



Holland America Line®  
SAVOR THE JOURNEY

## CPP Platinum Protection Plan

Designed for the Guests of  
Holland America Line



### SECTION I Cancel for Any Reason Waiver *Provided by Holland America Line*

Holland America Line offers guests the opportunity to purchase the Platinum Cancellation Protection Plan (CPP Platinum). This plan is optional and must be purchased prior to the date on which cancellation fees begin to accrue. Please see the dates set forth in the Cancellation Policy in the applicable Holland America Line brochure. Payment for the plan is due at the time of purchase. The portion of the plan cost for the Section I Cancel For Any Reason Waiver is non-refundable.

CPP Platinum enables you to cancel for any reason, at any time up until the start of your scheduled travel (sea, land and/or air) arrangements made by Holland America Line, and receive a refund equal to 90% of the prepaid, non-refundable portion of your cruise vacation. Written cancellation notice should be sent to: Reservations, Holland America Line Inc., 450 Third Avenue West, Seattle, WA 98119. Cancellations may also be sent via email to [Hal\\_Reservations@hollandamerica.com](mailto:Hal_Reservations@hollandamerica.com) or faxed to 1-800-628-4855; please retain your fax confirmation.

**IMPORTANT:** The Section I Cancel for Any Reason Waiver is provided by Holland America Line. The package of travel insurance coverages and assistance services as provided in Section II were arranged by Aon Affinity on behalf of Transamerica Casualty Insurance Company and assistance services in Section III are provided by On Call International. All details outlined in Section II pertain to the coverages indicated in the schedule below.

This plan is valid if the appropriate plan cost has been paid to Holland America Line.

**Notice to New York Residents:** The Holland America Cancel For Any Reason Waiver under the Platinum Plan may be purchased separately from the Travel Insurance Program. Contact 1-877-538-3815 for details.

**SECTION II**  
**Travel Insurance Program**  
*Underwritten by Transamerica Casualty Insurance Company*

**DESCRIPTION OF COVERAGES**

Policy Number: MZO911103H0000A

Maximum Benefit Amount, Up To:

**Part A. Travel Arrangement Protection**

Trip Interruption.....	Up To 150% of Total Cruise Vacation Cost
Trip Delay.....	\$500

**Part B. Medical Protection**

Emergency Evacuation /Repatriation.....	\$50,000
Medical & Dental Expense.....	\$10,000

**Part C. Baggage Protection**

Baggage and Personal Effects.....	\$1,000
Baggage Delay.....	\$500

**SECTION III**  
**Worldwide Emergency Assistance Services**  
*Provided by On Call International*

CareFree™ Travel Assistance.....	24/7
Medical Assistance.....	24/7
Emergency Services.....	24/7

*Section II coverages are underwritten by Transamerica Casualty Insurance Company. Section III services are provided by On Call International. The benefits provided in this program are subject to certain restrictions and exclusions. Please read this brochure in its entirety for a summary of coverage terms and conditions. Note: Words beginning with capital letters are defined in this text.*

**SECTION II**  
**Travel Insurance Program**  
*Underwritten by Transamerica Casualty Insurance Company*

**Part A. Travel Arrangement Protection**

**Trip Interruption Benefits**

**Post-Departure Trip Interruption**

We will pay a Post-Departure Trip Interruption Benefit, up to the amount in the Schedule, if due to your, an Immediate Family Member's, Traveling Companion's or Business Partner's Sickness, Injury or death: 1) your arrival on your Covered Cruise Vacation is delayed; or 2) you are unable to continue on your Covered Cruise Vacation after you have departed on your Covered Cruise Vacation. For item 1) above, the Sickness or Injury must: a) commence while your coverage is in effect under the plan; b) for item 2) above, commence while you are on your Covered Cruise Vacation and your coverage is in

effect under the plan; and c) for both items 1) and 2) above, require the examination and treatment by a Physician at the time the Covered Cruise Vacation is interrupted or delayed; and d) in the written opinion of the treating Physician, be so disabling as to delay your arrival on your Covered Cruise Vacation or to prevent you from continuing your Covered Cruise Vacation.

We will pay a benefit due to Other Covered Events, as defined if: 1) your arrival on your Covered Tour is delayed beyond the Scheduled Departure Date; or 2) you are unable to continue on your Covered Tour after you have departed on your Covered Tour.

### **Post-Departure Trip Interruption Benefits**

We will reimburse you, less any refund paid or payable, for unused land or water travel arrangements, up to the amount in the Schedule, and/or the following: 1) the additional transportation expenses by the most direct route from the point you interrupted your Covered Cruise Vacation: (a) to the next scheduled destination where you can catch up to your Covered Cruise Vacation; or (b) to the final destination of your Covered Cruise Vacation; 2) the additional transportation expenses incurred by you by the most direct route to reach your original Covered Cruise Vacation destination if you are delayed and leave after the Scheduled Departure Date. However, the benefit payable under 1) and 2) above will not exceed the cost of a one-way economy air fare (or first class, if the original tickets were first class) by the most direct route, less any refunds paid or payable for your unused original tickets; 3) reasonable additional accommodation and transportation expenses (up to \$100 per day) incurred to remain near a covered traveling Immediate Family Member or Traveling Companion who is hospitalized during your Cruise Vacation.

Important: You, your Traveling Companion and Immediate Family Member booked to travel with you must be medically capable of travel on the day you purchase this coverage. The covered reason for cancellation or interruption of your Cruise Vacation must occur after your effective date of Trip Interruption coverage.

Please note: Benefits will not be paid for expenses not refunded in the event of your travel agent's, the airline's or Holland America Line's insolvency.

"Other Covered Events" means only the following unforeseeable events or their consequences which occur while coverage is in effect under this Policy: a change in plans by you, an Immediate Family Member traveling with you, or Traveling Companion resulting from one of the following events which occurs while coverage is in effect under this Policy: a) being directly involved in a documented traffic accident while en route to departure; b) being hijacked or Quarantined; c) having your Home made uninhabitable by fire, flood, volcano, earthquake, hurricane, or other natural disaster; d) a documented theft of passports or visas; or e) a Terrorist Act which occurs in your departure city or in a city which is a scheduled destination for your Covered Cruise Vacation provided: The Terrorist Act occurs within 30 days of the Scheduled Departure Date for your Covered Cruise Vacation.

### **Trip Delay**

If your Covered Cruise Vacation is delayed, we will reimburse you, up to the amount shown in the Schedule, for unused land or water travel arrangements, less any refund paid or payable, and reasonable additional expenses incurred by you for hotel accommodations, meals, telephone calls, and economy transportation to catch up to your Cruise Vacation or to return Home. We will not pay benefits for expenses incurred after travel becomes possible.

Trip Delay must be caused by or result from: 1) Common Carrier delay; 2) loss or theft of your passport(s), travel documents or money; 3) being Quarantined; 4) hijacking; 5) adverse weather; 6) a documented traffic accident while you are en route to departure; 7) unannounced strike; 8) a civil disorder.

## **Part B. Medical Protection**

### **Medical Expense/Emergency Assistance Benefits**

We will pay this benefit, up to the amount in the Schedule, for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Covered Cruise Vacation; 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have

been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of Covered Expenses that exceeds the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance in effect for you.<sup>†</sup>

*† For insureds who purchase the plan as Vermont residents, benefits for the following coverages are paid on a primary basis: emergency accident & sickness medical, emergency dental, emergency medical evacuation and repatriation of remains.*

#### **Covered Expenses:**

##### **Accident Medical Expense/Sickness Medical Expense:**

1. expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses, charges for Hospital confinement and services, local ambulance services, prescription drugs and medicines, and therapeutic services incurred by you within one year from the date of your Sickness or Injury;
2. expenses for emergency dental treatment incurred by you during a Covered Cruise Vacation;

##### **Emergency Evacuation:**

3. expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors prior approval;
4. expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors prior approval;
5. expenses for transportation not to exceed the cost of one round-trip economy class air fare to the place of hospitalization for one person chosen by you, provided that you are traveling alone and are hospitalized for more than 7 days;
6. expenses for transportation not to exceed the cost of one-way economy class air fare to your place of residence including escort expenses if you are 18 years of age or younger and left unattended due to the death or hospitalization of an accompanying adult(s), subject to the Program Medical Advisors prior approval;
7. expenses for one-way economy class air fare (or first class, if your original tickets were first class) to your place of residence from a medical facility to which you were previously evacuated, less any refunds paid or payable from your unused transportation tickets, if these expenses are not covered elsewhere in the plan.

##### **Repatriation:**

8. repatriation expenses for preparation and air transportation of your remains to your place of residence, or up to an equivalent amount for a local burial in the country where death occurred, if you die while on your Covered Cruise Vacation.

### **Part C. Baggage Protection**

#### **Baggage and Personal Effects Benefits**

We will reimburse you, less any amount paid or payable from any other valid and collectible insurance or indemnity, up to the amount shown in the Schedule, for direct loss, theft, damage, or destruction of your Baggage during your Covered Cruise Vacation.

#### **Valuation and Payment of Loss**

Payment of loss under the Baggage and Personal Effects Benefit will be calculated based upon an Actual Cash Value basis. For items without receipts, payment of loss will be calculated based upon 80% of the Actual Cash Value at the time of loss. At our option, we may elect to repair or replace your Baggage. We will notify you within 30 days after we receive your proof of loss. We may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, we will: 1) repair or replace any part to restore the pair or set to its value before the loss; or 2) pay the difference between the value of the property before and after the loss.

#### **Baggage Delay Benefits**

We will reimburse you, up to the amount shown in the Schedule, for the cost of reasonable additional clothing and personal articles purchased by you if your Baggage is delayed by a Common Carrier for 24 hours or more during the Covered Cruise Vacation. You must be a ticketed passenger on a Common Carrier. This coverage terminates upon your arrival at the return destination of your Covered Cruise Vacation.

## DEFINITIONS

**Accident** means a sudden, unexpected, unintended and external event, which causes Injury.

**Actual Cash Value** means purchase price less depreciation.

**Baggage** means luggage, personal possessions and travel documents taken by you on the Covered Cruise Vacation.

**Business Partner** means an individual who is involved, as a partner, with you in a legal general partnership and shares in the management of the business.

**Common Carrier** means any land, water, or air conveyance operated under a license for the transportation of guests for hire, not including taxicabs or rented, leased or privately owned motor vehicles.

**Covered Cruise Vacation** means: a period of travel away from Home to a destination outside your city of residence; the purpose of the Cruise Vacation is business or pleasure and is not to obtain health care or treatment of any kind.

**Cruise Vacation** means a trip for which coverage has been elected and the plan payment paid, and all travel arrangements are arranged by Holland America Line prior to the Scheduled Departure Date of the trip. Also covered by this definition are any direct round trip air flights booked by others to and from the scheduled Cruise Vacation departure and return cities, provided the dates of travel are within 14 total days of the scheduled land tour or cruise dates.

**Domestic Partner** means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**Elective Treatment and Procedures** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal or a state or local government authority or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

**Home** means your primary or secondary residence.

**Hospital** means an institution, which meets all of the following requirements: 1) it must be operated according to law; 2) it must give 24 hour medical care, diagnosis, and treatment to the sick or injured on an inpatient basis; 3) it must provide diagnostic and surgical facilities supervised by Physicians; 4) registered nurses must be on 24 hour call or duty; and 5) the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis.

A Hospital is not: a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction (or any ward, wing, or other section of the hospital used for such purposes); or a facility which provides hospice care (or wing, ward, or other section of a hospital used for such purposes).

**Immediate Family Member** includes your or the Traveling Companion's spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, Domestic Partner, or ward.

**Injury** means bodily harm caused by an Accident which: 1) occurs while your coverage is in effect under the plan; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**Insured** means an eligible person who arranges a Covered Cruise Vacation and pays any required plan payment.

**Insurer** means Transamerica Casualty Insurance Company.

**Other Valid and Collectible Group Insurance** means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment; or the performance of surgery or administration of anesthesia. The policy or contract providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through an employer, labor union, employee benefit association or trustee; or any group plan created or administered by the federal or a state or local government or its agencies. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid to the Policyholder for your Covered Cruise Vacation.

**Physician** means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

**Policy** means the contract issued to the Policyholder providing the benefits specified herein.

**Policyholder** means the legal entity in whose name this Policy is issued, as shown on the benefit Schedule.

**Program Medical Advisors** means On Call International.

**Quarantined** means the isolation of a person afflicted with or exposed to a communicable disease, the purpose being to prevent the spread of disease.

**Schedule** means the benefit schedule shown on the Description of Coverage for each Insured.

**Scheduled Departure Date** means the date on which you are originally scheduled to leave on your Covered Cruise Vacation.

**Scheduled Return Date** means the date on which you are originally scheduled to return to the point where the Covered Cruise Vacation started or to a different final destination.

**Sickness** means an illness or disease of the body which: 1) requires examination and treatment by a Physician; and 2) commences while the plan is in effect.

**Terrorist Act** means an act of violence, other than civil disorder or riot, (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or on behalf of or in connection with any organization which is generally recognized as having the intent to overthrow or influence the control of any government.

**Traveling Companion** means a person whose name appears with you on the same Cruise Vacation arrangement and who, during the Cruise Vacation, will accompany you.

**Usual and Customary Charge** means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 90th percentile.

## GENERAL PLAN EXCLUSIONS

### **In Parts A & B:**

We Will Not Pay For Any Loss Under The Plan Caused By Or Incurred Resulting From: 1) mental, nervous, or psychological disorders, except if hospitalized; 2) being under the influence of drugs or intoxicants, unless prescribed by a Physician; 3) normal pregnancy, except if hospitalized; or elective abortion; 4) declared or undeclared war, or any act of war; 5) service in the armed forces of any country; 6) operating or learning to operate any aircraft, as pilot or crew; 7) any unlawful acts, committed by you or a Traveling Companion (whether Plan Participant or not); 8) any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law; 9) Elective Treatment and Procedures; 10) medical treatment during or arising from a Covered Cruise Vacation undertaken for the purpose or intent of securing medical treatment; 11) business, contractual or educational obligations of you or an Immediate Family Member; 12) failure of any tour operator, Common Carrier, or other travel supplier, person or agency to provide the bargained-for travel arrangements; 13) a loss that results from an illness, disease, or other condition, event or circumstance which occurs at a time when the plan is not in effect for you.

### **In Part C:**

#### **Items Not Covered**

We Will Not Pay For Damage To Or Loss Of: 1) a loss or damage caused by detention, confiscation or destruction by customs; 2) animals; 3) property used in trade, business or for the production of income, household furniture, musical instruments, brittle or fragile articles, or sporting equipment if the loss results from the use thereof; 4) artificial limbs or other prosthetic devices, artificial teeth, dental bridges, dentures, dental braces, retainers or other orthodontic devices, hearing aids, any type of eyeglasses, sunglasses or contact lenses; 5) documents or tickets, except for administrative fees required to reissue tickets; 6) money, stamps, stocks and bonds, postal or money orders, securities, accounts, bills, deeds, food stamps or credit cards; 7) property shipped as freight or shipped prior to the Scheduled Departure Date.

#### **Losses not covered**

We will not pay for loss arising from: 1) theft or pilferage from an unattended vehicle; 2) mysterious disappearance.

## TERM OF COVERAGE

### **When Coverage Begins**

All coverages (except Post-Departure Trip Interruption) will take effect on the later of: 1) the date the plan payment has been received by Holland America Line; 2) the date and time you start your Covered Cruise Vacation; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Covered Cruise Vacation.

Post-Departure Trip Interruption coverage will take effect on the Scheduled Departure Date of your Covered Cruise Vacation if the required plan payment is received.

### **When Coverage Ends**

Your coverage automatically ends on the earlier of: 1) the date the Covered Cruise Vacation is completed; 2) the Scheduled Return Date; 3) your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Cruise Vacation covered by the Policy.

If your air arrangements are greater than 4 total days before and/or after your Cruise Vacation, you will also be covered for Trip Interruption, Trip Delay, and benefits under Parts B and C on the day(s) you are flying to/from your destination.

## CLAIMS PROCEDURE

**CLAIMS INCURRED WHILE TRAVELING ONLY:** Report your claim as soon as possible to Aon Affinity. Provide the policy number, your travel dates, and details describing the nature of your loss. Upon receipt of this information, Aon Affinity will promptly forward you the appropriate claim form to complete. If you are cancelling, please contact Holland America as per the directions outlined in Section I.

**Online:** www.travelclaim.com  
**Mail:** Aon Affinity Travel Practice  
900 Stewart Avenue, Garden City, NY 11530  
**Phone:** 1-800-453-4047 or 1-516-342-2720  
**Office Hours:** 8 A.M. – 10 P.M. ET, Monday – Friday,  
9 A.M. – 5 P.M. ET, Saturday

**IMPORTANT:** In order to facilitate prompt claims settlement upon your return, be sure to obtain as applicable: detailed medical statements from Physicians in attendance where the Accident or Sickness occurred; receipts for medical services and supplies; receipts from the Hospital; police reports or claims reports from the parties responsible (e.g., airline, cruise line, hotel, etc.) for any loss, theft, damage, or delay. In the event of a baggage claim, receipts for any lost or damaged items will be required. In the event of a Baggage Delay or Trip Delay claim, receipts for any additional covered expenses will be required, as well as verification of the delay. You must receive initial treatment within 90 days of the accident that caused the Injury or the onset of the Sickness.

This program was designed for Holland America Line guests by Aon Affinity.

Aon Affinity is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc. (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency. Affinity Insurance Services is acting as a Managing General Agent as that term is defined in section 626.015(14) of the Florida Insurance Code. As an MGA we are acting on behalf of our carrier partner.

**For additional information regarding the plan, call: 1-800-453-4047 or 1-516-342-2720**  
**Office hours: 8 A.M. – 10 P.M. ET, Monday – Friday, 9 A.M. – 5 P.M. ET, Saturday**

## GENERAL PROVISIONS

Payment of Claims Claims for benefits provided by the plan will be paid as soon as written proof is received. Benefits are paid directly to you, unless otherwise directed. Any accrued benefits unpaid at your death will be paid to your estate or, if no estate, to your beneficiary. If you have assigned your benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

Travel Insurance is underwritten by Transamerica Casualty Insurance Company, Columbus, Ohio; NAIC # 10952 (all states except as otherwise noted) under Policy/Certificate Form series TAHC5000. In CA, HI, NE, PA, TN, and TX, Policy/Certificate Form series TAHC5100 and TAHC5200. In IL, IN, KS, LA, OH, OR, VT, WA, and WY, Policy Form #'s TAHC5100IPS and TAHC5200IPS. Certain coverages are under series TAHC6000 and TAHC7000.



This is a brief Description of Coverage which outlines the benefits and amounts of coverage that may be available to you. If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA, or WY), your Policy is provided on an individual form. To obtain a copy of your Individual Policy or Group Certificate for all states based on your state of residence, or information regarding the insurance premium portion of your plan cost, visit <http://www.affinitytravelcert.com> or call 1-800-453-4090. Your Individual Policy or Group Certificate will govern the final interpretation of any provision or claim. For California residents only, Aon Affinity's CA Agency License # is 0G94493 and the toll free consumer hotline for the California Insurance Department is 1-800-927-7357. For Maryland residents only, to file a complaint with the Maryland Department of Insurance, call 1-800-492-6116 or visit [www.mdinsurance.state.md.us](http://www.mdinsurance.state.md.us). For New York residents only, the licensed producer represents the insurer for purposes of the sale. Compensation paid to the producer may depend on the policy selected, the producer's expenses, or volume of business. The purchaser may request and obtain information about the producer's compensation except as otherwise provided by law.

This plan provides insurance coverage that applies only during the covered trip. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this policy with your existing life, health, home and automobile policies. If you have any questions about your current coverage, call your insurer, insurance agent or broker. The purchase of this plan is not required in order to purchase any other travel product or service offered to you by your travel retailers. Unless individually licensed as an insurance agent, your travel agent is not qualified or authorized to answer your technical questions about the benefits, exclusions or conditions of this plan or to evaluate the adequacy of any existing insurance coverage you may have. Questions should be directed to the plan administrator at the toll-free number provided.

#### **Ten Day Right to Examine**

If you are not satisfied for any reason, you may cancel the travel insurance portion of your coverage within 10 days of your receipt of this document. Your premium will be refunded, provided there has been no incurred covered expense and you have not departed on your Covered Trip. When so returned, the coverage is void from the beginning. Request a refund in writing by providing your contact information as well as a copy of your plan description to our authorized agent, Aon Affinity, 900 Stewart Avenue, Garden City, NY 11530.

Any payments under the policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at <http://www.treasury.gov/resource-center/sanctions/> or an Aon Affinity representative.

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**SECTION III**  
**Worldwide Emergency Assistance Services**  
*Provided by On Call International*

Not a care in the world... when you have our 24/7 global network to assist you on your travels.

- CareFree™ Travel Assistance
- Medical Assistance
- Emergency Services

CareFree™ Travel Assistance

Travel Arrangements

- Arrangements for last-minute flight and hotel changes
- Luggage Locator (reporting/tracking of lost, stolen or delayed baggage)
- Hotel finder and reservations
- Airport transportation
- Rental car reservations and automobile return
- Coordination of travel for visitors to bedside
- Return travel for dependent/minor children
- Assistance locating the nearest embassy or consulate
- Cash transfers
- Assistance with bail bonds

Pre-Cruise Information

- Destination guides (hotels, restaurants, etc.)
- Weather updates and advisories
- Passport requirements
- Currency exchange
- Health and safety advisories

Documents and Communication

- Assistance with lost travel documents or passports
- Live email and phone messaging to family and friends
- Emergency message relay service
- Multilingual translation and interpretation services

Medical Assistance Services

- Medical case management, consultation and monitoring
- Medical Transportation
- Dispatch of a doctor or specialist
- Referrals to local medical and dental service providers
- Worldwide medical information, up-to-the-minute travel medical advisories, and immunization requirements
- Prescription drug replacement
- Replacement of eyeglasses, contact lenses and dental appliances

Emergency Services

- Emergency medical and dental assistance
- Emergency legal assistance
- Emergency family travel arrangements

CareFree™ Travel Assistance, Medical Assistance and Emergency Services can be accessed by calling On Call International at 1-(866) 509-7712 or, from outside the U.S. or Canada, call collect\*: 1-(603) 894-9386.

\* If you have any difficulty making this collect call, contact the local phone operator to connect you to a US-based long-distance service. In this case, please let the Assistance Provider answering the phone know the number you are calling from, so that he/she may call you back. Any charges for the call will be considered reimbursable benefits.

Note that the problems of distance, information, and communications make it impossible for the Transamerica Casualty Insurance Company, Aon Affinity, Holland America Line, or On Call International to assume any responsibility for the availability, quality, use, or results of any emergency service. In all cases, you are still responsible for obtaining, using, and paying for your own required services of all types.