



Decline Travel Protection Plan

If you choose *not* to purchase Travelex Travel Protection Plan at this time, please sign this form acknowledging that you were offered, and are declining travel insurance. **Vacation Vibes Travel & Xcel Roofing** are not liable for *any* additional expenses which you may incur.

- Please bear in mind that most *health* insurance coverage does not provide coverage out of the country. If they do, it is typically considered out of network.
- Credit card insurance coverage is usually minimal and may not have much coverage (if any at all).
- Most hospitals in other countries will not even start medical treatment (including emergency situations) without having a large deposit upfront (Travelex Insurance wires money directly to the hospital in emergencies).

There are two types of insurance plans:

- **Emergency Medical coverage During Travel:**
 - You **WILL** have coverage for emergency medical expenses &medical evacuation during travel (this acts as a primary insurance and does **NOT** have a deductible).
- **Trip Cancellation Prior & Emergency Medical Coverage During Travel:**
 - This plan reimburses you for non-refundable trip costs prior to your trip, if cancelling for a covered reason.
 - You **WILL** have coverage for emergency medical expenses &medical evacuation during travel (this acts as a primary insurance and does **NOT** have a deductible).

Travel insurance will exclude pre-existing medical conditions, unless added within 21-days from the date of your initial deposit. Travel insurance **always** excludes pregnancy &mental illness. As always, you must be fit to travel at the time of booking and not traveling against the advice of a physician.

The policy always goes into effect 24- hours after purchase. If you choose to add it later, I will need it in writing (via email). I will acknowledge via email within 24 business hours, verbal confirmation will not be honored (to avoid any confusion later).

A signature below indicates that you have been offered Travelex Travel Insurance, understand the risk and are declining the policy.

Signature: _____ Date: _____

Printed Name: _____