

Joel Ross Tennis Camp

PO Box 62H Scarsdale, NY 10583 after June 20: Kent School PO Box 2006 Kent, CT 06757
914-723-2165 fax 914 723-4579 summer fax 860-927-6039 info@joelrosstennis.com

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 our families. We highly recommend you review this comprehensive protection plan created especially for the Camp/Summer Study industry.



CAMP/SUMMER STUDY PROTECTION PLAN

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 ID#: Joel Ross
Organization Name: jros222
2. Print the enrollment form (an insurance certificate will be included with the enrollment form); and
3. Mail the enrollment form (keep the insurance certificate) along with your check payable to Trip Mate. It's as simple as that!

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 and 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 and 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 damage, 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 April 1st, if your initial deposit for your program was made prior to April 1st, or within 30 days of your initial deposit if made after April 1st.

Additional Information:

1. If the plan is purchased by April 1st (or within 30 days of your initial trip deposit, if made after April 1st), the plan will include coverage for Terrorist Acts as defined in the policy and 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 April 1st or more than 30 days after your initial trip deposit (if your deposit is after April 1st), but before final payment is made, the plan will not include coverage for Terrorist Acts and the exclusion for Pre-Existing Medical Conditions will not be waived.
3. Once paid, the premium is non-refundable.

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.