



# A+ PROTECTION PLANS

## Youth Program Participants

Camp Study Sports Travel

Many parents have inquired about cancellation/interruption protection to cover Program Costs. We make available a competitively priced program that we believe meets the needs of families. We highly recommend you review this comprehensive protection plan created especially for the youth program participants and their families.

Complete details of the plan and enrollment forms are available online at [www.travmark.com](http://www.travmark.com). Purchasing the plan is simple, after reviewing the plan provisions; you need only to do the following:

- Complete the simplified enrollment form including the following information:
 

**Organization Name: Ockanickon**  
**Organization ID#: ocka11**
- Purchase coverage with a credit card or download the mail in enrollment form and send it along with your check payable to Trip Mate. It's as simple as that!
- An email confirmation will be sent automatically when premium has been received.

The Protection Plan provides coverage for:

- \* **Program Cancellation** - (protects your non-refundable payments if you cancel program before it begins) for covered reasons such as injury, sickness, terrorist incidents, job termination, transfer of employment of 250 miles.
- \* **Program Interruption** - (protects your non-refundable payments if you interrupt your program) for covered reasons such as injury, sickness, terrorist incidents, job termination & transfer of employment of 250 miles.
- \* **Medical Expenses/Emergency Assistance** – medical bills for up to one year and for any special transportation required for medical reasons including expenses for parent to visit if hospitalized 3 days.
- \* **Baggage** – for damaged, lost, or stolen personal articles.
- \* **Medical Records On Line** – at your option, instant access to your medical records is available with the plan.

Please be advised that some important coverage enhancements are time-sensitive and require that your premium be received 90 days prior to the Scheduled Departure Date (unless your initial deposit for the Program is made within 90 days of the Scheduled Departure Date, in which case your premium must be received within 30 days of the date your initial deposit for the Program was paid)

Additional Information:

- If your premium is received 90 days prior to the Scheduled Departure Date (or within 30 of the date your initial deposit, if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date), the plans Exclusion for Pre-Existing Medical Conditions will be waived (provided you are not disabled for travel at the time our premium is paid).
- If the plan is purchased less than 90 days prior to the Scheduled Departure Date or more than 30 days after your initial trip deposit (if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date), the exclusion for Pre-Existing Medical Conditions will not be waived.
- Once paid, the premium is non-refundable.

### Or, what if you want to cancel for any reason!

With our new **Cancel For Any Reason Benefit Option**, you can cancel your Program up to 2 days prior to the Scheduled Departure Date for any reason not otherwise covered by the plan, provided: if your premium is received 90 days prior to the Scheduled Departure Date (or within 30 of the date your initial deposit, if your initial deposit for the Program is made within 90 days of the Scheduled Departure Date); and you insure 100% of all prepaid Program Arrangements that are subject to cancellation penalties or restrictions. With this benefit, you will receive 75% of the non-refundable program cost.

Please visit [www.travmark.com](http://www.travmark.com) to download the plan certificate which includes all plan terms, conditions and exclusions.

The plan is offered and administered by Trip Mate. If you have any questions regarding this coverage, please call Trip Mate, the Plan Administrator, at (888) 420 5378 (8am-5pm CST) and refer to Plan ID#550. Prepared November 2009.

### PLEASE RETURN THIS FORM TO YOUR DIRECTOR

We have **ACCEPTED** the protection plan as offered by TravMark. We have applied and made payment directly to the administrator. Our enrollment ID# number is: \_\_\_\_\_

We have **NOT ACCEPTED** the protection plan offered by TravMark; we have accepted protection offered through another provider.

We have **NOT ACCEPTED** the protection plan offered by TravMark or any other provider. We understand that all program payments are not refundable.

PARTICIPANT NAME: \_\_\_\_\_ PROGRAM & DATES: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_