

RE: EF Tours Travel Protection Plan - Assignment of Benefits Agreement

Dear Insured:

This letter is in connection with the travel protection plan which contains a travel insurance certificate underwritten by United States Fire Insurance Company ("US Fire") purchased in connection with the EF Tours trip booked for yourself or a minor traveler.

There may be a circumstance during the trip making it necessary for the traveler's Group Leader who is supervising an EF Tour and/or Another Party to advance payment on behalf of the insured traveler. If the circumstance is a covered claimable incident under the travel protection plan, for which the insured is entitled to file a claim for reimbursement, the insured traveler must file a claim to receive said reimbursement, and the reimbursement must be assigned to the party who advanced the payment, i.e., the Group Leader and/or Another Party.

Please be advised that, in the event the traveler's Group Leader and/or Another Party is compelled to advance payment on the Insured's behalf under the conditions described above, you must agree to submit any and all claims related to this matter to Broadspire and assign reimbursement under the Plan to the applicable Paying Party by including the attached Assignment of Benefits Agreement, up to the amount advanced on the Insured's behalf.

Below is an Assignment of Benefits Agreement that will take the preceding into account. By signing below, you affirm acknowledgement of this agreement and will utilize the attached Assignment of Benefits Agreement.

Group Leader's / Another Party's Name and Address for Payment:

Name: _____

Address: _____

City/State/Zip: _____

Group / Tour Name: _____

Travel Destination(s): _____

Travel Dates: _____

Assignment of Benefits Agreement

This is to confirm that benefits due to the below individuals should instead be paid out to:

 (name of individual, who paid on behalf of traveler)

For the following tour destination(s): _____

and Tour Dates: _____

Travelers whose benefits should be reassigned agree by signature that any reimbursement deemed payable in connection with an approved claim submission shall be assigned to the above-named individual with the balance of the proceeds being paid to the Insured per the terms and conditions of the Plan, underwritten by United States Fire Insurance Company.

<u>Insured Name</u>	<u>Date of Birth</u>	<u>Insured Signature</u>

Group / Tour Name: _____

Travel Destination(s): _____

Travel Dates: _____

Assignment of Benefits Confirmation - Continued from page 2

<u>Insured Name</u>	<u>Date of Birth</u>	<u>Insured Signature</u>

*Submit the completed form using one of the following methods:

- 1) Online Claim Portal: <https://myclaimsagent.com/EFTravelerLogin>
- 2) Explore America specific Online Claim Portal: <https://myclaimsagent.com/EFExploreAmerica/login>
Broadspire Self Service Portals - User Guide: [Download User Guide](#)
- 3) Upload to <https://myclaimsagentupload.crawco.com/> using your claim number and last name
- 4) Email to: eftoursclaims@choosebroadspire.com
- 5) Fax: 1-855-830-3728
- 6) Mail: Claim Benefit Services P.O. Box 459084 Sunrise, FL 33345

PLEASE NOTE: Any fees associated with the completion of this form remain the responsibility of the insured or claimant. All invoices or requests for payment sent to Broadspire will be returned to sender.

Group / Tour Name: _____

Travel Destination(s): _____

Travel Dates: _____