

**Advantage  
Bridge & Complete**  
Enrollment Brochure



**For Customer Service, call  
1-800-423-3632**

**Enroll Online at  
www.mhross.com**

**MAIL OR FAX ENROLLMENT FORM** (Please Print)

**Calculate Your Plan Cost:** Rates are per person based upon your individual Trip Cost. Select Your Plan (Bridge or Complete) and then the rate from the correct column in the Premium Schedule and enter the amount in the Plan Cost column below. The rates for optional benefits are shown below the rate tables.

Pax	Enrollment Information						Select Plan: <input type="checkbox"/> Bridge <input type="checkbox"/> Complete		Plan Cost
	Insured Name (First, Middle Initial, Last)	Gender	Age	Departure Date	Return Date	Trip Cost			
#1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
#2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
#3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
#4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>

Benefit Amount    Rate Per Pax    # Pax

Opt. Air Flight AD&D     Pax #1     Pax #2     Pax #3     Pax #4    \$ \_\_\_\_\_    \$ \_\_\_\_\_ X \_\_\_\_\_ =

Opt. Extended Personal Property Pac     Pax #1     Pax #2     Pax #3     Pax #4    X \$15.00 Each =

Opt. Rental Car Damage - \$35,000 Benefit Amount    # of Rental Days \_\_\_\_\_ X \$ 7.00 Per Day =

**Enrollment Processing Fee (required) + \$ 8.00**

**Total Cost for all Participants**

**Travel Information**

Initial Trip Deposit Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agency Name \_\_\_\_\_ Agent Name \_\_\_\_\_

Enter the ten digit Travel Agent Code shown on the back of this brochure. \_\_\_\_\_

Indicate below the types of travel arrangements you are insuring:    Travel Destination \_\_\_\_\_

Air - Airline \_\_\_\_\_     Land - Travel Supplier \_\_\_\_\_

Cruise - Cruise Line \_\_\_\_\_     Other \_\_\_\_\_

**Primary Traveler Name/Address**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone (Include Area Code) \_\_\_\_\_ Work Phone (Include Area Code) \_\_\_\_\_

**Send Confirmation by:** (Please select one)  E-Mail  Fax  Mail    **Send To:** \_\_\_\_\_  
Fax # with area code or e-mail address here if by fax or e-mail

**Form of Payment:**  Check  AMEX  Discover  MC  Visa    Card # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Validation Code\* \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

I authorize MH Ross Travel Insurance Services, Inc. to charge my credit card for the total plan cost.

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* You will find the validation code (last 3 digits) at the end of the signature strip on the back of Your card if using Discover, Mastercard or VISA. For American Express, the number (4 digits) is on the front of the card above and to the right of the card number.

## Schedule of Coverages Plan Benefits

	Bridge Benefit Limit	Complete Benefit Limit
Trip Cancellation	Trip Cost	Trip Cost
Trip Interruption	150% Of Trip Cost	200% Of Trip Cost
Travel Delay (6 Hours or More)	\$200 Per Day \$1,000 Maximum	\$200 Per Day \$1,000 Maximum
Missed Connection (3 Hours or More)	\$1,500	\$1,500
Medical Expense/Emergency Assistance		
Accident & Sickness Medical Expense	\$100,000	\$250,000
Emergency Medical Evacuation & Repatriation of Remains	\$500,000	\$500,000
Non-Medical Emergency Evacuation	\$25,000	\$25,000
One Call 24-Hour Assistance Service	Included	Included
Baggage and Personal Effects	\$2,000	\$2,000
Baggage Delay (12 Hours or More)	\$200 Per Day \$400 Maximum	\$200 Per Day \$400 Maximum
Accidental Death and Dismemberment 24 Hour Coverage During Your Trip	\$25,000	\$25,000
Cancel For Any Reason Benefit	Not Available	Yes - See Below

### Cancel For Any Reason Benefit

We will reimburse You for the percentage of Your prepaid, forfeited, non-refundable expenses for Travel Arrangements as shown in the following Cancellation Penalty Schedule provided:

- 1) Your payment for the Complete Plan is received within 15 days of your initial deposit/payment for Your Trip; and
- 2) You insure 100% of the cost of all Travel Arrangements that are subject to cancellation penalties or restrictions by the Travel Supplier(s); and
- 3) You cancel Your Trip two (2) days or more before Your Scheduled Departure Date.

#### Cancellation Penalty Schedule

Cancellation Penalty	% of Penalty Payable
Up to 25% of Trip Cost	100% of Penalty Amount
26% to 50% of Trip Cost	90% of Penalty Amount
Over 50% of Trip Cost	80% of Penalty Amount

If You insure an amount less than Your total prepaid Trip costs that are subject to cancellation penalties or restrictions: 1) the maximum benefit for Trip Cancellation will be limited to the amount of coverage purchased (150% of the amount purchased for Trip Interruption); and 2) there will be no coverage available under the Cancel For Any Reason Benefit (Complete Plan).

## Advantage Bridge

### Rates Per Person By Age

0 - 35	36 - 55	56 - 65	66 - 75	76-80	81 +
\$31	\$42	\$53	\$62	\$82	\$111
\$46	\$56	\$69	\$113	\$131	\$160
\$64	\$84	\$109	\$163	\$197	\$240
\$86	\$102	\$147	\$227	\$269	\$322
\$112	\$128	\$188	\$278	\$337	\$402
\$127	\$161	\$229	\$340	\$405	\$501
\$158	\$185	\$270	\$381	\$472	\$584
\$178	\$210	\$312	\$431	\$541	\$672
\$203	\$237	\$351	\$480	\$608	\$757
\$222	\$265	\$390	\$542	\$676	\$845
\$248	\$291	\$428	\$590	\$743	\$933
\$273	\$311	\$483	\$652	\$811	\$1,021
\$314	\$362	\$566	\$743	\$947	\$1,153
\$366	\$414	\$645	\$850	\$1,082	\$1,319
\$411	\$464	\$724	\$950	\$1,217	\$1,539
\$456	\$515	\$808	\$1,064	\$1,352	\$1,649
\$507	\$760	\$1,044	\$1,293	\$1,495	\$1,979
\$557	\$826	\$1,140	\$1,420	\$1,631	\$2,309
\$608	\$892	\$1,233	\$1,531	\$1,880	\$2,529
\$658	\$958	\$1,325	\$1,649	\$2,016	\$2,694
\$709	\$1,024	\$1,417	\$1,776	\$2,152	\$2,859

## Premium Schedule

### Trip Cost

Up to \$500
\$501 to \$1,000
\$1,001 to \$1,500
\$1,501 to \$2,000
\$2,001 to \$2,500
\$2,501 to \$3,000
\$3,001 to \$3,500
\$3,501 to \$4,000
\$4,001 to \$4,500
\$4,501 to \$5,000
\$5,001 to \$5,500
\$5,501 to \$6,000
\$6,001 to \$7,000
\$7,001 to \$8,000
\$8,001 to \$9,000
\$9,001 to \$10,000
\$10,001 to \$11,000
\$11,001 to \$12,000
\$12,001 to \$13,000
\$13,001 to \$14,000
\$14,001 to \$15,000

## Advantage Complete

### Rates Per Person By Age

0 - 35	36 - 55	56 - 65	66 - 75	76 - 80	81 +
\$47	\$64	\$80	\$94	\$124	\$167
\$70	\$85	\$104	\$170	\$197	\$241
\$97	\$127	\$164	\$245	\$296	\$361
\$130	\$154	\$221	\$341	\$404	\$484
\$169	\$193	\$283	\$418	\$506	\$604
\$191	\$242	\$344	\$511	\$608	\$752
\$238	\$278	\$406	\$572	\$709	\$877
\$268	\$316	\$469	\$647	\$812	\$1,009
\$305	\$356	\$527	\$721	\$913	\$1,136
\$334	\$398	\$586	\$814	\$1,015	\$1,268
\$373	\$437	\$643	\$886	\$1,115	\$1,400
\$410	\$467	\$725	\$979	\$1,217	\$1,532
\$472	\$544	\$850	\$1,115	\$1,421	\$1,730
\$550	\$622	\$968	\$1,276	\$1,624	\$1,979
\$617	\$697	\$1,087	\$1,426	\$1,826	\$2,309
\$685	\$773	\$1,213	\$1,597	\$2,029	\$2,474
\$761	\$1,141	\$1,567	\$1,940	\$2,243	\$2,969
\$836	\$1,240	\$1,711	\$2,131	\$2,447	\$3,464
\$913	\$1,339	\$1,850	\$2,297	\$2,821	\$3,794
\$988	\$1,438	\$1,988	\$2,474	\$3,025	\$4,042
\$1,064	\$1,537	\$2,126	\$2,665	\$3,229	\$4,289

Questions? For Trips over 30 days or \$15,000, CALL 800-423-3632

**Pre-Existing Condition Coverage** this policy exclusion is waived under the Asset Plus Plan provided You have purchased the plan within 15 days of the date of Your initial trip deposit.

### What is a Pre-Existing Condition?

**"Pre-Existing Condition"** means any injury, sickness or condition (including any condition from which death ensues) of You, Your Traveling Companion, or Your or Your Traveling Companion's Family Member traveling with You which within the 60 day period prior to the effective date of Your Trip Cancellation coverage under the Policy: (a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

