



Travel Insured International – Enrollment Guide

This document serves as a step-by-step guide for Calvin University travelers enrolling in travel insurance coverage through Travel Insured International, a Crum & Forster company.

<u>Step 1:</u>

• Visit <u>http://www.travelinsured.com/agency?agency=53810&p=CalvinU</u>



<u>Step 2:</u>

- Enter your travel destination
 - \circ $\,$ Can add multiple destinations to the quote by selecting "Add Destination" $\,$
- Enter your home country and state residence this is the country and state of the address you are currently residing in
- Enter the dates you are traveling: the dates you are departing for your trip and the date you are arriving back in the U.S.
- Enter the date of your initial non-refundable trip deposit/payment
 - For Cancel For Any Reason/Interruption For Any Reason benefits, payment for this policy and the enrollment form must be received within 21 days of your initial non-refundable trip deposit or charge
- Enter your email address to receive policy materials upon enrollment completion

CF	TRAVEL INSURED	Galla	Get a Quote	×	ire Plans Claims	
631-1622		D.	Where are you going? (optional) Destination			Gallagher Insurance Risk Management Consulting
		K	What is your residence? Country United States	Are you a resident of Canada? State Michigan		
	19/1	Trues	When are you traveling? Select your travel dates			
			When was your initial payment? Eligibility for time sensitive benefits are based on the i for which cash was paid, and not the date the Future T a travel credit was used.	nitial payment/deposit for the originally scheduled trip, ravel Credit (FTC) was applied towards the trip, if such		
			mm / dd / yyyy 💼			
1	1 P		Email Address		- secold	and the second second

<u>Step 3:</u>

- On the same page, enter your first name, last name, date of birth, and non-refundable trip cost
 - o The "Trip Cost" field should reflect your total, pre-paid non-refundable trip cost
 - If the total non-refundable trip cost is not known at the initial time of enrollment and plan purchase, you can add to your non-refundable trip amount, as your incur additional expenses, after the plan has been purchased through your Travel Insured International account
- Click "View Quote"



<u>Step 4:</u>

- Your trip details will appear on the upper banner of the screen
 - o Confirm your trip details are correct before proceeding with plan purchase
- If your trip is under 90 days, three plan options will appear: Worldwide Trip Protector, Worldwide Trip Protector Lite, and Travel Medical Protector
 - The Travel Medical Protector is not available for trips over 90 days
 - Worldwide Trip Protector plan is the only plan that gives you the option to add-on Cancel For Any Reason and Interruption For Any Reason (CFAR/IFAR) benefits, which will cover pandemic-related cancellations and interruptions
- The coverage and benefit limits for each plan will be displayed for you to review

CF TRAVEL INSURED INTERNATIONAL Gallagher Student Health & Special Risk	Generation Consulting Home Get	a Quote Compare Plans Claims Help Center	Coronavirus My Trips 📕 🖼 📞 🔁 Logi
Destination Hungary (Budapest, Budapest)	Vnited States	Dates Jun 01 – Jun 30 (30 days)	Travelers 1 Traveler · \$5,000.00
	Most Comprehensive Worldwide Trip Protector *Cancel For Any Reason available as an Add-on*	Worldwide Trip Protector Lite Our most basic plan	Travel Medical Protector A plan focused on medical protection outside of the U.S.
 Plan Pricing Breakdown 	\$291.00	\$183.00	\$49.20
	Traveler 1 · \$291.00	Traveler 1 · \$183.00	Traveler 1 · \$49.20
Coverages	Details Purchase	Details Purchase	Details Purchase
TRIP CANCELLATION			
✓ Trip Cancellation	Up to 100% Trip Cost	up to 100% of Trip Cost	_
✓ Frequent Traveler Reward	up to \$250	up to \$250	-
TRIP INTERRUPTION / DELAY			
✓ Trip Interruption	Up to 150% Trip Cost	Up to 100% Trip Cost	\$5,000
✓ Travel Delay	-	-	\$1,000 (\$200/day - 6 hours)

<u>Step 5:</u>

- As you continue to scroll down the screen, you will see an "Optional Add-Ons" section at the bottom of the page
 - This is where you can add optional benefits like CFAR/IFAR for the Worldwide Trip Protector plan and enhance your coverage for certain benefits depending on the plan you'd like to purchase
- Once the optional add-on benefits and/or enhancements are selected, or if you do not wish to add any of these benefits or coverage enhancements, select the red checkout button

Gallagher Student Health & Special Risk	G Gallagher Home Get a Quot	e Compare Plans Claims Help Center	Coronavirus My Trips 📕 🖬 📞 🄁 Login
	Worldwide Trip Protector	Worldwide Trip Protector Lite	Travel Medical Protector
	Cancel For Any Reason available as an Add-on	Our most basic plan	A plan focused on medical protection outside of the
			0.5.
Coverages	Details 🔀 \$291.00	Details 🗧 \$183.00	Details 🙀 \$49.20
OPTIONAL ADD-ONS			
✓ Optional Bed Rest	\$13 / traveler	-	-
✓ Optional Cancel For Any Reason	Price shown is for all travelers	-	-
✓ Optional Electronic Equipment	\$4 / traveler	-	-
✓ Optional Event Ticket Registration Fee Protection	\$34 / traveler	_	-
 Optional Flight Accident 	Coverage - \$9 per Person (\$100,000 coverage)	Coverage - \$9 per Person (\$100,000 coverage)	-
✓ Optional Interruption for Any Reason	Price shown is for all travelers	_	-
 Optional Rental Car Damage 	Coverage - \$8 per Day	Coverage - \$8 per Day	-
✓ Optional Travel Inconvenience	\$15 / traveler	-	-
✓ Optional Cancel For Work Reason	-	\$26 / traveler	-
✓ Optional Medical	-	\$27 / traveler	Medical Expense (\$100,000 coverage)

<u>Step 6:</u>

- Create your Travel Insured International account
- You will need your Travel Insured account to:
 - o File and view the status of your claim
 - o Add to your insured trip cost if you incur additional non-recoverable expenses after your original plan purchase
- If you decide to checkout as a Guest, you will have the opportunity to create an account after checkout



<u>Step 7:</u>

- Enter your traveler information in the appropriate fields
- Your plan documents will be emailed to the email address provided on this page

Travelers

Traveler #1									Summary		
									Worldwide Trie Dee	tastar	
Traveler Information										lector	\$201.0
First Name			Last Name		Date of Birth				Jane Smith		Ş291.0
Jane		Initial	Smith		01/13/2001				Add-on Coverage		
		Optional							Optional Cancel For A	ny Reason	\$128.0
Addross									Optional Interruption f	or Any Reason	\$29.1
Line 1											
3201 Burton St SE											
									Total		\$448.14
Line 2 (Optional)										RECKUUT	
										_	_
									all fields are required unle	ess marked option	nal
ZIP Code	City			State							
49546	Grand Rapi	ds		Michigan							
Email											
Plan documents will be ema	iled to this addre	ss if selected a	is delivery metho	d.							
Email Address		Confirm Ema	il								
JaneSmith@Calvin.edu	1	JaneSmith	@Calvin.edu								
Phone											
Phone Number		Type									
(616) 555-5555		Mobile		*							
Add a Phone Number											
Trip Cost (Calculator)											
\$ 5,000.00											

<u>Step 8:</u>

- Designating your beneficiary is an optional step
 - o If a beneficiary is not designated by you, benefits for loss of life will be paid in the order below
- Confirm your trip details are correct

Beneficiaries The designation of a beneficiary is optional.

	Worldwide Trip Protector	
Payment of Claims: To Whom Paid	Jane Smith	\$291.00
	Add-on Coverage	
Payment of Claims: Benefits for loss of life will be paid to Your designated beneficiary. If a beneficiary is not otherwise designated by You, benefits for loss of life will be paid to the first	Optional Cancel For Any Reason	\$128.04
of the following surviving preference beneficiaries:	Optional Interruption for Any Reason	\$29.10
a.) Your spouse;		
b.) Your child or children jointly;		
c.) Your parents jointly if both are living or the surviving parent if only one survives;		
d.) Your brothers and sisters jointly; or	Total	\$448.14
e.) Your estate.		
I'd like to designate my own beneficiaries.	CHECKOUT	

Summary

all fields are required unless marked optional

Trip Details

Destination Location Hungary (Budapest, Budap	est)	Add Destination		
Travel Dates Departure Date 06/01/2021	Ē	Return Date 06/30/2021	(30 days)	
Initial Trip Deposit Date Initial Trip Deposit Date 04/26/2021	Ē			

<u>Step 9:</u>

- You will again be presented with the option to add-on coverage at this stage of the enrollment process
- Select how you would like to receive your plan documents (Email is recommended)
- Select "Checkout" to proceed to payment information

Add-on Coverage

		Price
✓ Optional Bed Rest	\$13 / traveler	\$13.00
 Optional Cancel For Any Reason 	Price shown is for all travelers	\$128.04
✓ Optional Electronic Equipment	\$4 / traveler	\$4.00
✓ Optional Event Ticket Registration Fee Protection	\$34 / traveler	\$34.00
 Optional Flight Accident 	Coverage - \$9 per Person (\$100,000 coverage)	\$9.00
 Optional Interruption for Any Reason 	Price shown is for all travelers	\$29.10
 Optional Rental Car Damage 	Coverage - \$8 per Day	\$240.00
✓ Optional Travel Inconvenience	\$15 / traveler	\$15.00



Plan Delivery

How would you like to receive your plan documents?								
*If you wish to change your original delivery method, please make a new selection below. Get your plans now by going paperless	Paper Option							
🗌 Download 🧹 Email	U.S. Mail							
Plan documents will be sent to JaneSmith@Calvin.edu.								

<u>Step 10:</u>

- Input your credit card information
- Select "I agree to the terms and conditions"
- Once the "I agree to terms and conditions" button is checked off, select "Purchase"
- Policy information and documents will be emailed to you once the payment has processed

	Gallagher Student Health & Special Risk	G Insurance R	Gallagher Home Get a Quote Compare Plans Claims Help Center Coronavirus My Trips	📕 🛛 📞 Ə Login
Add-on Cover	age Summary		Billing Information ×	tector \$291.00
v Optional Bed Res v Optional Cancel I v Optional Electron	Worldwide Trip Protector Jane Smith Add-on Coverage Optional Cancel For Any Reason Optional Interruption for Any Reason	\$291.00 \$128.04 \$29.10	Select a payment method Credit Card Credit Card Information VISA	ty Reason \$128.04 or Any Reason \$29.10 \$449.14
Voptional Event Ti Voptional Flight A			First Name Last Name	5448.14 HECKOUT
V Optional Interrup V Optional Rental C V Optional Travel In		1	Card Number MM / YYYY CVV () Charge to Card \$ 448.14	
Plan Delivery		1	Billing Address Use Jane Smith's address Country United States	
*If you wish to change your of Get your plans now by g Download			Line 1 Line 2 (Optional)	
Pidn documents will be sen	Total	\$448.14	I agree to the terms and conditions CANCEL PURCHASE	