



SUMMER CAMP PROTECTION



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 Summer Camp participants and their families.

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

1. Complete the simplified enrollment form including the following information:
Organization Name: Kennolyn
Organization ID# : kenn11
2. 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!
3. 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 acts, 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 acts, 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 paid by March 1st, if your initial deposit for your program was made prior to March 1st, or within 30 days of your initial deposit if made after March 1st.

Additional Information:

1. If the plan is purchased by March 1st (or within 30 days of your initial trip deposit, if made after March 1st), the Exclusion for Pre-Existing Medical Conditions will be waived (provided you are not disabled for travel at the time our premium is paid).
2. If the plan is purchased after March 1st or more than 30 days after your initial trip deposit (if your deposit is after March 1st), the exclusion for Pre-Existing Medical Conditions will not be waived.
3. 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 Camp/Summer Study Program up to 2 days prior to the Session Commencement Date for any reason not otherwise covered by the plan, provided: your premium is received by March 1st (or within 30 days of the initial deposit/payment for your Camp/Summer Study Program, if your initial deposit/payment for your Camp/Summer Study Program is made after March 1st). In addition you must insure all prepaid Program costs that are subject to cancellation penalties or restrictions and you also must insure the cost of any subsequent arrangements added to your Program within 7 days. With this benefit, you will receive 75% of the non-refundable program cost.

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 (800) 888 7292 (8am-5pm CST) and refer to Plan ID#550.

PLEASE RETURN THIS FORM TO YOUR DIRECTOR

We have **ACCEPTED** the camp insurance as offered by TravMark. We have applied and made payment directly to the insurance administrator. Our enrollment ID# number is: _____

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

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

PARTICIPANT NAME: _____ PROGRAM & DATES: _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____