

IF YOUR TRIP TAKES A WRONG TURN
WE CAN HELP

Nationwide®



TRAVEL

GROUPROTECTORSM



Nationwide®
On Your Side

ACCIDENTS HAPPEN. But that doesn't have to ruin your trip.

Let Nationwide® help. Our **GROU**PROTECTORSM accident medical insurance provides peace of mind that keeps the focus on fun. Our policy provides accidental death and specific loss benefits to both you and your family.

Pick the coverage plan that's right for your family

You can choose to cover just yourself or include your family members as well. Your coverage options are:

- You
- You & Your Children
- You & Your Spouse
- You, Your Spouse, & Your Children

Certain restrictions apply to both spouse and family coverage.

What types of travel are covered?

- As a pedestrian if you're struck by a motor vehicle on public roadways*
- As the driver or passenger in a private passenger automobile* (not licensed to carry passengers for hire)
- As a fare-paying passenger on a bus, ocean liner, powerboat, streetcar, subway, taxicab or train
- As a fare-paying passenger in a commercial aircraft like a helicopter or multi-engine aircraft (must be for civilian use and licensed to transport passengers for hire)

Coverage as an aircraft passenger also includes riding as a "space available" or "space required" passenger of the Air Mobility Command of the United States or a similar type service of any other recognized country.

*For pedestrians and private passenger automobile travelers, benefits are reduced by 50% for accidents that occur on or after any insured person's 70th birthday.

What are the benefit levels?

Person(s) Insured	Benefit Amount
Primary Applicant (Air Travel)	\$200,000
Primary Applicant (Other Travel)	\$100,000
Spouse	\$40,000
Child(ren)	\$12,000

What annual premium will I pay?

Option	Premium
Applicant Only:	\$60.00
Applicant & Child(ren):	\$67.20
Applicant & Spouse:	\$76.80
Applicant, Spouse, & Child(ren):	\$84.00

TRAVEL Policy Application (not available in NJ, NY and PR)

Print or type only

This Policy Application, upon acceptance and approval by **Nationwide Life Insurance Company**—Columbus, Ohio will become a part of Travel Accident Insurance Policy Number 952- Office Use Only

1. Name of Applicant _____

Effective Date

Office Use Only

2. Address: Street _____

City _____ State _____ Zip _____ County _____

3. Occupation or Profession _____

Date of Birth ____/____/____

4. a. Are you now covered by, or do you have another application pending for, a Nationwide Life Insurance Company Travel Accident Insurance Policy? Yes No

b. Is this insurance intended to replace any other accident and sickness insurance presently in force? Yes No

5. Schedule: Check Person(s) to be Insured and enter Total Annual Premium.

Face Amount of Coverage

Person(s) to be Insured	Benefit	Total Annual Premiums	Premium	Total Premium
<input checked="" type="checkbox"/> Applicant <u>Air Travel</u>	\$200,000	Applicant Only	\$60.00	
<u>Other Covered Travel</u>	\$100,000	Applicant and Spouse	76.80	
<input type="checkbox"/> Dependent Spouse	40,000	Applicant, Spouse & Child(ren)	84.00	
<input type="checkbox"/> Dependent child(ren)	12,000	Applicant and Child(ren)	67.20	
\$				

NOTE: Benefits applicable to travel in a private passenger automobile or to being struck as a pedestrian reduce by 50% at age 70.

6. Beneficiary of Applicant _____

Relationship _____ Date of Birth ____/____/____

7. a. It is understood that the Effective Date of the Policy will be the date on which it is issued by Nationwide Life Insurance Company.

b. The undersigned applicant and agent certify that: (1) the applicant has read, or has had read to him/her, this completed Nationwide Life Insurance Company policy application and that he/she realizes that any false statement or misrepresentation herein may result in loss of coverage under the policy; and (2) the undersigned have retained for their records a copy of this Application and a copy of the Outline of Coverage for this Nationwide Life Insurance Company policy.

RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS

Agent's Signature and Information

Signature & Date _____
Agent Number _____
Phone _____
Email _____
Fax _____

Applicant's Signature and Information

Signature & Date _____
Printed Name _____
Phone _____
Email _____
Fax _____

IMPORTANT NOTICE—This is a limited conveyance and pedestrian travel accident death and specific loss policy. It does not provide coverage for sickness.

WARNING—Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects to such person to criminal and/or civil penalties.

Accidental and Specific Loss Benefits

If, as a result of a covered injury, you or one of your insured eligible dependents should die or suffer a specific loss within one year (not applicable to Loss of Life in WV or PA contracts) from the date of the accident causing the injury, we will pay a benefit as a percent of the “Face Amount” which applies as follows:

Specific Loss	% of Face Amount
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of Same Hand	25%

The total payment of all the losses of any one insured person because of any one accident will not be more than the face amount which applies.

Policy Exclusions & Limitations

The policy does not pay benefits for loss resulting, in whole or in part (in whole or in part not applicable in a CA contract), from: intentional self-inflicted injury (if a MO contract, while sane); war; service in the armed forces; committing a felony; taking part in an illegal occupation (not applicable in a CT contract) or insurrection, sickness, disease, or bodily infirmity; or hallucinatory drugs (not applicable in an OR contract) or being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician (if a CT, IL or MD contract, this exclusion applies only to alcoholism and drug addiction and, if a MN or OK contract, only to hallucinatory drugs and controlled substances).

Coverage is provided under policy form GR9020.

Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made. The expected benefit ratio for this policy is 55%.

THIS PRODUCT IS NOT AVAILABLE IN NJ, NY, AND PR.

Outline of Coverage

- Read the Policy Carefully**—This outline of coverage provides a very brief description of the important features of the policy. Please note that this outline is not intended to be a part of the insurance contract. Only the actual policy provisions are final and binding. The policy itself sets forth in detail your rights and obligations as well as those of the insurance company. It is, therefore, important that you **PLEASE READ THE POLICY CAREFULLY!**
- Accidental Death and Dismemberment Coverage**—Policies of this category are designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- Benefits**—Accidental Death and Specific Loss—If, as a result of injury, you or one of your insured eligible dependants should die or suffer a specific loss within one year from the date of the specified accident causing the injury (the one year limit is not applicable to the loss of life benefit in WV or PA policies), we will pay the following benefit(s) as a percent of the applicable “Face Amount” which applies as follows:

Specific Loss	% of Face Amount
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of Same Hand	25%

The total payment for all of the losses of any one insured because of any one accident will not be more than the face amount which applies.

A “specified accident” is an accident which occurs while the insured is: (a) riding as a fare-paying passenger (not as a pilot, operator, crew member, inspector, or trainee); (1) of a commercial air carrier on a civilian helicopter or civilian multi-engine aircraft, each of which is operated under a license for the transportation of passengers for hire; or (2) on a bus, ocean liner, powerboat, streetcar, subway, taxicab, or train, each of which is operated under a license for the transportation of passengers for hire; (b) riding as a passenger (not as a pilot, crew member, inspector, or trainee) of the Military Airlift Command (MAC) of the United States or a similar air transport service of any other recognized country on a transport type aircraft, provided a person is permitted to fill a seat as a “space available” or “space required” passenger as assigned by a military passenger terminal; (c) driving or riding as a passenger in a private passenger automobile; or (d) a pedestrian and as such is struck by a motor vehicle commonly operated on the public highways.

Benefits payable as a result of specified accidents (c) or (d) above are reduced by 50% for an insured who is age 70 or older on the date such accident occurs.

(4) **Exclusions and Limitations on Benefits**—The policy does not cover loss resulting from: intentional self-inflicted injury; war or an act of war; service in the armed forces; committing a felony; taking part in an illegal occupation (not applicable in a CT contract) or an insurrection; sickness, disease, or bodily infirmity; or hallucinatory drugs (not applicable in OR contracts); or being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician (if a CT or IL contract, this exclusion applies only to alcoholism or drug addiction unless the drug is administered on the advice of a physician. If in a MN or OK contract, this exclusion applies only to hallucinatory drugs and controlled substances unless administered on the advice of a physician).

(5) **Renewability and Continuation of Coverage**—We can decline to renew your policy only if we give you at least 60 days advance written notice of our intent to decline to renew all policies issued to persons in your state which have the same form number as yours. We will not decline to renew the contract based on an insured's deterioration of physical or mental health.

An insured's coverage will end on the first of these to occur: the premium due date coinciding with or next following the date he or she is no longer a dependent spouse or dependant child; the date the policy lapses due to a nonpayment of premium; or the date as of which we decline to renew the policy as set forth above.

(6) **Annual Premium**—\$_____.

We can change the premium rates as of a policy anniversary and then only if we also change the rates of all policies issued to persons in your state which have the same form number as yours (and, in FL, give a 45-day written advance notice). (Any change in premium rates in PA is subject to the approval of the Insurance Commissioner of the state in which you reside at the time of the change). There is a 31-day grace period for the payment of each premium (other than the first payment) falling due. This means that if the premium is not paid by the due date, it may be paid during the grace period.

Note to Agents:

All policies sold in the State of Oregon must have the Oregon Individual Accidental Death and Specific Loss Insurance Policy Disclosure Statement Form completed.

Receipt of Payment

(required in AL & MS)

Received \$_____

from _____

which is the first annual premium for a Travel Accident Insurance Policy to be issued by Nationwide Life Insurance Company

P.O. Box 1970, Springfield, MA 01101.

Authorized Agent _____

Date _____

NOTE: All premium checks must be made payable to Nationwide Life Insurance Company. Do NOT make check payable to the Agent or leave payee blank.

OREGON INDIVIDUAL ACCIDENTAL DEATH AND SPECIFIC LOSS INSURANCE POLICY DISCLOSURE STATEMENT

Agent (or insurance company representative) _____

Complete Address _____

Completed this questionnaire on _____ describing Travel Accident Policy, Policy Form GR 9020-1, et al, an individual insurance policy providing coverage for Limited Conveyance and Pedestrian Travel Accidental Death and Specific Loss.

This policy is underwritten by: **Nationwide Life Insurance Company**
Attn: Nationwide Specialty Health
PO Box 1970, Springfield, MA 01101

NOTICE This disclosure statement highlights some of the important issues that often affect consumers. It is intended for your use whether you are purchasing accidental death and specific loss insurance for the first time or whether you are replacing or adding to your existing coverage.

Are You Considering Replacing Your Current Coverage?

Before you replace your current policy with another, you should review both policies in order to determine whether replacement is in your best interests.

The new coverage may be different in important respects. You should be aware of these differences, whether they are temporary or permanent. If you obtained your current policy from another agent or a representative of another company, be sure to ask that agent or representative any questions you may have about that policy.

Are You Considering Adding to Your Current Coverage?

Review Your Coverage.

Before you add new coverage to your current coverage, you should review both policies to ensure that you are not purchasing unnecessary coverage. If you obtained your current policy from another agent or a representative of another company, be sure to ask that agent or representative any questions you may have about that policy and the need for additional coverage.

Which Coverage Will Pay?

If coverage under the offered policy duplicates coverage under your current policy, the offered policy will, will not, pay if your current policy also pays. (NOTE: You should ask the agent or company representative who sold you your current policy whether your current policy will pay if the new policy pays.)

Questions? Ask for Help.

If you have any questions that are not answered by this disclosure statement, be sure to ask your agent or insurer representative.

Read Your Policy!

If you purchase the offered policy, read it carefully as soon as you receive it. Because it is an individual policy, you will have an opportunity to send it back and obtain a premium refund.

Fill Out Your Application Carefully!

Be sure to fill out all portions of your application completely and truthfully. If misstatements are made or information requested about your health are omitted from the application, the insurer may void the policy or deny your claims. If your age is misstated, the amounts payable on claims may be reduced.


We hope this disclosure statement will help you with your insurance purchase. However, please remember that the statement is not intended to be a part of the policy and that only the language of the policy issued by the insurer is final and binding.


How do you apply for coverage?


1. Complete ALL fields on the application. Be sure to sign and date where indicated.
2. Mail the application with a check made payable to Nationwide Insurance to the address listed below.
Be sure to mail before the desired policy effective date.
3. Fax your application to the fax number listed below. Payment may also be accepted by credit card or electronic check. Download the ACH form using the Web address listed below. Complete the form indicating your choice of electronic payment and necessary account information. Fax the ACH form along with the application.

ACH Form: nationwide.com/ach

How do you contact us?

 800.525.8669
(8:00 a.m. – 5:00 p.m. ET, M-F)

 413.214.7761

 Nationwide Specialty Health,
P.O. Box 1970, Springfield, MA 01101

 grouprotector@consolidatedhealthplan.com

 nationwide.com/grouprotector

Fraud Warnings

- (CA) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (FL) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- (KY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- (LA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- (MD) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (MO) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.
- (PA) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

Please read these important notices and warnings

Be aware that all cases are subject to the acceptance of the risk. In addition, any case with premium of \$5,000 or more is subject to a review of prior claims experience.

This policy does not provide coverage for sickness or for legal liability.

This policy does not provide basic hospital, basic medical or major medical insurance. (In NY: as defined by the New York State Insurance Department)

(NY) The insurance offered in this brochure is (1) not a deposit; (2) not insured by the Federal Deposit Insurance Corporation; and (3) not guaranteed by the bank, trust company, savings bank, savings and loan associations, federal savings association or national bank.

Underwritten by Nationwide Life Insurance Company.

Administered by Consolidated Health Plans

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