



SEABOURN®

## SeabournShield™ Guest Protection

Designed for the Guests of  
Seabourn Cruise Line

With unsurpassed guest service as our goal, Seabourn Cruise Line is pleased to present SeabournShield™ Guest Protection, a package of travel protection programs offered to cruise guests. We hope you will never need to avail yourself of the features and services that are included, but a vacation, even a cruise on one of Seabourn's fine ships, cannot be totally relaxing unless it's carefree. SeabournShield™ Guest Protection is a package of benefits designed with the following:

### SeabournShield™ Guest Protection Package of Benefits:

- **SeabournShield Cancellation Fee Waiver Program** – waives the non-refundable cancellation provision of your Guest Cruise Ticket Contract and pays you the value of the unused portion of your prepaid cruise vacation in the event that you or your traveling companion need to cancel your cruise vacation (for specified reasons). Brought to you by Seabourn Cruise Line\*.
- **SeabournShield Travel Insurance Program** – provides coverage for accident and sickness medical benefits, evacuation, baggage protection and much more. Underwritten by Transamerica Casualty Insurance Company.
- **SeabournShield Worldwide Emergency Assistance Program** – provides 24-hour assistance services including: pre-cruise health, safety and weather information; assistance with travel changes; lost luggage assistance; emergency cash transfer assistance; emergency medical and dental assistance; lost travel document assistance; and emergency medical payment assistance. Provided by On Call International.

We recommend adding SeabournShield Guest Protection to your reservation, so that you can get back to the important planning decisions like what signature events and spa services to enjoy first!

Please note that payment of the required cruise deposit does not automatically activate enrollment in SeabournShield Guest Protection. To activate enrollment, the appropriate program costs must be paid in addition to the required cruise deposit amount. Please keep these documents for your records.

*\* For New York residents, the SeabournShield Cancellation Fee Waiver Program is underwritten by Transamerica Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 under Policy/Certificate Form series TAHC5000.*

# SeabournShield™ Guest Protection Cancellation Fee Waiver Program Guest Cruise Ticket Contract Addendum

Provided By Seabourn Cruise Line\*

*\* For New York residents, the SeabournShield Cancellation Fee Waiver Program is underwritten by Transamerica Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 under Policy/Certificate Form series TAHC5000.*

The SeabournShield Cancellation Fee Waiver Program offers our valued guests the opportunity to receive a refund from Seabourn Cruise Line (beyond the standard refund policy published in our cruise brochure) for those otherwise non-refundable cruise vacation-related costs prepaid to Seabourn Cruise Line, should you cancel or interrupt your cruise vacation for the reasons stated below.

## SeabournShield Cruise Vacation Cancellation & Interruption Cancellation Fee Waiver

(For Specified Reasons).....Cash Refund Up to  
Total Cruise Vacation Cost,  
Maximum \$50,000

This Cancellation Fee Waiver Program is an addendum to your Guest Cruise Ticket Contract. Through the Cancellation Fee Waiver Program, Seabourn Cruise Line will waive their standard cancellation provision and refund to you **IN CASH** the otherwise non-refundable value of the unused portion of your prepaid cruise vacation, should you or your traveling companion need to cancel or interrupt your cruise vacation for any one of the following reasons (subject to the restrictions noted below\*\*):

1. sickness, injury or death to yourself, a traveling companion, or members of either of your immediate families which is diagnosed and treated by a physician at the time your cruise vacation is terminated;
2. involvement in a traffic accident en route to departure that causes you to miss your cruise;
3. your home is made uninhabitable by a natural disaster such as flood, earthquake, hurricane, volcano, tornado, wildfires or blizzard; or
4. being called to serve jury duty or subpoena.

SeabournShield Cancellation Fee Waiver refunds are also provided if you are charged a change in occupancy/single supplement charge as a result of your traveling companion's cancellation due to one of the reasons cited above.

**Important:** Please advise your travel agent, Seabourn Cruise Line and the Program Administrator as soon as possible in the event of cancellation. Refunds will not be

provided for additional charges incurred that would have not been charged had you notified these parties as soon as reasonably possible.

**\*\*Please note the following restrictions:**

Seabourn Cruise Line will not waive their cancellation fees and provide a cash refund, should you cancel or interrupt Your cruise vacation for any of the following reasons:

- a condition that first presents, worsens, becomes acute, or has symptoms causing a person to seek diagnosis, care or treatment, or prompts a change in medication, during the 60 days before the Cancellation Fee Waiver Program is purchased;
- a condition related to: elective abortion; use of alcohol or drugs other than as prescribed by a doctor; psychological disorders (unless hospitalization is required) or pregnancy (unless hospitalization is required);
- business, contractual, or educational obligations of you, a family member or a traveling companion;
- declared or undeclared war or act of war;
- service in the armed forces of any country;
- unlawful acts (committed by you, a family member or a traveling companion); or
- any specified reason cited previously that occurs prior to the purchase of the Cancellation Fee Waiver Program.

Furthermore, for cruise vacation costs exceeding \$50,000 per guest, Seabourn will provide cruise credits equal to the otherwise non-refundable cancellation fees which exceed the \$50,000 cash reimbursement limitation.

**Where To Report  
Cancellations & Interruptions:**

Contact your travel agent, Seabourn Cruise Line or the Program Administrator IMMEDIATELY to advise of your situation and to avoid any non-reimbursable expenses due to late notification. The Program Administrator will send you a form that must be completed by you and the treating doctor (if applicable). Instructions will be provided as to what other information may be needed if cancellation/interruption is caused by a non-medical reason. The Program Administrator can be contacted 24 hours a day online at [www.travelclaim.com](http://www.travelclaim.com) or Monday – Friday 8 A.M. – 10 P.M. (Eastern) and Saturdays 9 A.M. – 5 P.M. (Eastern) by calling 1-800-828-2459 or 1-516-342-2720.

*\* For New York residents, the SeabournShield Cancellation Fee Waiver Program is underwritten by Transamerica Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 under Policy/Certificate Form series TAHC5000.*

## **Special SeabournShield™ Cancellation Enhancement**

### **SeabournShield™**

**Cruise Credits.....Up to 100% of  
the non-refundable prepaid  
Cruise Vacation Cost**

### **Provided by Seabourn Cruise Line**

In the event that you choose to cancel (at any time up to departure) for a condition that first presents, worsens, becomes acute, or has symptoms causing a person to seek diagnosis, care or treatment, or prompts a change in medication during the 60 days before you purchased the Cancellation Fee Waiver and you have purchased SeabournShield, Seabourn Cruise Line will provide you a cruise credit equal to 100% of the non-refundable value of your Cruise Vacation prepaid to Seabourn Cruise Line, for your use toward a future cruise. This additional enhancement is offered exclusively by Seabourn Cruise Line as a special service to guests that purchase this guest cruise ticket contract Cancellation Fee Waiver Addendum. Certain restrictions on the use of these cruise credits (such as blackout periods) may apply. If you have any questions, please contact the Program Administrator at **1-800-828-2459** regarding cruise credits.

# SeabournShield™

## Travel Insurance Program

Underwritten By Transamerica Casualty Insurance Company

Policy Number: MZ0911101H0000A

### Description Of Coverages

Maximum Benefit Amount

#### Part A. Travel Arrangement Protection

Trip Delay.....\$1,000

#### Part B. Medical Protection

Emergency Evacuation/Repatriation .....\$50,000

Accident Medical Expense .....\$20,000

Sickness Medical Expense .....\$20,000

#### Part C. Baggage Protection

Baggage and Personal Effects.....\$3,000

Baggage Delay.....\$500

*The benefits provided in this program are subject to certain restrictions and exclusions, including the Pre-Existing Condition Exclusion. Please read this brochure in its entirety for a description of coverage terms and conditions. Note: Words beginning with capital letters are defined in this text in this Description of Coverage.*

#### Part A. Travel Arrangement Protection

##### Trip Delay

If your Covered Cruise Vacation is delayed, we will reimburse you, up to the amount shown in the Schedule, for unused land or water travel arrangements, less any refund paid or payable, and reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls, and economy transportation to catch up to your Cruise Vacation or to return Home. We will not pay benefits for expenses incurred after travel becomes possible.

Trip Delay must be caused by or result from: 1) Common Carrier delay; 2) loss or theft of your passport(s), travel documents or money; 3) being Quarantined; 4) hijacking; 5) adverse weather; 6) a documented traffic accident while you are en route to departure; 7) unannounced strike; 8) a civil disorder.

#### Part B. Medical Protection

##### Medical Expense/Emergency Assistance Benefits

We will pay this benefit, up to the amount in the Schedule, for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level

of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Cruise Vacation; 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you.

**Covered Expenses:**

**Accident Medical Expense/Sickness Medical Expense:**

1. expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services incurred by you within one year from the date of your Sickness or Injury;
2. expenses for emergency dental treatment incurred by you during a Covered Cruise Vacation;

**Emergency Evacuation:**

3. expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors prior approval;
4. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
5. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
6. expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence including escort expenses if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors prior approval;
7. expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan;

## **Repatriation:**

8. repatriation expenses for preparation and air transportation of your remains to your place of residence, or up to an equivalent amount for a local burial in the country where death occurred, if you die while on your Covered Cruise Vacation.

**In Parts A & B (except Emergency Evacuation and Repatriation) we will not pay for any loss caused by or incurred resulting from a Pre-Existing Condition Exclusion as defined below.**

**Pre-Existing Condition** means an illness, disease, or other condition during the 60-day period immediately prior to your effective date for which you:

1. received or received a recommendation for a diagnostic test, examination, or medical treatment; or
2. took or received a prescription for drugs or medicine.

Item 2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60-day period before coverage is effective under this Policy.

If you have any questions concerning this exclusion, please call **1-800-828-2459** for further clarification.

## **Part C. Baggage Protection**

### **Baggage and Personal Effects Benefits**

We will reimburse you, less any amount paid or payable from any coverage provided by a Common Carrier and/or insurance specifically insuring the lost, stolen, or damaged item(s), up to the amount shown in the Schedule, for direct loss, theft, damage, or destruction of your Baggage during your Covered Cruise Vacation.

#### Valuation and Payment of Loss

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 80% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss. We may take all or part of a damaged Baggage as a condition

for payment of loss. In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

### **Baggage Delay Benefits**

We will reimburse you, up to the amount shown in the Schedule, for the cost of reasonable additional clothing and personal articles purchased by you if your Baggage is delayed by a Common Carrier for 24 hours or more during the Covered Cruise Vacation. You must be a ticketed passenger on a Common Carrier. This coverage terminates upon your arrival at the return destination of your Covered Cruise Vacation.

### **Definitions**

**Accident** means a sudden, unexpected, unintended and external event, which causes Injury.

**Actual Cash Value** means purchase price less depreciation.

**Baggage** means luggage, personal possessions and travel documents taken by you on the Covered Cruise Vacation.

**Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of passengers for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**Covered Cruise Vacation** means: a period of travel away from Home to a destination outside your city of residence; the purpose of the Cruise Vacation is business or pleasure and is not to obtain health care or treatment of any kind.

**Cruise Vacation** means a trip for which coverage has been elected and the plan payment paid, and all travel arrangements are arranged by Seabourn Cruise Line prior to the Scheduled Departure Date of the trip.

**Domestic Partner** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**Elective Treatment and Procedures** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal or a state or local government authority or by us to be research or experimental or that is not recognized as a generally accepted medical practice.



**Home** means your primary or secondary residence.

**Hospital** means an institution, which meets all of the following requirements: 1) it must be operated according to law; 2) it must give 24 hour medical care, diagnosis, and treatment to the sick or injured on an inpatient basis; 3) it must provide diagnostic and surgical facilities supervised by Physicians; 4) registered nurses must be on 24 hour call or duty; and 5) the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing, or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward, or other section of a hospital used for such purposes).

**Immediate Family Member** includes your or the Traveling Companion's spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, Domestic Partner, or ward.

**Injury** means bodily harm caused by an Accident which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**Insurer** means Transamerica Casualty Insurance Company.

**Other Valid and Collectible Group Insurance** means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**Physician** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

**Plan Participant** means an eligible person who arranges a Covered Cruise Vacation and pays any required plan payment.

**Policy** means the contract issued to the Policyholder providing the benefits specified herein.

**Policyholder** means the legal entity in whose name this Policy is issued, as shown on the benefit Schedule.

**Program Medical Advisors** means On Call International.

**Quarantined** means the isolation of a person afflicted with or exposed to a communicable disease, the purpose being to prevent the spread of disease.

**Schedule** means the benefit schedule shown on the Description of Coverage for each Plan Participant.

**Scheduled Departure Date** means the date on which you are originally scheduled to leave on your Covered Cruise Vacation.

**Scheduled Return Date** means the date on which you are originally scheduled to return to the point where the Covered Cruise Vacation started or to a different final destination.

**Sickness** means an illness or disease of the body which: 1) requires examination and treatment by a Physician; and 2) commences while the plan is in effect. An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the effective date of this plan is not a Sickness as defined herein and is not covered by the plan.

**Traveling Companion** means a person whose name appears with you on the same Cruise Vacation arrangement and who, during the Cruise Vacation, will accompany you.

**Usual and Customary Charge** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90<sup>th</sup> percentile.

## **General Plan Exclusions**

### **In Part B:**

**We will not pay for any loss or expense caused by or incurred resulting from:** a Pre-Existing Condition, as defined in the plan. This Exclusion does not apply to benefits under covered expenses emergency medical evacuation or repatriation of remains of the Medical Expense/Emergency Assistance Benefits coverage.

## **In Parts A & B:**

**We will not pay for any loss under the plan caused by or incurred resulting from:** 1) mental, nervous, or psychological disorders, except if hospitalized; 2) being under the influence of drugs or intoxicants, unless prescribed by a Physician; 3) normal pregnancy, except if hospitalized; or elective abortion; 4) declared or undeclared war, or any act of war; 5) service in the armed forces of any country; 6) operating or learning to operate any aircraft, as pilot or crew; 7) any unlawful acts, committed by you or a Traveling Companion (whether Plan Participant or not); 8) any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law; 9) Elective Treatment and Procedures; 10) medical treatment during or arising from a Covered Cruise Vacation undertaken for the purpose or intent of securing medical treatment; 11) business, contractual or educational obligations of you or an Immediate Family Member; 12) failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements; 13) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

## **In Part C:**

### **Items not covered**

**We will not pay for damage to or loss of:** 1) a loss or damage caused by detention, confiscation or destruction by customs; 2) animals; 3) property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof; 4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses; 5) documents or tickets, except for administrative fees required to reissue tickets; 6) money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards; 7) property shipped as freight or shipped prior to the Scheduled Departure Date.

### **Losses Not Covered**

**We will not pay for loss arising from:** 1) theft or pilferage from an unattended vehicle; 2) mysterious disappearance.

## **Term Of Coverage**

### **When Coverage Begins**

All coverages will take effect on the later of: 1) the date the plan payment has been received by Seabourn Cruise Line; 2) the date and time you start your Covered Cruise Vacation; or 3) 12:01 A.M. Standard Time on

the Scheduled Departure Date of your Covered Cruise Vacation.

### **When Coverage Ends**

Your coverage automatically ends on the earlier of:

1) the date the Covered Cruise Vacation is completed; 2) the Scheduled Return Date; 3) your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Cruise Vacation covered by the Plan.

If your air arrangements are greater than 4 total days before and/or after your Cruise Vacation, you will also be covered for Trip Delay, and benefits under Parts B and C on the day(s) you are flying to/from your destination.

### **Claims Procedure**

Report your claim as soon as possible to Aon Affinity. Provide the policy number, your travel dates, and details describing the nature of your loss. Upon receipt of this information, Aon Affinity will promptly forward you the appropriate claim form to complete.

**Online:**            [www.travelclaim.com](http://www.travelclaim.com)

**Mail:**             Aon Affinity, 300 Jericho Quadrangle  
                      PO Box 9022, Jericho, NY 11753

**Phone:**          1-800-828-2459 or 1-516-342-2720

**Office Hours:** 8 A.M. – 10 P.M. ET, Monday – Friday,  
                      9 A.M. – 5 P.M. ET, Saturday

**Important:** In order to facilitate prompt claims settlement upon your return, be sure to obtain as applicable: detailed medical statements from Physicians in attendance where the Accident or Sickness occurred; receipts for medical services and supplies; receipts from the Hospital; police reports or claims reports from the parties responsible (e.g., airline, cruise line, hotel, etc.) for any loss, theft, damage, or delay. In the event of a baggage claim, receipts for any lost or damaged items will be required. In the event of a Baggage Delay or Trip Delay claim, receipts for any additional covered expenses will be required, as well as verification of the delay. You must receive initial treatment within 90 days of the accident that caused the Injury or the onset of the Sickness.

### **Enrollment Procedure**

In order to quickly effect coverage and protect your Cruise Vacation deposit(s), make payment for the applicable plan cost to Seabourn upon booking your Cruise Vacation. If SeabournShield Guest Protection has not been included on your invoice and you wish to purchase it, simply ask your travel agent to contact Seabourn to arrange for billing.

**Please note:** Payment for the plan may not be accepted after the Cruise Vacation cost has been paid in full.

Payment of the cruise deposit does not automatically activate enrollment in the plan. In order to activate enrollment, you must pay the appropriate plan cost in addition to the required cruise deposit amount.

This program was designed and is administered by Aon Affinity.

Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695); (AR 244489); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency. Affinity Insurance Services is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

**For additional information regarding the plan, call:  
1-800-828-2459 or 1-516-342-2720**

**Office hours:**

**8 A.M. – 10 P.M. ET, Monday – Friday,  
9 A.M. – 5 P.M. ET, Saturday**

### **General Provisions**

**Our Right To Recover From Others** We have the right to recover any payments we have made from anyone who may be responsible for the loss. You and anyone else we insure must sign any papers and do whatever is necessary to transfer this right to us. You and anyone else we insure will do nothing after the loss to affect our right.

### **Claims Provisions**

**Payment of Claims** Claims for benefits provided by the plan will be paid as soon as written proof is received.

Benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate or, if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

Travel Insurance is underwritten by Transamerica Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OH, OR, VT, WA and WY Policy Form #'s TAHC5100IPS and TAHC5200IPS. Certain coverages are under series TAHC6000 and TAHC7000.

This is a brief Description of Coverage which outlines benefits and amounts of coverage that may be available to you. If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA and WY), your Policy is provided on an individual form. To obtain a copy of your Individual Policy or Group Certificate for all other states based on your state of residence, or information regarding the insurance premium portion of your plan cost, visit <http://www.affinitytravelcert.com> or call 1-800-453-4090. Your Individual Policy or Group Certificate will govern the final interpretation of any provision or claim. For Maryland residents only, to file a complaint with the Maryland Department of Insurance, call 1-800-492-6116 or visit [www.mdinsurance.state.md.us](http://www.mdinsurance.state.md.us).

This plan provides insurance coverage that applies only during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies. If you have any questions about your current coverage, call your insurer, insurance agent or broker. The purchase of this plan is not required in order to purchase any other travel product or service offered to you by your travel retailers. Unless individually licensed as an insurance agent, your travel agent is not qualified or authorized to answer your technical questions about the benefits, exclusions or conditions of this plan or to evaluate the adequacy of any existing insurance coverage you may have. Questions should be directed to the plan administrator at the toll-free number provided.

#### **Ten Day Right To Examine**

If you are not satisfied for any reason, you may cancel your coverage within 10 days of your receipt of this document. Your premium will be refunded, provided there has been no incurred covered expense and you have not departed on your Covered Trip. When so returned, the coverage is void from the beginning. Request a refund in writing by providing your contact information as well as copy of your plan description to our authorized agent, Aon Affinity, 300 Jericho Quadrangle, P.O. Box 9022, Jericho, NY 11753.

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# SeabournShield™ Worldwide Emergency Assistance

Provided By On Call International

CareFree™ Travel Assistance.....	24/7
Medical Assistance.....	24/7
Emergency Services.....	24/7

**Not a care in the world... when you have our 24/7 global network to assist you on your travels.**

## CareFree™ Travel Assistance

### Travel Arrangements

- Arrangements for last-minute flight and hotel changes
- Luggage Locator (reporting/tracking of lost, stolen or delayed baggage)
- Hotel finder and reservations
- Airport transportation
- Rental car reservations and automobile return
- Coordination of travel for visitors to bedside
- Return travel for dependent/minor children
- Assistance locating the nearest embassy or consulate
- Cash transfers
- Assistance with bail bonds

### Pre-Cruise Information

- Destination guides (hotels, restaurants, etc.)
- Weather updates and advisories
- Passport requirements
- Currency exchange
- Health and safety advisories

### Documents and Communication

- Assistance with lost travel documents or passports
- Live email and phone messaging to family and friends
- Emergency message relay service
- Multilingual translation and interpretation services

## Medical Assistance Services

- Medical case management, consultation and monitoring
- Medical Transportation
- Dispatch of a doctor or specialist
- Referrals to local medical and dental service providers
- Worldwide medical information, up-to-the-minute travel medical advisories, and immunization

requirements

- Prescription drug replacement
- Replacement of eyeglasses, contact lenses and dental appliances

### **Emergency Services**

- Emergency medical and dental assistance
- Emergency legal assistance
- Emergency family travel arrangements

CareFree™ Travel Assistance, Medical Assistance and Emergency Services can be accessed by calling On Call International at **1-(866) 509-7712** or, from outside the U.S. or Canada, call collect: **1-(603) 894-9386**.

*\* If you have any difficulty making this collect call, contact the local phone operator to connect you to a US-based long-distance service. In this case, please let the Assistance Provider answering the phone know the number you are calling from, so that he/she may call you back. Any charges for the call will be considered reimbursable benefits.*

Note that the problems of distance, information, and communications make it impossible for the Program Administrator, Seabourn Cruise Line, or On Call International to assume any responsibility for the availability, quality, use, or results of any emergency service. In all cases, you are still responsible for obtaining, using, and paying for your own required services of all types.