

# TRAVEL GUARD

## DESCRIPTION OF TRAVEL ASSIST AND STUDENT ASSIST SERVICES

### PART A – TRAVEL ASSIST SERVICES

Procedures on How to Access Travel Guard's 24-Hour Assistance Call Center

CLIP & CARRY

#### How to Contact Travel Guard:

- Inside the US and Canada, dial 877-249-5362 toll-free.
- Outside the US and Canada:
  - Request an international operator.
  - Ask the international operator to connect to an AT&T operator.
  - Request the AT&T operator to place a collect call to the USA at 715-295-9625.
  - Our fax number is 262-364-2204.

#### When to Contact Travel Guard:

Before you incur expenses:

- If you are 100+ miles from home and require medical assistance or have a medical emergency.
- If you are 100+ miles from home and need assistance with a non-medical situation such as lost luggage, lost documents, legal help, etc.

Travel Guard is available 24-hours-a-day/7-days-a-week/365-days-a-year

Our multi-lingual/multi-cultural Travel Assistance Coordinators (TACs) are trained professionals ready to help you should the need arise while you are traveling or away from home.

The Travel Guard Medical Staff consists of full-time, on-site Registered Nurses and Emergency Physicians who work as a team to provide the best outcome for our clients. This team is directed by a dedicated Medical Director (MD) and Manager of Medical Services (RN). Nursing staff is on-site 24-hours; a physician has daily responsibility for a 24-hour period and is on-site during daytime hours.

#### What information will you need to provide Travel Guard when you call:

- Advise Travel Guard your TPA is Macori Administration
- Provide your Policy Number or School Name
- Advise Travel Guard regarding the nature of your call and/or emergency. Be sure to provide your contact information at your current location in the event Travel Guard needs to call you back.

#### Travel Guard Description of Services

**General Information:** Services listed below include advice and information regarding travel documentation, immunization requirements, political/environmental warnings, and information on global weather conditions. Travel Guard can also provide information on available currency exchange rates, local Bank/Government holidays, and by implementing our databases with the information, provide ATM and Customer Service locations to clients. Travel Assist also provides emergency message storage & relay and translation services.

- Visa & Immunization
- Weather & Exchange Rates
- Environmental & Political Warnings

**Technical:** Services listed below include assistance to members in the event of lost or stolen luggage, personal effects, documents and tickets. Travel Guard can arrange cash transfers & vehicle return in the event of illness or accident, provide legal referrals, and help with arrangements for members who encounter enroute emergencies that force them to interrupt their trips.

- Legal Referral
- Enroute Travel Assistance
- Embassy/Consulate Information
- Claims-related Assistance
- Lost/Stolen Luggage & Personal Effects Assistance
- Telephone Interpretation
- Lost Document Assistance & Cash Transfer Assistance

**Medical:** These services are the most complicated of those offered and can last up to several weeks. They involve Travel Guard's Medical Staff in addition to other network providers and often include post-case payment/billing coordination on the traveler's behalf. These services include physician/dental/hospital referral, medical case monitoring, shipment of medical records and prescription medications, medical evacuation, repatriation of remains and insurance claims coordination.

**Medical Assistance:**

- Medical Referral
- In-patient Assistance
- Out-patient Assistance

**Medical Transport:** as shown in Part B below.

- Medical Evacuation
- Repatriation of Mortal Remains

### PART B: REPATRIATION OF MORTAL REMAINS/MEDICAL EVACUATION

(Benefits for Repatriation of Mortal Remains and Medical Evacuation are provided by National Union Fire Insurance Company of Pittsburgh, Pa.)

**REPATRIATION OF MORTAL REMAINS** In the event an Injury or Sickness causes your death while you are outside your home country, the plan will reimburse covered expenses incurred for preparation and transportation of the body remains.

**MEDICAL EVACUATION** The plan will pay for evacuation to the nearest adequate medical facility following a covered Injury or Sickness if you are outside your home country and your doctor determines that adequate medical treatment is not locally available. *Certain exclusions apply.*

**Combined Maximum Limit of \$50,000**

Travel Guard must make all arrangements and must authorize all expenses in advance for these benefits to be payable. If it was not reasonably possible to contact Travel Guard in advance, the Company reserves the right to determine the benefits payable, including any reductions.

### STUDENT ASSIST SERVICES

**Concierge Services:** You receive the comforts, care, and attention of Travel Guard's Personal Assistance Coordinators available 24/7 to respond to virtually any request – large or small.

**Personal Security Assistance:** You can feel safe and secure with Travel Guard's Personal Security Assistance at home or while traveling. To activate personal security services, please log on to: [www.chartisinsurance.com/us/security](http://www.chartisinsurance.com/us/security) For initial setup, your login is "9492003" and the password is "security".

You will be able to access the information under the University of Oklahoma's personalized webpage.

## Information Card

### FOR EMERGENCY ASSISTANCE CALL:

1-877-249-5362 Toll Free in US and Canada  
All other locations call: 1-715-295-9625

Travel Guard is available 24 hours a day.  
Please provide member's name, name of school and that  
Macori Administration is your Third Party Administrator (TPA).

**UNIVERSITY OF OKLAHOMA—HSC**

MEDICAL EVACUATION/REPATRIATION BENEFIT OPTION  
2011-2012 STUDENT/SCHOLAR ENROLLMENT FORM

Policy # TGA9026812

Phone No. (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Student/Scholar Name: \_\_\_\_\_  
(Please Print) Last First MI Student's PeopleSoft ID #

Mailing Address for Correspondence: \_\_\_\_\_  
Street City State Zip + 4

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

*I wish to apply for the coverage checked below. Applicable dependents are listed below. Enclosed is my check or money order, made payable to "National Union Fire Insurance Company of Pittsburgh, Pa."*

**\$18.00 per participant per \*semester X \_\_\_\_\_ participants = \$ \_\_\_\_\_ amount remitted.**

- \*Fall: 8/15/11 to 1/14/12
  - \*Spring: 1/15/12 to 8/14/12, or Summer Only: 6/1/12 to 8/14/12
- Rates are not pro-rated other than as shown above.

Coverage commences on 8/14/11 or the date the enrollment form and premium are received, whichever is later. Premium will be considered received on the date enrollment and full premium are received by the Company or a representative of the Company. Rates will not be prorated other than as shown above.

**~ Return this enrollment form to: Macori Administration-Voluntary College Premium, P.O. Box 71327, Philadelphia, Pa. ~**  
If paying by credit card you may fax the enrollment form to: 281-651-8808.

Signature of Student/Scholar: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**List Dependents to be insured below. Dependent Coverage is available only if the student/scholar is also insured.**

|         | LAST NAME | FIRST NAME | M.I.  | DATE OF BIRTH |
|---------|-----------|------------|-------|---------------|
| Spouse: | _____     | _____      | _____ | _____         |
| Child:  | _____     | _____      | _____ | _____         |
| Child:  | _____     | _____      | _____ | _____         |
| Child:  | _____     | _____      | _____ | _____         |

***It is the Student's/Scholar's responsibility for timely renewal payments.***

**Provide campus email & address (if different from front):**

Correspondence regarding premium payments will be sent to the mailing address above.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Student's/Scholar's Signature  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Telephone #  
 \_\_\_\_\_

**CHARGE CARD AUTHORIZATION FORM**

Cardholder Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Please charge this amount for student insurance: \$ \_\_\_\_\_

Visa #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

MasterCard #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_