

Comparison of Coverage Features Asset and Asset Plus Plans

Trip Cancellation or Interruption due to:

- Sickness, Injury or Death
- A Pre-Existing Medical Condition
- Cessation of Services of a Common Carrier for 12 hours or more due to bad weather or an unannounced strike
- Your residence, destination or workplace made uninhabitable by fire, flood or other Natural Disaster
- Your permanent transfer of employment, requirement to work, merger or acquisition of Your employer
- Involuntary termination of Your employment
- Being hijacked, quarantined or called to jury duty
- A Terrorist Attack
- Revocation of previously granted military leave
- Your normal pregnancy or attending a Family Member's childbirth*
- Extension of the school year of Your or a Traveling Companion's primary or secondary school into Your scheduled Trip dates
- Bankruptcy or Default of Your Travel Supplier
- A hurricane warning being issued for Your Trip destination

Cancel For Any Reason Benefit (see Schedule for eligibility details)

Travel Delay Due to:

- Sickness or Injury, Common Carrier delay, quarantine, hijacking, strike, natural disaster, riot, lost or stolen passports or travel documents, or a traffic accident enroute to departure

Medical Expense/Emergency Evacuation:

- Covers Pre-Existing Medical Conditions
- Medical Evacuation to Your hospital of choice
- Covers airfare cost for one visitor from home if you are hospitalized during Your Trip

One Call 24 Hour Assistance Services:

- Medical and Legal Assistance Services
- Concierge and Business Assistance Services

* Pregnancy must occur after your Effective Date

Asset Plan	Asset Plus Plan
See complete details at www.mhross.com	
Yes	Yes
Yes*	Yes*
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
No	Yes
Yes	Yes
Primary Coverage	Primary Coverage
Yes*	Yes*
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

* Provided Plan is purchased within 15 days of initial trip deposit date; The booking for the Trip is Your first and only booking for this travel period and destination; and You are not disabled from travel at the time You make Your payment for this plan.

You Choose! Optional Benefits

Sports Upgrade Pac

The **Medical Expense Benefit** is extended to cover You if You are injured during Your Trip while participating in skydiving or parachuting, hang gliding, bungee cord jumping, scuba diving if the depth exceeds 130 feet or if You are not PADI or NAUI certified to dive and a dive master is not present during the dive; and spelunking.

This optional benefit also provides up to \$1,000:

- If Your Trip is canceled or interrupted due to a covered reason, coverage is provided for the unused non-refundable costs of pre-paid lift tickets, green fees, equipment rentals and lessons; and/or
- expenses for rental equipment if Your sporting equipment is delayed or misdirected by Your Common Carrier.

Extended Personal Property Pac

This optional benefit provides coverage up to \$1,000 under the Baggage/Personal Effects Benefit for: Cell Phones, Laptops, Tablets & PDAs (a \$100 deductible applies).

Rental Car Damage

This optional benefit provides up to \$35,000 of coverage for damage due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not within Your control to a car You rent while in Your possession on Your Trip.

We will pay the lesser of:

- (a) The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or
- (b) The Actual Cash Value of the car, meaning purchase price less depreciation; or
- (c) \$35,000.

Accidental Death & Dismemberment

This optional benefit allows You to add coverage for Air Flight Accidental Death & Dismemberment. Three optional limits are available: \$100,000, \$250,000 or \$500,000.



ABC's of Advantage

Have Questions, call
1-800-423-3632

Have questions or need to report a claim? You can call us toll-free at the number listed below. You can also view many Frequently Asked Questions, report and complete your claim(s) online at www.mhross.com or call 1-800-423-3632.

Benefits are administered by:

Trip Mate, Inc. (in CA & UT, dba Trip Mate Insurance Agency)
9225 Ward Parkway, Suite 200, Kansas City, MO, 64114,
1-800-423-3632.

This Plan Underwritten By: Arch Insurance Company.

24 Hour Assistance Service is provided by: One Call Travel Services Network, Inc.

Note: This policy contains disability insurance benefits or health insurance benefits, or both, that apply only during a covered Trip. You may have coverage from other sources that already provides You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan.

Benefits in this brochure are described on a general basis only. There are certain restrictions, exclusions and limitations that apply to all coverages and services. This advertisement does not constitute or form any part of the Plan Description or any other contract of any kind. Plan benefits, limits, and provisions may vary by state jurisdiction. To review full plan details online, go to: www.mhross.com.

Your Satisfaction Is Important To Us

If You are not satisfied for any reason, You may return Your certificate/policy to MH Ross within 14 days after receipt. Your plan payment will be refunded (less any enrollment fees charged, where applicable), provided You have not filed a claim or departed on Your Trip. When so returned, the certificate is void from the beginning.

Your MH Ross Travel Professional is



Advantage Asset & Asset Plus

with Family Friendly Child Rates!



For Customer Service, call
1-800-423-3632

Enroll Online at
www.mhross.com

Schedule of Coverages

Included Plan Benefits

	Asset	Asset Plus
	Benefit Limit	Benefit Limit
Trip Cancellation	Trip Cost	Trip Cost
Trip Interruption	125% Of Trip Cost	125% Of Trip Cost
Travel Delay (6 Hours or More)	\$150 Per Day \$750 Maximum	\$150 Per Day \$750 Maximum
Missed Connection (3 Hours or More)	\$1,000	\$1,000
Medical Expense/Emergency Assistance		
Accident & Sickness Medical Expense	\$50,000	\$50,000
Emergency Medical Evacuation & Repatriation of Remains	\$500,000	\$500,000
Non-Medical Emergency Evacuation	\$25,000	\$25,000
One Call 24-Hour Assistance Services	Included	Included
Baggage and Personal Effects	\$1,500	\$1,500
Baggage Delay (12 Hours or More)	\$250	\$250
Accidental Death and Dismemberment 24 Hour Coverage During Your Trip	\$25,000	\$25,000
Cancel For Any Reason Benefit	Not Available	Yes - See Below
Optional Plan Benefits	Benefit Limit	Benefit Limit
Accidental Death and Dismemberment Air Flight Only Coverage	\$100,000, \$250,000 or \$500,000	\$100,000, \$250,000 or \$500,000
Rental Car Damage	\$35,000	\$35,000
Extended Personal Property Pac	\$1,000	\$1,000
Sports Pac	\$1,000	\$1,000

Cancel For Any Reason Benefit

We will reimburse You for 75% of the unused, non-refundable prepaid expenses for Travel Arrangements provided:

- 1) Your payment for the Asset Plus Plan is received within 15 days of the initial deposit/payment for Your Trip; and
- 2) You insure 100% of the cost of all travel arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier(s); and
- 3) You cancel Your Trip two (2) days or more before Your Scheduled Departure Date.

Important – If you have insured an amount less than your total costs for your Covered Trip that are subject to cancellation penalties or restrictions: 1) the maximum benefit for Trip Cancellation will be limited to the amount of coverage you purchased and 125% of the amount purchased for Trip Interruption; and 2) there will be no coverage available under the Cancel For Any Reason Benefit (Asset Plus Plan).

Asset			
Rates Per Person By Age			
0 - 17	18 - 35	36 - 55	56 - 65
\$19	\$24	\$33	\$41
\$19	\$35	\$43	\$54
\$19	\$50	\$65	\$85
\$19	\$67	\$79	\$114
\$19	\$87	\$99	\$145
\$19	\$98	\$124	\$177
\$122	\$122	\$143	\$209
\$138	\$138	\$163	\$242
\$157	\$157	\$184	\$272
\$172	\$172	\$206	\$303
\$193	\$193	\$226	\$331
\$211	\$211	\$241	\$374
\$243	\$243	\$281	\$439
\$284	\$284	\$321	\$499
\$318	\$318	\$360	\$561
\$353	\$353	\$399	\$626
\$393	\$393	\$589	\$809
\$431	\$431	\$640	\$883
\$471	\$471	\$691	\$955
\$509	\$509	\$743	\$1,026
\$549	\$549	\$793	\$1,098

Premium Schedule

Trip Cost

Up to \$500
\$501 to \$1,000
\$1,001 to \$1,500
\$1,501 to \$2,000
\$2,001 to \$2,500
\$2,501 to \$3,000
\$3,001 to \$3,500
\$3,501 to \$4,000
\$4,001 to \$4,500
\$4,501 to \$5,000
\$5,001 to \$5,500
\$5,501 to \$6,000
\$6,001 to \$7,000
\$7,001 to \$8,000
\$8,001 to \$9,000
\$9,001 to \$10,000
\$10,001 to \$11,000
\$11,001 to \$12,000
\$12,001 to \$13,000
\$13,001 to \$14,000
\$14,001 to \$15,000

Asset Plus			
Rates Per Person By Age			
0 - 17	18 - 35	36 - 55	56 - 65
\$39	\$48	\$66	\$81
\$39	\$70	\$86	\$108
\$39	\$99	\$130	\$169
\$39	\$134	\$158	\$229
\$39	\$174	\$198	\$290
\$39	\$196	\$249	\$354
\$244	\$244	\$286	\$418
\$275	\$275	\$326	\$484
\$315	\$315	\$367	\$543
\$343	\$343	\$411	\$605
\$385	\$385	\$451	\$662
\$422	\$422	\$482	\$748
\$486	\$486	\$561	\$878
\$568	\$568	\$642	\$999
\$636	\$636	\$719	\$1,122
\$706	\$706	\$799	\$1,252
\$785	\$785	\$1,177	\$1,617
\$862	\$862	\$1,280	\$1,767
\$942	\$942	\$1,382	\$1,910
\$1,019	\$1,019	\$1,485	\$2,053
\$1,098	\$1,098	\$1,586	\$2,196

Questions? For Trips over 30 days or \$15,000, CALL 800-423-3632

Optional Benefits Available With All Advantage Series Plans

Air Flight AD&D		Extended Personal Property Pac		Sports Upgrade Pac		Rental Car Damage	
Benefit Level	Rate	Benefit Level	Rate	Benefit Level	Rate	Benefit Level	Rate
\$100,000	\$10	\$1,000	\$15	\$1,000	\$25	\$35,000	\$7*
\$250,000	\$25						
\$500,000	\$50						

* Per Rental Day



Enroll Online at www.mhross.com!

(or enroll by Phone, Fax or Mail)

By Mail

9225 Ward Parkway, Suite 200
Kansas City, MO 64114

Checks payable to MH Ross

Need Help? 1-800-423-3632

By Phone or Fax

By Phone: 1-800-423-3632
By Fax: 1-888-424-8731

Payable by Credit Card Only

MAIL OR FAX ENROLLMENT FORM (Please Print)

Calculate Your Plan Cost: Rates are per person based upon your individual Trip Cost. Select your plan and then the rate from the correct column in the Premium Schedule and enter the amount in the Plan Cost column below. The rates for Optional Benefits are shown below the Premium Schedule. Trips over 30 days or \$15,000 must be enrolled online or by phone.

Pax	Enrollment Information	Select Plan: <input type="checkbox"/> Asset <input type="checkbox"/> Asset Plus	Plan Cost
	Insured Name (First, Middle Initial, Last) Gender Age Departure Date Return Date Trip Cost		
#1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
#2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
#3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
#4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Benefit Amount Rate Per Pax # Pax

Opt. Air Flight AD&D Pax #1 Pax #2 Pax #3 Pax #4 \$ _____ X _____ = _____

Opt. Extended Personal Property Pac Pax #1 Pax #2 Pax #3 Pax #4 X \$15.00 Each = _____

Opt. Sports Pac Pax #1 Pax #2 Pax #3 Pax #4 X \$25.00 Each = _____

Opt. Rental Car Damage - \$35,000 Benefit Amount # of Rental Days _____ X \$ 7.00 Per Day = _____

Travel Information

Initial Trip Deposit Date ____ / ____ / ____

Agency Name _____ Agent Name _____

Enter the ten digit Travel Agent Code shown on the back of this brochure. _____

Indicate below the types of travel arrangements you are insuring: Travel Destination _____

Air - Airline _____ Land - Travel Supplier _____

Cruise - Cruise Line _____ Other _____

Primary Traveler Name/Address

Last Name First Name Initial Street Address

City State Zip Code Home Phone (Include Area Code) Work Phone (Include Area Code)

Send Confirmation by: (Please select one) E-Mail Fax Mail **Send To:** _____

Fax # with area code or e-mail address here if by fax or e-mail

Form of Payment: Check AMEX Discover MC Visa Card # _____

Cardholder Name: _____ Validation Code* _____ Exp. Date ____ / ____

Address: _____

I authorize MH Ross Travel Insurance Services, Inc. to charge my credit card for the total plan cost.

Signature: _____ Date ____ / ____ / ____

* You will find the validation code (last 3 digits) at the end of the signature strip on the back of Your card if using Discover, MasterCard or VISA. For American Express, the number (4 digits) is on the front of the card above and to the right of the card number.

Detach Here