at the time of purchase.

## ENROLLEE INFORMATION

(First Name – Middle Name – Last Name)

Primary Enrollee: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M F

Enrollee 2: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M F

Enrollee 3: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M F

Enrollee 4: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M F

## TRIP INFORMATION

Trip Start Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Trip End Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initial Trip Payment/Deposit Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Destination: \_\_\_\_\_

(Please list all if there is more than one.)

Name of Travel Supplier: \_\_\_\_\_

(Airline, Tour Operator, Cruise Line, etc.)

## PERSONAL INFORMATION

Your Residence Address: \_\_\_\_\_

(must be a U.S. address)

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

(For AD&D and optional Flight Accident Coverage)

## METHOD OF PAYMENT

- Check/Money Order Payable to Seven Corners  
 Visa  MasterCard  Discover/Novus  
 Diners Club  American Express

Signature is required below for all methods of payment.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud\*. Plan costs are non-refundable after a 10-day review period. I declare that I have read & understand the terms & conditions of this product. I agree that if I am purchasing this plan for a third party, I have forwarded a copy of the plan document to the third party. Whenever coverage provided by this plan would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void. I understand that pre-existing conditions, as defined in the plan document, are not covered. I attest that all persons listed on this enrollment form are currently located in the United States.

\* **For LA residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or a benefit or knowingly presents false information in an enrollment form for insurance is guilty of a crime and may be subject to fines and confinement in prison; **for FL residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an enrollment form containing any false, incomplete, or misleading information is guilty of a felony of the third degree; **for ME residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits; **for OH residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature: mandatory for all payment options.

Date

## ROUNDTRIP ECONOMY - RATE CALCULATION

Please choose the corresponding Plan Rate for each traveler's trip cost from the "Plan Cost" section of this brochure.

	Trip Cost	Plan Rate*
Primary Enrollee	\$ _____	\$ _____
Enrollee 2	\$ _____	\$ _____
Enrollee 3	\$ _____	\$ _____
Enrollee 4	\$ _____	\$ _____

\*Plan Rate must be listed for all travelers.

**Cost A =** \$ \_\_\_\_\_

## FOR TRIPS OF 31 – 90 DAYS (if applicable)

Include departure and return dates in calculation. For trips 31-90 days, there is an additional daily charge of \$3 per person.

$$\$3 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} = \$ \frac{\text{Cost B}}{\text{Total # of Travelers}}$$

**Total Base Plan Cost (C) =**

**(Cost A + Cost B) =** \$ \_\_\_\_\_  
Cost C

## OPTIONAL FLIGHT ACCIDENT COVERAGE - PER PERSON (CHOOSE ONE)

\$100,000 Protection for \$9 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Travelers Cost D

\$250,000 Protection for \$22 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Travelers Cost D

\$500,000 Protection for \$45 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Travelers Cost D

## OPTIONAL RENTAL CAR DAMAGE COVERAGE

\$35,000 Protection for \$7 per day per car rental x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Days Cost E

## TOTAL RATE CALCULATION

Plan costs are non-refundable after 10 days.

Total Plan Cost (C) + D + E = \$ \_\_\_\_\_

**This is your Total Amount Due**

Total Amount Due is authorized as payment.

## COMPLETING YOUR ENROLLMENT FORM

Please complete this enrollment form in full or apply online. **Total plan cost is due at the time of enrollment, & benefits must be purchased for the full cost of the trip.** Also, a signature in the method of payment section of this form is required. If paying by check or money order, make payable to Seven Corners & mail with your enrollment form. If paying by credit card, you may mail or fax to us. (Originals are not required if the enrollment form is faxed with credit card payment.)

**Seven Corners, Inc.**  
**303 Congressional Boulevard, Carmel, IN 46032 USA**  
**Fax: 317-575-2659 (credit card orders only)**  
**Phone: 800-335-0611 or 317-575-2652**  
**Online: [www.sevencorners.com](http://www.sevencorners.com)**

## ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard  
Carmel, IN 46032  
800-335-0611 • 317-575-2652 • Fax: 317-575-2659



## FOR ADDITIONAL INFORMATION

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