

GROUP DELUXE

GROUP TRAVEL PROTECTION PLAN



SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

PROVIDED BY NATIVITY PILGRIMAGE:

Trip Interruption**	\$500 return air only
Travel Delay - 6 hours	\$750 (\$150/day)
Missed Connection - 3 hours	\$500
Baggage/Personal Effects	\$1,500
Baggage Delay - 24 hours	\$400
Accident & Sickness Medical Expense	\$50,000
Emergency Evacuation & Repatriation	\$250,000
Non-Insurance Worldwide Emergency Assistance Services	Included

OPTIONAL UPGRADE #1:

Trip Cancellation**	Trip Cost*
Cancel for Work Reasons	
Coverage for cancellation due to work-related reasons in addition to job loss	
Trip Interruption**	150% of Trip Cost*

OPTIONAL UPGRADE #2:

Cancel for Any Reason (CFAR) ***	Trip Cost*
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* Up to the lesser of the Trip Cost paid or the limit of Coverage for which benefits are requested and the appropriate plan cost has been paid. Maximum limit of \$20,000

** For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

*** CFAR coverage is 75% of the nonrefundable trip cost. CFAR is optional and available for individuals or your entire group. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR must be purchased at the time of plan purchase and within 14 days of your initial trip deposit. This benefit is not available to residents of New York State.

PER PERSON RATES

Cost of Trip	Option #1	Option #2 with CFAR*
\$2,501-\$3,000	\$172	\$258.00
\$3,001-\$3,500	\$194	\$291.00
\$3,501-\$4,000	\$242	\$363.00
\$4,001-\$4,500	\$276	\$414.00
\$4,501-\$5,000	\$319	\$478.50

The above rates are for trips up to 30 days - for each day over 30 add \$5.00 per person per day.

All of the above rates are for the plan which includes insurance and non-insurance services.

*Cancel For Any Reason (CFAR) benefit not available to residents of New York State.



NATIVITY PILGRIMAGE

has purchased post departure travel protection for all participants. If interested in purchasing Trip Cancellation (Option 1) or Cancel For Any Reason (CFAR) (Option 2) please use the rate chart below and mail this form with a check to:

Nativity Pilgrimage
1300 N. Sam Houston Pkwy E.
Suite 125
Houston, TX 77032
(832) 406-7050

APPLICATION:

Applicant Name(s): _____

Trip Name: _____

Trip Dates/Tour #: _____

Phone: _____ Zip: _____

Email: _____

Trip Cost: _____

Option #1 Option #2
 (please circle)

Premium Amount: _____

Applicant Signature _____

Travel Insured International®
 P: 800-243-3174
 www.travelinsured.com