

# YOU'RE PROTECTED

~ Trip-Safe insurance can make your trip worry-free ~

Getting sick or injured is the last thing you think will happen to you when traveling overseas. But the chicken pox can strike anytime and you can turn an ankle on a rock anywhere. The best way to make sure you'll get help is to use the automatic insurance coverage that comes with the International Student Identity Card (see center section).

If you want more than this basic insurance package, you can take advantage of a number of Trip-Safe insurance options and design a package suited specifically to your own needs. Cardholders who purchase Trip-Safe Coverage "A" double the accident and hospitalization insurance coverage included with their identity cards. Coverage "B" provides baggage and per-

sonal effects coverage in case of damage to or loss of any of your personal belongings. Coverage "C" covers you in case you need to cancel a non-refundable fare. Trip-Safe insurance packages also can be purchased by travelers not eligible for the International Student, Teacher and Youth Cards.

**Coverage A:** Basic sickness and accident insurance. Offers the same coverage provided by the International Identity Cards.

**Coverage B:** Baggage: \$300 of baggage/personal effects insurance covers physical damage to or loss of your personal effects during your travels.

**Coverage C:** Trip cancellation/interruption: Pays up to the amount selected for cancellation charges

imposed, the extra fare to return home or to resume your trip, and the cost of unused non-refundable air, sea or land arrangements, due to injury, sickness or death suffered by you or a member of your immediate family.

**Coverage D:** Traveler's Assistance is mandatory with any Trip-Safe package. It cannot be purchased by itself.

**NOTE:** Coverage does not apply in the insured's country of domicile unless the country of domicile is the United States. Complete details are found in the description of coverage, which will be sent to you within four weeks of the date you enroll.

Remember: This coverage is based on a reimbursement system. Keep all receipts! ☺

## Trip-Safe Application

Program underwritten by National Union Fire Insurance Co. of Pittsburgh, Pa. Traveler's Assistance Services supplied by American International Assistance Services, Inc.

Term of Coverage	Coverage A	Coverage B
1 month	<input type="checkbox"/> \$14.90	<input type="checkbox"/> \$15.30
2 months	<input type="checkbox"/> \$21.80	<input type="checkbox"/> \$23.75
3 months	<input type="checkbox"/> \$29.55	<input type="checkbox"/> \$29.20
4 months	<input type="checkbox"/> \$34.90	<input type="checkbox"/> \$33.50
5 months	<input type="checkbox"/> \$40.30	<input type="checkbox"/> \$39.15
6 months	<input type="checkbox"/> \$44.55	<input type="checkbox"/> \$45.40
7 months	<input type="checkbox"/> \$53.50	<input type="checkbox"/> \$51.05
8 months	<input type="checkbox"/> \$62.15	<input type="checkbox"/> \$56.20
9 months	<input type="checkbox"/> \$71.95	<input type="checkbox"/> \$60.75
10 months	<input type="checkbox"/> \$80.65	<input type="checkbox"/> \$64.80
11 months	<input type="checkbox"/> \$87.90	<input type="checkbox"/> \$68.30
12 months	<input type="checkbox"/> \$95.35	<input type="checkbox"/> \$71.30
Coverage C	<input type="checkbox"/> \$18.75 (\$500.00 limit)	<input type="checkbox"/> \$37.50 (\$1,000.00 limit)
Coverage D	<input type="checkbox"/> \$1.00 mandatory	

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Destination \_\_\_\_\_

Applications are not valid without effective dates.

Effective Dates: from \_\_\_\_\_ to \_\_\_\_\_

### Beneficiary Information (for insurance purposes)

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Beneficiary Telephone \_\_\_\_\_

Signature of Applicant (or Guardian if insured is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Are you or do you plan to be a 1993 Student, Youth or Teacher Identity Card holder?  yes  no

Coverage A + B + C + \$1 Coverage D (Mandatory) = \$ \_\_\_\_\_

Total Payment Enclosed \$ \_\_\_\_\_

Return completed Trip-Safe application to:  
CIEE, Ins. Dept., 205 East 42nd Street, New York, NY 10017  
Make certified check or money order payable to CIEE