



Bring this protection along for the ride

Nationwide® Travel Accident Insurance

...and travel worry-free

Accidents and injuries while you're on the road don't have to derail your plans. Whether it's a full-blown vacation or just a trip across town, Nationwide Travel Accident insurance can help you financially protect yourself against:

- Accidental death
- Specific loss (such as a limb, eyesight or hearing)

You can even choose who is protected:

- Yourself (as the primary applicant)
- Yourself and your spouse
- Yourself, your spouse and your children
- Yourself and your children

You're covered however you choose to get where you're going

No matter how you're traveling to your destination, you're covered with Nationwide Travel Accident Insurance:

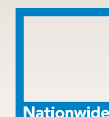
- As a **pedestrian** if you're struck by a motor vehicle on public roadways
- As the **driver or passenger** in a **private passenger automobile** (not licensed to carry passengers for hire)
- As a **fare-paying passenger** on a **bus, ocean liner, powerboat, streetcar, subway, taxicab or train**
- As a **fare-paying passenger** in a **commercial aircraft** like a **helicopter or mutli-engine aircraft** (must be for civilian use and be 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 travelers in private passenger automobiles, benefits reduce by 50% for accidents that occur on or after the insured person's 70th birthday.

This product is not available in NJ, NY and PR.

SPL-7180-CHP (8/07)



Nationwide®
On Your Side

Nationwide Specialty HealthSM

Protection and premium for your needs!

Face Amounts of Coverage and Total Annual Premiums

| Face Amounts of Coverage | |
|--------------------------------------|-----------|
| Applicant - Air Travel | \$200,000 |
| - Other Covered Travel | 100,000 |
| Spouse | 40,000 |
| Child(ren) | 12,000 |
| Total Annual Premium for each option | |
| Applicant Only | \$60.00 |
| Applicant & Spouse | 76.80 |
| Applicant, Spouse & Child(ren) | 84.00 |
| Applicant & Child(ren) | 67.20 |

Individual Coverage—Subject to certain minimum age restrictions, you are eligible to apply,* if you; (a) are **not** a member of a professional sports team; **and** (b)** are **not** now covered by; **and** (c) do **not** have another application pending for, a Nationwide Life Insurance Company or a National Casualty Company Travel Accident Insurance Policy.***

Family Coverage—Subject to certain minimum age restrictions, your legal spouse is also eligible to be included,* provided he or she: (a) is **not** a member of a professional sports team; **and** (b)** is **not** now covered by; **and** (c) does **not** have another application pending for, Nationwide Life Insurance Company or National Casualty Company Travel Accident Insurance Policy.

Each of your unmarried children who is chiefly dependant upon you and/or your spouse, is under 19 years of age, and: (a) is **not** a member of a professional sports team; **and** (b)** is **not** now covered by; **and** (c) does **not** have another application pending for, Nationwide Life Insurance Company or National Casualty Company Travel Accident Policy, is also eligible to be included.

An unmarried child who is a full-time student attending an accredited school of higher education will continue to be eligible until he or she becomes 25 years of age.

The term “child” includes a foster child, a legally (not applicable in a MN contract) adopted child (including any waiting period before the finalization of the child’s adoption), a natural child, a stepchild, and a child under your legal guardianship.

* California and South Carolina residents must be under age 70 when coverage becomes effective.

** “(b)” does not apply if we receive written notice, before the effective date of the new policy for which application is being made, to cancel the current policy as of said effective date.

*** If a South Carolina contract, you are not eligible to apply if you have a current Medicaid eligibility card.



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:

| | | | |
|-----------------------------|------|-------------------------------|-----|
| Loss of Life. | 100% | Speech | 50% |
| Each Hand. | 50% | Hearing of Each Ear | 25% |
| Each Foot. | 50% | Thumb and Index Finger | |
| Sight of Each Eye | 50% | of the 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.

Renewal and Termination Conditions—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 contracts issued to persons in your state which have the same form number as yours. We may not decline to renew a MA or WA contract.

An insured person’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 an eligible dependent, the date the policy lapses due to nonpayment of premium, or the date (if applicable) as of which we decline to renew the policy.

Exclusions and 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.

How to apply—(a) complete the policy application being sure to indicate the person(s) to be insured and the total annual premium; (b) sign and date the appropriate receipt(s); (b) make your check for the total annual premium payable to Nationwide Insurance; and (d) give the completed application, completed receipt, and the annual premium to your Nationwide Representative **before the desired effective date**.

After completion by your agent, please retain the OUTLINE OF COVERAGE and your copy of the completed RECEIPT for your records.

This Policy Application, upon acceptance and approval by **NATIONWIDE LIFE INSURANCE COMPANY—Columbus, Ohio** will become a part of **TRAVEL ACCIDENT INSURANCE POLICY NUMBER 952-5600001-** _____

1. Name of Applicant _____
Last First Middle
2. Address _____
Number Street City State Zip County
3. Occupation or Profession _____ Date of Birth ____ / ____ / ____
- 4a. Are you now covered by, or do you have another application pending for, a Nationwide Life Insurance Company Travel Accident Insurance Policy? Yes No
- 4b. Is this insurance intended to replace any other accident and sickness insurance presently in force? Yes No
5. Schedule: Check Plan desired, Person(s) to be Insured and enter Total Annual Premium.

Office Use Only

| |
|----------------|
| Effective Date |
| |

Office Use Only

Face Amount of Coverage

| Person(s) to be Insured | Plan | Total Annual Premiums | |
|---|-----------|--------------------------------|----------------|
| | | Plan 1 | Total Premium |
| <input checked="" type="checkbox"/> Applicant | | | |
| Air Travel | \$200,000 | Applicant Only | \$60.00 |
| Other Covered Travel | \$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 _____
Full Given Name Relationship Date of Birth
- 7a. **It is understood that** the Effective Date of the Policy will be the date on which it is issued by Nationwide Life Insurance Company.
- 7b. 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 for your records—

Applicant's Signature Date

Printed Name of Applicant

Applicant's Phone Number

Applicant's E-mail Address

Applicant's Fax Number

Agent's Signature Date

Agent Number

Agent's Phone Number

Agent's E-mail Address

Agent's Fax Number

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.

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 2399, Columbus, Ohio 43216-2399

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.



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Nationwide Specialty HealthSM

Outline of Coverage

(1) 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!**

(2) 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.

(3) 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:

| | | | |
|-----------------------------|------|-------------------------------|-----|
| Loss of Life | 100% | Speech | 50% |
| Each Hand | 50% | Hearing of Each Ear | 25% |
| Each Foot | 50% | Thumb and Index Finger | |
| Sight of Each Eye | 50% | of the 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 2399, Columbus, Ohio 43216-2399.

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.

A.M. Best's rating for Nationwide Life is A+ (Superior). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

Note to Agent: (a) complete the OUTLINE OF COVERAGE; (b) please be sure that the Applicant retains the completed OUTLINE OF COVERAGE (and if in OR the Disclosure Statement); and (c) please be sure to complete, with the Applicant, the Receipt. Provide to the Applicant, for their records, the completed Outline of Coverage and completed Receipt.

Mail the completed application and premium before the desired effective date to:

Consolidated Health Plans, Inc.
2077 Roosevelt Avenue
Springfield, MA 01104

CHP

Consolidated Health Plans

Contact Us:

Local: 1-413-747-8418, Ext. 142

Toll Free: 1-800-633-7867, Ext. 142

Fax: 1-413-747-8418

E-Mail: sales@consolidatedhealthplan.com

Website: www.consolidatedhealthplan.com

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.
- (LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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.
- (NY) 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- (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.
- (VA) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- (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.



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Underwritten by Nationwide Life Insurance Company.

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