

# ALASKA

7-DAY INSIDE PASSAGE (ROUNDTRIP SEATTLE)

8 DAYS / 7 NIGHTS





JUL 26TH ~ AUG 2ND 2026

BROUGHT TO YOU BY YOUR FRIENDS AT



There's no sibling rivalry here as Sun Princess® welcomes her sister ship, Star Princess®, to the fleet - the third ship with this celestial name. She'll feature the new Dome, out-of-this-world views in the Piazza, the all-new Sanctuary Collection an entirely new world of bespoke amenities, private spaces and premium service — the very best of all we have to offer and more. Welcome aboard!

# Package Includes:

Motorcoach Transportation to/from PHL Airport, Round Trip Airfare to/from SEA Airport Transfer to/from Port All Applicable Taxes & Gratuity\*

\$4,889

per Person Double\*

\$7,369

per Person Single\*

Balcony Cabin, Category BA, Double Occupancy



# A Valid Passport Is Required For This Tour

Passport expiration date must be more than 6 months from the <u>return</u> date of your trip

#### Your Onboard Experience Includes All of the Following

Wi-Fi - MedallionNet® Max allows you to text, share, stream and video chat with our highest performing Wi-Fi service (1 device per guest)

Beverages - Drinks, Bottled Water, Specialty Coffee, and Juice Bar. Wide selection of non-alcoholic soft drinks and premium Lavazza coffees. Cocktails, wine and beer up to \$15 each. 25% off bottles of wine. Power shots from the unlimited juice bar to boost your immunity and energy.

Crew Appreciation - Pre-paid tips for the crew who takes care of you

Casual Meals - Relaxed, sit-down meals at a variety of eateries, with something for everyone (2 per sailing)

Premium Desserts - Sweet treats from Gelateria, Swirls or Coffee and Cones (2 per sailing)

OceanNow® (delivery anywhere onboard) - Fee waived!

**Room Service Delivery - Unlimited** 

Fitness Classes - Classes by Xpotential: Pure Barre, Yoga Six and Stretch Lab (2 per sailing)





Please note; Gratuities for bus drivers or baggage handlers at the cruise terminal are not included. While tipping for these services is not required, it is customary. Typically \$5 per person each way on the bus and \$3 per bag at the terminal is fair but of course the amount is up to you.

| Date        | Port   |
|-------------|--|
| Sun, Jul 26 | Seattle, Washington                                      |
| Mon, Jul 27 | At Sea   |
| Tue, Jul 28 | Ketchikan, Alaska  |
| Wed, Jul 29 | Endicott Arm and Dawes Glacier (Scenic Cruising), Alaska |
| Wed, Jul 29 | Juneau, Alaska   |
| Thu, Jul 30 | Skagway, Alaska  |
| Fri, Jul 31 | At Sea   |
| Sat, Aug 1  | Victoria, Canada   |
| Sun, Aug 2  | Seattle, Washington                                      |













#### Seattle, Washington

Start your journey in lively Seattle, where urban energy meets natural beauty with iconic sights like the Space Needle and waterfront views.

#### Ketchikan, Alaska

Explore Alaska's "Salmon Capital," rich in Native culture, rainforest trails, and colorful waterfront charm.

## Endicott Arm & Dawes Glacier (Scenic Cruising)

Cruise through a glacier-carved fjord with waterfalls, icebergs, and a front-row view of the majestic Dawes Glacier calving into the sea.

#### Juneau, Alaska

Alaska's remote capital offers glacier adventures, mountain vistas, and a perfect blend of wild beauty and frontier spirit.

#### Skagway, Alaska

Step into Gold Rush history with scenic rail rides, rugged trails, and old-world charm nestled in stunning mountain scenery.

#### Victoria, Canada

Stroll through blooming gardens, historic streets, and elegant harbors in this coastal Canadian treasure.

## ALASKAN INSIDE PASSAGE RESERVATION FORM

Price per Person Double Occupancy: \$4,889.00 (Non-Member Add \$50.00)

Price per Person Double Occupancy: \$7,369.00 (Non-Member Add \$50.00)

TRIPLE OCCUPANCY NOT RECOMMENDED

Prices are subject to fuel surcharges by the bus companies

Due to unforeseen circumstances, all hotels and visits are subject to changes until departure.

A \$250.00 deposit, per person, is required to make your reservation. Final payment is due by: March 31, 2026

|                                 | CANCELLATION POLICY   |
|---------------------------------|---|
| 75 - 89 days prior to departure | \$300.00 Service Fee + any cancellation penaltles imposed by venders + 25% cruise fee |
| 61 - 74 days prior to departure | \$430.00 Service Fee + any cancellation penalties imposed by venders + 50% cruise fee |
| 31 - 60 days prior to departure | \$430.00 Service Fee + any cancellation penalties imposed by venders + 75% cruise fee |
| 0 - 30 days to departure        | 100% of FULL TRIP COST plus any cancellation penalties imposed by vendors             |

Above listed cancellation penalties will apply to all travelers. We recommend that you purchase a travel protection plan to help protect you and your travel investment against the unexpected. For your convenience, we offer a travel insurance plan through Travelex Insurance Services. For more information and rates, refer to the 360" Group Premier product flyer insert. Travel Insurance is offered on behalf of and under the direction of Travelex Insurance Services. The Travel Protection Plan premium is non-refundable after the 15-day review period, if you have departed on your trip, filed a claim or plan to file a claim. You must be medically fit to travel at the time you purchase the coverage. Rates are subject to change and may vary by state of residence. To view state specific fraud warnings, visit: <a href="http://www.travelexinsurance.com/company/fraud-warning">http://www.travelexinsurance.com/company/fraud-warning</a>. Travelex Insurance Services, Inc. ("Travelex Insurance") maintains an updated list of alert and financial defaults on its website available at: <a href="http://www.travelexinsurance.com/customer-service/travel-supplier">http://www.travelexinsurance.com/customer-service/travel-a lerts/travel-supplier</a>. Please go to <a href="http://www.travelexinsurance.com/docs/ny-phn-covid-19-comp">http://www.travelexinsurance.com/customer-service/travel-a lerts/travel-supplier</a>. Please go to <a href="http://www.travelexinsurance.com/docs/ny-phn-covid-19-comp">http://www.travelexinsurance.com/docs/ny-phn-covid-19-comp</a> to view a special notice for NY residents regarding coverage related to COVID-19. Travelex Insurance Services, Inc. CA Agency License #0D10209. Insurance coverages underwritten by Zurich American Insurance Company, a New York domiciled company with its principal place of business at 1299 Zurich Way, Schaumburg, IL 60196 (NAIC #16535).

#### \*\* TRAVEL PROTECTION PLAN CANNOT BE PURCHASED AFTER YOU HAVE MADE FINAL PAYMENT \*\*

| TRAVELEX 360° GROUP PREMIER TRAVEL PROTECTION PLAN | Double Occupancy | Single Occupancy |
|--|------------------|------------------|
| Up to Age 59                                       | \$404.00         | \$638.00         |
| Age 60 - 74  | \$518.00         | \$818.00         |
| Age 75 +   | \$584.00         | \$923.00         |

For Reservations & Additional Information Please Call Kate O'Rourke at 302.645.9293

PLEASE SUBMIT (1) TEAR-OFF REGISTRATION FORM FOR EACH PERSON TRAVELING

DETACH HERE -----



|            |      |      |           | 8-DAY STAR       | PRINCESS ALA   | SKANI        | NSIDE PASSA          | <b>GE 2026</b> |                 |                |     |
|------------|------|------|-----------|------------------|--|--------------|----------------------|----------------|-----------------|----------------|-----|
|            | -    |      | ALL       | INFORMATION      | IS REQUIRED &  | MUST         | NATCH PASSPO         | RTEXAC         | TLY             | -              | ı   |
| PROPER NAM | ME   |      |           |                  |  |              |                      | DATE OF BI     | RTH <i>REQU</i> | JIRED          | П   |
| ADDRESS    |      |      |           |                  |  | CITY         |                      |                | STATE           | ZIP CODE       | _   |
| ROOMING W  | TH:  |      |           |                  |  |              |                      | THEIR DATE     | OF BIRTH        | REQUIRED       |     |
| U.S CITIZE | EN?  |      | YES<br>NO | DEPOSIT PAID:    | PHONE NO.:   |              | EMAIL ADDRESS:       |                |                 |                |     |
| YES        | full | cove | erage     | terms, including | offered Travel Protect<br>exclusions and limita<br>lights and rates. To vi | tions, and   | Travel Protection P  | lan Flyer,     | which in        | cludes import  | ant |
| □ NO       |      |      | e bee     |                  | velex Protection Plan  | is available | at an additional cos | st and I/We    | DO NOT          | wish to purcha | ıse |

IMPORTANT: It is the responsibility of each travelerspurchasing the Travelex 360° Group Premier Travel Protection Plan to read the Policy and familiarize themselves with the terms and conditions of the plan. For questions regarding benefits or coverage, please contact Travelex Insurance Services at 888-574-7026 and reference plan number GPZ-1023. To view state specific fraud warnings, visit: http://www.travelexinsurance.com/company/fraud-warning



Plan highlights

- · Trip cancellation/interruption benefit includes:
  - Sickness, injury, or death1
- Inclement weather & natural disasters
- Financial insolvency<sup>2</sup> & labor strike
- Involuntary unemployment

- · Primary coverage, no deductibles3
- · Medical evacuation
- · 5-hour travel delay benefit
- · 3-hour missed connection benefit
- · 12-hour baggage delay benefit
- · Fast online claims4

#### 360° Group Premier plan rates<sup>3</sup>

| Trip cost           | 0.59    | 60-74   | 754     |
|---------------------|---------|---------|---------|
| \$0                 | \$36    | \$47    | \$64    |
| \$1 - \$250         | \$44    | \$58    | \$81    |
| \$251 - \$500       | \$57    | \$74    | \$105   |
| \$501 - \$1,000     | \$86    | \$114   | \$168   |
| \$1,001 - \$1,500   | \$109   | \$143   | \$211   |
| \$1,501 - \$2,000   | \$149   | \$191   | \$215   |
| \$2,001 - \$2,500   | \$191   | \$245   | \$277   |
| \$2,501 - \$3,000   | \$234   | \$300   | \$338   |
| \$3,001 - \$3,500   | \$276   | \$354   | \$400   |
| \$3,501 - \$4,000   | \$319   | \$409   | \$461   |
| \$4,001 - \$4,500   | \$361   | \$463   | \$523   |
| \$4,501 - \$5,000   | \$404   | \$518   | \$584   |
| \$5,001 - \$5,500   | \$446   | \$572   | \$646   |
| \$5,501 - \$6,000   | \$489   | \$627   | \$707   |
| \$6,001 - \$6,500   | \$531   | \$681   | \$769   |
| \$6,501 - \$7,000   | \$574   | \$736   | \$830   |
| \$7,001 - \$8,000   | \$638   | \$818   | \$923   |
| \$8,001 - \$9,000   | \$723   | \$927   | \$1,046 |
| \$9,001 - \$10,000  | \$808   | \$1,036 | \$1,169 |
| \$10,001 - \$11,000 | \$893   | \$1,145 | \$1,292 |
| \$11,001 - \$12,000 | \$978   | \$1,254 | \$1,415 |
| \$12,001 - \$13,000 | \$1,063 | \$1,363 | \$1,538 |
| \$13,001 - \$14,000 | \$1,148 | \$1,472 | \$1,661 |
| \$14,001 - \$15,000 | \$1,233 | \$1,581 | \$1,784 |
| \$15,001 - \$16,000 | \$1,318 | \$1,690 | \$1,907 |
| \$16,001 - \$17,000 | \$1,403 | \$1,799 | \$2,030 |
| \$17,001 - \$18,000 | \$1,488 | \$1,908 | \$2,153 |
| \$18,001 -\$19,000  | \$1,573 | \$2,017 | \$2,276 |
| \$19,001 -\$20,000  | \$1,658 | \$2,126 | \$2,399 |
|                     |         |         |         |

#### 360° Group Premier plan benefits3

| Benefits                                       | Coverage                           |
|--|------------------------------------|
| Trip cancellation                              | 100% of trip cost (up to \$20,000) |
| Trip interruption                              | 150% of trip cost (up to \$30,000) |
| Trip interruption—return air only <sup>5</sup> | \$1,000                            |
| Travel delay                                   | \$1,000 (\$250/day)                |
| Missed connection                              | \$1,000                            |
| Baggage & personal effects                     | \$1,500                            |
| Sporting equipment delay <sup>3</sup>          | \$600                              |
| Baggage delay                                  | \$250                              |
| Emergency medical expenses <sup>6</sup>        | \$50,000                           |
| Emergency dental expenses <sup>6</sup>         | \$500                              |
| Emergency evacuation & repatriation            | \$250,000                          |
| Accidental death & dismemberment               | \$10,000                           |
| Travel assistance services <sup>7</sup>        | Included                           |

Of you, a traveling companion, family member, or business partner. <sup>2</sup>Coverage when plan is purchased at or before the final trip payment. <sup>3</sup>All coverage per insured up to the limits listed. Pre-existing medical conditions waiver may vary by state. Coverages may vary and may not be available in all states. Please see the policy for details, or call +1.888.574.7026. Rates are subject to change. <sup>4</sup>Based on industry average. Fastest payment on approved claims is based on electronic payment of claim. <sup>5</sup>Coverage for trip interruption and trip interruption-return air only cannot be combined. <sup>4</sup>\$50 deductible in CT, iN, KS, MO, MT, VT, and WA. <sup>7</sup>Provided by the designated provider listed in the policy. 10.23 GRPFLY3





Questions about plan benefits? Call +1.888.574.7026 and use Plan GPZ-1023, or email 360Group@travelexinsurance.com.

#### Trip cancellation & trip interruption

Protect travel investments and recover nonrefundable prepaid costs if your trip is canceled or interrupted for a covered reason. Popular covered reasons include:

- Sickness, injury, or death¹
- · Residence or destination uninhabitable
- Strike
- Inclement weather
- · Cancel for business reasons
- Traffic accident en route
- Quarantine
- Jury duty/subpoena
- Military duty
- Financial insolvency<sup>2</sup>
- · Terrorist incident
- · Theft of passport/visa
- · Involuntary termination

#### Travel delay

Reimbursement for reasonable additional costs - such as accommodations, local transportation, and meals - if travel is delayed five hours or longer.

#### Baggage & personal effects

Reimbursement for personal articles and expenses if bags are lost, stolen, or damaged.

#### Baggage delay

Reimbursement for reasonable additional personal articles and expenses if bags are delayed for 12 hours or more.

# Emergency medical & dental expenses<sup>6</sup>

Emergency medical treatment if sickness or injury occurs while traveling.

#### Emergency medical evacuation

Includes emergency medical evacuation to the nearest suitable medical facility, help returning home if medically necessary, and repatriation expenses.

#### Accidental death & dismemberment

Reimbursement for permanent loss of life, limbs, or sight from a covered accidental injury during travel.

Pre-existing medical condition exclusion waiver<sup>3</sup> Pre-existing medical conditions are eligible for coverage when:

- The traveler is medically able to travel at the time of plan purchase
- · The plan is purchased at or before the final trip payment

A pre-existing condition is an injury, sickness, or other condition (excluding any condition from which death ensues) of an insured, traveling companion, or family member traveling with the insured within the 60-day period immediately preceding the insured's plan purchase date.

#### Plan details

View policy at policy.travelexinsurance.com/GPZ-1023

Unless otherwise stated in the plan, this plan will not pay for any loss arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the insured or the insured's family member, or traveling companion, or business partner for the following: suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane (while sane in CO and MO); mental, nervous, or psychological disorders; being under the influence of drugs or intoxicants, unless prescribed by a physician; normal pregnancy, resulting childbirth, and elective abortion; participation as a professional in athletics while on a covered trip; participation in organized amateur or interscholastic athletic or sports competition or related practice events; riding or driving in any motor competition; off-road driving, whether as a driver or as a passenger; declared or undeclared war, or any act of war; civil disorder; service in the armed forces of any country; nuclear reaction, radiation or radioactive contamination; operating or learning to operate any aircraft, as pilot or crew; mountain climbing, bungee jumping, snow skiing, skydiving, parachuting, free falling, cliff diving, B.A.S.E. or base jumping, hang gliding, parasailing, travel on any air-supported device other than on a regularly scheduled airline or air charter company, or extreme sports; mountaineering where ropes or guides are commonly used including ascending and descending a mountain requiring specialized equipment, including but not limited to anchors, bolts, carabiners, crampons, lead/top-rope anchoring equipment and pick-axes; scuba diving if the depth of the water exceeds 75 feet; the insured's commission of or attempt to commit a felony; elective medical or holistic treatment or procedures; failure of any tour operator, common carrier, other travel supplier, person or agency to provide the bargained-for travel arrangements/services; a loss that results from a sickness, disease, or other condition, event, or circumstance that occurs at a time when this policy is not in effect for the insured; a diagnosed sickness (if insurance is purchased after such diagnosis) from which no recovery is expected and that only palliative treatment is provided and that carries a prognosis of death within 12 months of the effective date of the applicable coverage under this policy; sickness, injury or death if the plan is purchased after entering a hospice facility or receiving hospice treatment; any trip taken outside the advice of a physician; or a pre-existing medical condition, including death, that results therefrom (within the stated look-back period within your insurance policy). Additionally, this plan will not pay for any loss arising directly or indirectly out of, or as a result of, or from, or that occur to, or are as a result of the actions of, the following that occur to the insured: any amount paid or payable under any worker's compensation, disability benefit or similar law; a loss or damage caused by detention, confiscation, or destruction by customs; or medical creatment during a covered trip, or arising from a covered trip undertaken for the purpose or intent of securing medical treatment. The following additional exclusion applies to accidental death and dismemberment benefits: We will not pay for loss caused by or resulting from sickness of any kind. Please refer to your plan documents for a complete list of plan exclusions and limitations, as well as the definitions of capitalized terms used herein. The purchase of this product is not required in order to refer to your plan documents for a complete list of plan exclusions and limitations, as well as the dennitions or capitalized terms used herein. The purchase of this product is not required in order to purchase any other travel product or service. Your travel retailer might not be licensed to sell travel insurance and will only be able to provide general information about the terms and conditions of the insurance offered and may not evaluate the adequacy of your existing insurance overage. The products offered provide insurance coverage that only applies during your covered trip. You may have insurance coverage from other sources that provide similar benefits but may be subject to different restrictions depending on the coverage. You may wish to compare the terms of the travel policy offered through Travelex with any existing life, health, home, and automobile insurance policies you may nave. If you have questions about your coverage under your existing insurance policies, contact your insurer or insurance agent or broker. Any inquiry regarding claims may be directed to Zurich Travel Assist at claims@zurichtravelassist.com, P.O. 3ox 968019, Schaumourg, IL 60196-8019; +1.800.501.4781. Inquiries regarding new, existing, or denied claims and any other claims questions may also be directed to this address. Consumers in California may also contact the California Department of Insurance Hotline +1.800.927.4357 or +1.213.897.8921.

Travelex Insurance Services, Inc. CA Agency License #0D10209. Consumers in Maryland may contact the Maryland Insurance Administration +1.800.492.6116 or +1.410.468.2340. Insurance coverages underwritten by Zurich American Insurance Company, a New York domiciled company with \*1.00.492.010 of \*1.410.406.2340. Insurance coverages uncerwritten by zurich American insurance Company, a New York comicious company with its principal place of business at 1299 Zurich Way, Schaumourg, It. 60195 (NAIC # 16335). The terms and conditions of the policy described in this brief summary are governed by the individual policy document that contains the complete terms, in the event of any discrepancy between the information in this brief summary and the policy, the policy document shall govern. This is intended as a general description of certain types of insurance available to qualified customers, provided solely for informational purposes. Policy Form Series #U-TIIV-100-A CW, #U-TIIV-100-A CW, #U-TIIV-100-A DC; #U-TIIV-100-8 MN & #U-TIIV-100-8 MN; in MO U-TIIN-110-A MO; in MT #U-TIIV-100-10 MT & U-TIGV-100-A CW; in MT #U-TIIV-100-A MT; #U-TIIV-100

Dream, Explore, Travel On.

# Lewes Senior Activity Center 32083 Janice Road Lewes, DE 19958

Trip Application

# Alaska Cruise Curran Travel Inc. (Sunday, July 26th – Sunday, August 2, 2026)

| Trip Application Date:  | reku a = a y P <sub>a y</sub> maan ra <u>I</u> a sy   | May 1821 - Albert John May 18<br>-                              |   |                                 |
|---|---|---|---|---------------------------------|
| Level 3: Exp<br>moderate physical activity<br>Walking tours, as well as<br>should be expected on ex<br>to a mile or up to an hour | <ul> <li>Itinerary blends some lowalking slightly longer distoursions. Excursion tour at a time.</li> </ul> | onger days with sh<br>tances, up stairs o<br>would include guic | orter days and more leisi<br>r on uneven walking surf<br>led tours with walking dis | ure time.<br>aces<br>stances up |
| Last Name(IMPORTANT: As it appo   | First Name  |   | Middle Name   | -M 1: nB                        |
| (IMPORTANT: As it appo  | ears on your passport/driv  | er's license)   |   |                                 |
| Address 1:  | Ac  | ldress 2:   | turing of children also in the first  | Variable part                   |
| City:   | State   | Zip cod   | de  |                                 |
| Cell phone:   | Ema   | ail   |   |                                 |
| Date of birth:  | Prin  | cess Captain's Ci   | ·cle #:   |                                 |
| Emergency Contact whi   | le on trip:   |   |   |                                 |
| Name:   |   | Phone:  |   |                                 |
| Relationship to Traveler:   |   |   |   |                                 |
| Cost of Trip: Double Occu<br>an additional \$50.00 fee.   | pancy: <b>\$4,889/pp</b> ; Single   | Occupancy: <b>\$7,36</b>  | <b>39/pp.</b> All non-members   | will incur                      |
| Deposit due with Trip App - made out to Lewes Senior Ac   |   | ayment Due Mar  | ch 6, 2026. (Cash, Credit,  | Debit, Check                    |
| Insurance protection is en to Curran Travel. Pricing  |   |   | occur. Checks must be   | made out                        |
| Rooming with:   | 8   |   |   |                                 |
| Telephone #   |   |   |   |                                 |

| Alaska, Curran Travel Inc. Application (continued)   |
|--|
| Do you need a handicap room requested? Yes No  |
| (Please note: This room cannot be guaranteed, only requested.) If not available, are you still able to travel without a handicapped room? Yes No   |
|  |
| The undersigned travels with the Lewes Senior Activity Center (LSAC) at their own risk and agrees to hold harmless and indemnify LSAC, as permitted by law, any claims, liabilities, damages, costs, personal injury, or contraction of disease or virus, which may result relating to this travel arrangement.                                  |
| The undersigned also agrees to adhere to all group guidelines and bus safety rules outlined at the pretrip meeting and understands and adheres to the trip level as stated above.  |
| The undersigned agrees that they are an independent traveler who can participate fully in the events and activities listed in the brochure. If they are not, there will be a companion travelling with them and responsible for assisting them (e.g., pushing wheelchair, helping them up and down stairs, getting in and out of the bus, etc.). |
| The undersigned agrees during this time of Covid restrictions, the CDC Vaccination cards should be carried, and mask requirements should be adhered to during this trip to ensure access to all tours and travel modes.  |
| Signature:   |
| Date   |
| Cc: LSAC, Traveler   |

For office use only: Credit Card Type: \_\_\_ (Last four digits) \_\_\_\_ Check #\_ Staff initials Cash:

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**DETACH HERE** 



# 8-DAY STAR PRINCESS ALASKAN INSIDE PASSAGE 2026

|               | ALL INFORMATIO              | N IS REQUIRED | & MUST N | IATCH PASSPO   | ORT EXACTLY        |                    |   |
|---------------|-----------------------------|---------------|----------|----------------|--------------------|--------------------|---|
| PROPER NAME   |                             |               |          |                | DATE OF BIRTH REQ  | QUIRED             | Ī |
|               |                             |               |          |                |                    |                    |   |
| ADDRESS       |                             |               | CITY     |                | STATE              | ZIP CODE           |   |
| ROOMING WITH: |                             |               |          |                | THEIR DATE OF BIRT | rh <i>REQUIRED</i> |   |
| U.S CITIZEN?  | ☐ YES DEPOSIT PAID: ☐ NO \$ | PHONE NO.:    |          | EMAIL ADDRESS: |                    |                    |   |

| _ |     | 17 we would like to purchase the offered Travel Protection Plan. I/ We have read and understand the policy which includes |
|---|-----|---|
|   | YES | full coverage terms, including exclusions and limitations, and Travel Protection Plan Flyer, which includes important     |
|   |     | consumer information, plan highlights and rates. To view the policy, visit: http://policy.travelexinsurance.com/GPZ-1023  |
|   |     |   |

NO I/We have been advised that Travelex Protection Plan is available at an additional cost and I/We DO NOT wish to purchase trip protection.

IMPORTANT: It is the responsibility of each travelerspurchasing the Travelex 360° Group Premier Travel Protection Plan to read the Policy and familiarize themselves with the terms and conditions of the plan. For questions regarding benefits or coverage, please contact Travelex Insurance Services at 888-574-7026 and reference plan number GPZ-1023. To view state specific fraud warnings, visit: http://www.travelexinsurance.com/company/fraud-warning