



## SUMMER CAMP PROTECTION



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 families. We highly recommend you review this comprehensive protection plan created especially for the Summer Camp participants and their families.

Complete details of the plan and enrollment forms are available online at <https://www.aplusplans.com/consumer/portal/strk11>  
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 Name:** Seatrek  
**Organization ID#:** strk11
2. Purchase coverage with a credit card or download the mail in enrollment form and send it along with your check payable to Trip Mate. It's as simple as that!
3. An email confirmation will be sent automatically when premium has been received.

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, job termination, 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, job termination & 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 damaged, lost, or stolen personal articles.
- \* **Medical Records On Line** – at your option, instant access to your medical records is available with the plan.

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.

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### PLEASE RETURN THIS FORM TO YOUR DIRECTOR

- ☐ We have **ACCEPTED** the camp insurance as offered by TravMark. We have applied and made payment directly to the insurance administrator. Our enrollment ID# number is: \_\_\_\_\_
- ☐ We have **NOT ACCEPTED** the camp insurance offered by TravMark; we have accepted insurance offered through another insurance provider.
- ☐ We have **NOT ACCEPTED** the camp insurance offered by TravMark or any other insurance provider. We understand that all program payments are not refundable.

PARTICIPANT NAME: \_\_\_\_\_ PROGRAM & DATES: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_