



9225 Ward Parkway  
 Kansas City, MO 64114-3336  
 Phone: 1-800-888-7292

**Date:** 10/09/2006  
**Organization:** Global Coverage, Inc.  
 (TRAVMARK-TRA1111)  
**Enrollment ID#:** 31038  
**Your Effective Date:** 10/10/2006  
**Total Policy Cost:** \$38.00

## Travmark Purchase Confirmation/Declarations

To obtain the Program Insurance Certificate/Policy go to <https://www.youth-studentplans.com>

**Mark Ceslowitz**  
**P.O. Box 881**  
**New York, NY, 10021**

The Organization listed above is the group policyholder unless you are a resident of: IL, IN, KS, LA, OH, OR, VT, WA, or WY. In these states, you are the individual policyholder and your policy number is your first and last name plus 550.

Thank you for purchasing TravMark Protection Plan. Below is the Benefit Schedule for the coverages you have purchased. This is your confirmation that we have received your premium payment for the above. If, after reviewing the Program Certificate/Policy, you are not satisfied for any reason, return the document and this Confirmation/Declarations to TravMark within 10 days after receipt. Your premium will be refunded, provided you have not already departed on your trip or filed a claim. When your Program Certificate/Policy and Purchase Confirmation/Declarations are so returned, your coverage is void from the beginning.

**Enjoy your Program!**

Benefit Schedule	Limit of Liability
Pre-Departure Program Cancellation	Up To Program Cost*
Program Session Interruption	Up To Program Cost*
Travel Delay (12 Hours or More)	\$100 Per Day Up To \$500
Medical Expense/Emergency Assistance	
Accident & Sickness Medical Expenses	\$5,000
Emergency Medical Evacuation & Repatriation	\$100,000
ON CALL 24-Hour Assistance Service	Included
Baggage and Personal Effects	\$500
Cancel For Any Reason (If Purchased) (ARC)	75% of Non-Refundable Program Fees*

\* If you insure an amount less than your total prepaid Program costs that are subject to cancellation penalties or restrictions: 1) the maximum benefit for Pre-Departure Program Cancellation and Program Session Interruption will be limited to the amount of coverage you purchased; and 2) there will be no coverage available under the optional Cancel For Any Reason Benefit, if purchased.

**Please remove the Emergency ID Card below and carry it safely with you on your Program.**

Page 1 of 1

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="text-align: center;"><b>TravMark</b></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">ID #: 31038</td> <td></td> <td></td> <td style="text-align: center;">Cancel</td> </tr> <tr> <td style="text-align: center;"><b>Insured</b></td> <td style="text-align: center;">Insured</td> <td></td> <td></td> <td style="text-align: center;">Any</td> </tr> <tr> <td style="text-align: center;"><b>Person(s)</b></td> <td style="text-align: center;">Trip Cost</td> <td style="text-align: center;">Trip Dates</td> <td></td> <td style="text-align: center;">Reason</td> </tr> <tr> <td style="text-align: center;">Mark Ceslowitz</td> <td style="text-align: center;">\$200</td> <td style="text-align: center;">06/01/07 - 06/08/07</td> <td></td> <td style="text-align: center;">Yes</td> </tr> </table>		<b>TravMark</b>					ID #: 31038			Cancel	<b>Insured</b>	Insured			Any	<b>Person(s)</b>	Trip Cost	Trip Dates		Reason	Mark Ceslowitz	\$200	06/01/07 - 06/08/07		Yes	<p><b>If you require medical assistance while traveling, please call ON CALL 24-Hour assistance service:</b>          Your Plan #: 550</p> <p><b>For Medical Assistance:</b></p> <p><b>800-555-9095</b> Toll-Free United States or Canada  <b>603-894-4710</b> Collect if outside the United States</p> <p><b>Claims Administrator: Trip Mate*</b>          * In CA, dba Trip Mate Insurance Agency.</p> <p><b>To Report a Claim: 1-800-888-7292 (toll free)</b></p>
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