

## TUITION PROTECTION PLAN DESCRIPTION OF COVERAGE

This Description of Coverage is a summary of the travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our.

Insurance provided by this Description of Coverage is subject to all of the terms and conditions of the Group Policy. If there is a conflict between the Policy and this Description of Coverage, the Policy will govern.

### Schedule of Benefits

Benefit	Maximum Benefit Amount
Trip Cancellation	Total Tuition
Trip Interruption	Total Tuition
Travel Delay	\$300
Baggage Delay	\$300
Medical Evacuation & Repatriation <ul style="list-style-type: none"> <li>• Emergency Evacuation</li> <li>• Medical Evacuation</li> <li>• Transportation of Dependent</li> <li>• Transportation to Join You</li> <li>• Repatriation of Remains</li> </ul>	\$100,000
Accidental Death & Dismemberment 24 Hour	\$10,000

If you are a resident of one of the following states (GA, KS, LA, MN, SD, or UT) Your coverage is provided on an individual policy form under Form #TP-401-CW. If you are a resident of WA, OR or TX, your coverage is provided under Form # TP-401-WA TP-401-OR or TP-401-CW, respectively. If You live in any other state Your coverage is provided via a certificate under form #TP 401-CRT (including State Exceptions for AR, FL, ID, IL, ME, MS, MO, MT, NH, NY, VT, WV, WI and WY). A complete copy of any of these forms are available by calling BerkelyCare at 1-800-453-4090.

## SECTION I. COVERAGES

### TRIP CANCELLATION, INTERRUPTION AND TRAVEL DELAY

**For Trip Cancellation:** Benefits will be paid up to the Maximum Benefit Amount shown in the Schedule of Benefits to cover You for the unused non-refundable prepaid expenses for Travel Arrangements when You are prevented from taking Your Covered Trip due to:

1. A covered Sickness or Injury involving You, Your Traveling Companion or Business Partner, or Your Family Member which necessitates Medical Treatment at the time of cancellation and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents Your participation in the Covered Trip, or
2. Death involving You or Your Traveling Companion or Your Partner or Your Family Member;

**For Trip Interruption:** Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for Travel Arrangements and/or the Additional Transportation Cost paid to return home or rejoin the Covered Trip, when You are prevented from completing Your Covered Trip due to:

1. A covered Sickness or Injury involving You, Your Traveling Companion or Business Partner, or Your Family Member which necessitates Medical Treatment at the time of interruption and results in medically imposed

restrictions, as certified by a Legally Qualified Physician, which prevents Your continued participation in the Covered Trip, or

2. Death involving You or Your Traveling Companion or Your or Your Traveling Companion's Business Partner or Your Family Member;

Provided such circumstances occurred after Your Effective Date.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

### **TRAVEL DELAY**

Benefits will be paid for reasonable accommodation, meal, telephone and local transportation expenses incurred by You up to the Maximum Benefit Amount shown in the Schedule of Benefits if You are delayed for 12 hours or more while in route to or from, or during a Covered Trip, due to:

1. any delay of a Common Carrier. The delay must be certified by the Common Carrier;
2. a traffic accident in which You or Your Traveling Companion are not directly involved (must be substantiated by a police report);
3. lost or stolen passports, travel documents or money (must be substantiated by a police report); or
4. quarantine, hijacking, strike, natural disaster, terrorism or riot.

Benefits will not be paid for any expenses, which have been reimbursed, or for any services that have been provided by the Common Carrier.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

### **BAGGAGE DELAY**

If, while on a Covered Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or NOLS; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

### **MEDICAL EVACUATION AND REPATRIATION**

When You suffer a loss of life for any reason or incur a Sickness or Injury during the course of a Covered Trip, the following benefits are payable, up to the Maximum Benefit Amount.

**1. For Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and On Call International determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If a student of the National Outdoor Leadership School needs medical attention the National Outdoor Leadership School will determine how to transport the student to the nearest medical facility where appropriate medical treatment can be obtained, and will arrange for this phase of the Emergency Evacuation. A staff person from the National Outdoor Leadership School will notify On Call International as soon as reasonably possible. The National

Outdoor Leadership School will work with On Call International should subsequent transport to the United States or place of residence be necessary.

If You are in the Hospital for more than seven consecutive days and Your dependent children who are under 18 years of age and accompanying You on the Covered Trip, are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by On Call International).

If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

**2. For Medical Repatriation:** If the local attending Legally Qualified Physician and On Call International determine that it is Medically Necessary for You to return to Your place of permanent residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your permanent residence or to a Hospital or medical facility closest to Your permanent place of residence capable of providing that treatment, via one of the following methods of transportation, as approved, in writing, by On Call International:

- A) one-way Economy Transportation;
- B) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing; or
- C) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by On Call International.

Transportation must be via the most direct and economical route.

**3. Repatriation of Remains:** In the event of Your death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your place of residence or to the place of burial.

If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall:

- A) notify Us of any other insurance;
- B) help Us exercise the Company's rights in any reasonable way that We may request, including the filing and assignment of other insurance benefits;
- C) not do anything after the loss to prejudice Our rights; and
- D) reimburse Us, to the extent of any payment We have made, for benefits received from such other insurance.

## **ACCIDENTAL DEATH AND DISMEMBERMENT**

You are eligible for benefits 24 hours a day, up to the Maximum Benefit Amount when You sustain an Injury during the Covered Trip which results in any of the following losses within 365 days of the date of the Injury causing the Loss.

Benefits will be paid as follows:

The benefit amount shown in the Schedule of Coverage for death; loss of speech and hearing in both ears, or loss of any combination of two hands, feet, eyes, one-half the benefit amount for loss of any one of these; and one-quarter the amount of loss of thumb and index finger of the same hand. In no event will the Insurer pay more than the maximum benefit amount shown on the Schedule of Coverages for all losses due to the same accident.

The Principal Sum is shown in the Schedule of Benefits.

## SECTION II. DEFINITIONS

For any capitalized terms or phrases not defined below, please refer to the complete certificate/policy.

**“Common Carrier”** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**“Covered Trip”** means scheduled trips, tours or cruises for which (a) coverage is requested: and (b) the required premium is submitted prior to the Scheduled Departure Date.

**“Economy Transportation”** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Insured purchased for the Covered Trip.

**“Family Member”** means Your or a Traveling Companion’s: legal spouse or common-law spouse where legal; legal guardian; son or daughter (adopted, foster or step); son-in-law; daughter-in-law; grandmother; grandmother-in-law; grandfather; grandfather-in-law; grandchild; aunt; uncle; niece; or nephew; brother, step-brother; sister; step-sister; brother-in-law; sister-in-law; mother; father; step-parent.

**“Injury” or “Injuries”** means accidental bodily injuries: (a) received while insured under the Policy and any attached coverages: (b) resulting in loss independently of sickness and all other causes: and (c) not excluded from coverage.

**“Insured”** means the person who purchased the Covered Trip and who has paid the required plan cost for the protection plan provided herein, and also referred to as You and Your.

**“Legally Qualified Physician”** means a physician or a Christian Science Practitioner (a) other than You, a Traveling Companion or a Family Member: (b) practicing within the scope of their license: and (c) recognized as a physician in the place where the services are rendered.

**“Pre-existing Condition”** means any injury, sickness or condition (including any condition from which death ensues) of the Insured, or Traveling Companion, or Your and/or Traveling Companion’s Family Member or Your Business Partner for which within the 60 day period prior to the effective date of Your Trip Cancellation coverage under the Policy which (a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

**“Sickness”** means an illness or disease that is diagnosed or treated by a Legally Qualified Physician after the effective date of insurance and while You are covered under the Policy.

## SECTION III. WHEN COVERAGE BEGINS AND ENDS

### **Your Term of Coverage:**

**For Trip Cancellation:** Payment for the Tuition Protection Plan must be received prior to or be included in the final tuition payment for Your Trip. Coverage begins on Your “Effective Date” which is at 12:01 a.m. on the date NOLS receives the appropriate cost for this policy for the Trip and ends at the point and time of return on or before the Scheduled Return Date.

**For Travel Delay:** Coverage is in force while en route to and from and during the Covered Trip.

**For all other coverages:** All Other Benefits begin on 12:01 a.m. on Your Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date.

In the event the Scheduled Departure Date and/or the Schedule Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither NOLS nor You have control Your term of coverage shall be automatically adjusted.

Cancellation of the coverage requires written notice prior to the start date of Your Trip.

## SECTION IV. GENERAL LIMITATIONS AND EXCLUSIONS

Benefits are not payable for any loss due to, arising or resulting from;

1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only);
2. an act of declared or undeclared war;
3. riding, driving or participating in races, or speed or endurance contests;
4. participating in bodily contact sports (football, wrestling, ice hockey, rugby, lacrosse, boxing, full contact karate, hurling and rodeo); **(this exclusion does not apply to Trip Cancellation)**
5. participating in skydiving, hang gliding, bungee cord jumping, scuba diving (unless accompanied by a dive master and not deeper than 50 feet) or deep sea diving; **(this exclusion does not apply to Trip Cancellation)**
6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
8. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
9. normal childbirth, normal pregnancy through the first 6 months of pregnancy or voluntarily induced abortion;
10. dental treatment (except as coverage is otherwise specifically provided herein);
11. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits:  
or;
12. due to a Pre-existing Condition, as defined in the Policy. The Pre-existing Condition Limitation does not apply to the Emergency Medical Evacuation or Return of Remains coverage.

## SECTION V. GENERAL PROVISIONS

**Excess Insurance:** The insurance provided by this Policy shall be in excess of all other valid and collectible Insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

**Subrogation:** If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, the Insured will hold the proceeds of the recover for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

### **Additional Claims Provisions Specific to Baggage**

**Insured's Duties after Loss of or Damage to Property or Delay of Baggage:** In case of loss, theft, damage or delay of baggage or personal effects, the Insured must:

- A) take all reasonable steps to protect, save or recover the property:
- B) promptly notify, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss:
- C) produce records needed to verify the claim and its amount, and permit copies to be made:
- D) provide to the Company, within 90 days from the date of loss, a detailed proof of loss signed and sworn to: and
- E) be examined, if requested.

## SECTION VI. COORDINATION OF BENEFITS

### **Applicability**

The Coordination of Benefits (“COB”) provision applies to This Plan when You have health care coverage under more than one Plan.

### **FOR PLAN INQUIRIES OR INFORMATION ON FILING A CLAIM PLEASE CONTACT THE PLAN ADMINISTRATOR AT:**

BerkelyCare  
P.O. Box 9022  
300 Jericho Quadrangle  
Jericho, NY 11753  
1-800-797-2297  
Or  
1-516-342-2720  
Mon—Fri 9:00 am—5:00 pm (EST)

### **On Call International**

**Worldwide Emergency Assistance:** A 24-hour emergency telephone assistance services is available for Your benefit so that, in the event of an emergency while on the Trip, English speaking help and advice may be furnished to You.

**Part I-Traveler’s Assistance:** On Call’s multilingual staff can assist You in solving a variety of unexpected complications during the Trip such as lost tickets or belongings. If necessary, On Call may also help locate legal counsel. Pre-Trip information such as cultural, visa requirements and exchange rates can also be provided.

**Part II-Medical Assistance:** If a medical emergency arises during travel, On Call may help You find local medical care. Physicians and hospitals worldwide can contact On Call to confirm coverage and, if required, help You arrange immediate settlement of medical expenses resulting from an Injury during the covered Trip. On Call will coordinate emergency medical situations, with Your home Physician and arrange Emergency Evacuation services.

**Part III-Emergency Cash Transfer:** On Call can help arrange a fund transfer through Your credit cards, family, friends, employer or similar source if You need cash while on the Covered Trip.

### **To access Emergency Assistance, call On Call International’s operation center at:**

1-800-618-0692  
Or call collect:  
1-603-898-2679

**The Plan is underwritten by:**

**United States Fire Insurance Company**  
Administrative Office: 5 Christopher Way,  
Eatontown, NJ 07724

**To accept coverage, no further action is necessary**

A premium equal to 6% of your tuition is included in your balance due for the Tuition Protection Plan. Details of the policy are described in the attached Description of Coverage and Services.

This Tuition Protection Plan is strongly recommended to protect your tuition investment. You may decline the protection provided by this plan any time prior to payment of premium by completing this form. Please see below for address or fax number.

**Declination of Tuition Protection Plan**

I have read and understand the Tuition Protection Plan information. I wish to decline the Tuition Protection Plan.

Name: \_\_\_\_\_ Application ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Course Code: \_\_\_\_\_

**Declination of Tuition Protection Plan**

To decline protection provided by the Tuition Protection Plan, please complete this form and return to our office by fax or mail.

FAX:

1-307-332-1220

ADDRESS:

The National Outdoor Leadership School  
284 Lincoln Street  
Lander, Wyoming, 82520-2848