Assignment of Benefits Agreement

Individual Traveler

Date (MM/DD/YYYY)

Insured Name

Address

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 Robin Assist 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.

Attached 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.

Kindest regards,
Robin Assist

ACCEPTED AND AGREED

Insured Signature

Insured Minor Parent/Guardian Signature

Insured Minor Traveler's Name Printed

ASSIGNMENT AGREEMENT

I am submitting a claim in accordance with the travel protection plan purchased through EF Tours with travel insurance underwritten by United States Fire Insurance Company (the "Plan"), as a result of the incident indicated in the attached claim form, which occurred during my EF Tours trip where the traveler's Group Leader supervising an EF Tour and/or Another Party, advanced payment on the insured's behalf as a result of said incident.

I agree that any reimbursement deemed payable in connection with an approved claim submission shall be assigned to _____ up to the amount expended by _____ with the balance of the proceeds being paid to the Insured per the terms and conditions of the Plan.

Insured's Name (print)

Date (MM/DD/YYYY)

NEW YORK RESIDENTS: 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.

Insured's Signature

Insured Minor's Parent/Guardian Signature

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

Name

Address

City/State/Zip

How to submit this form

Online	claims.robinassist.com
Email	EFToursclaims@robinassist.com
Mail	Robin Assist, P.O. Box 211879, Dallas, TX 75211
Phone	+1 877 314 1193 (Questions about a claim already in progress)

Submit this agreement together with the related claim form. Please include the Insured name and Claim number.

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 Robin Assist will be returned to sender.

Fraud Warning Statement

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW: 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.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

MAINE: 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.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

PENNSYLVANIA: 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.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: IMPORTANT NOTE: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: 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 benefit.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: 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.

WASHINGTON: 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.

NEW YORK: 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.