

Description of Variable Material
Certificate of Insurance Coverage Number AETI-CRT-CA 2/11

Page Number	Bracketed Provision	Possible Variations
Face page	Address of AMEX Assurance Company	The address is bracketed as it could change in the future.
Face page	John/Jane Doe	The name of each certificate holder enrolled in the plan will be inserted here.
Face page	xxxxxxxxxxxx	Identification number assigned to enrolled certificate holder.
Face page	14	This refers to the number of days a certificate holder has to review the policy and return it, in exchange for the return of premium. This number of days may change depending on state law or other permissible reasons.
Face page	P.O. BOX 471792, TULSA OK 74147-1792	The address of the Company is bracketed, as it could change in the future.
Face page	Language describing effective date for Trip Cancellation coverage	This language may or may not be in the Certificate depending on the plans offered to, or chosen by, an Enrollee.
Face page	Trip Interruption, Global Trip Delay, Global Baggage Protection, Travel Accident Protection, Emergency Medical and Dental Expense and Emergency Medical Evacuation/Repatriation coverage	Each of these benefit descriptions is bracketed because the plans offered to Enrollees, or chosen by Enrollees, can vary.
2	In the table of contents, Trip Cancellation/Interruption, Cancel for Any Reason Coverage, Global Medical Protection, Global Trip Delay, Global Baggage Protection and Travel Accident Protection	Applicants are offered either stand-alone insurance plans or packages containing all or some of these different types of benefits. Accordingly, each benefit needs to be bracketed as it may or may not be in the Certificate issued to a particular Enrollee.
3	Definition of Annual Payment Plan	Applicants typically may purchase this coverage either through payment of annual premiums or through buying coverage for a particular designated trip. If coverage for a particular trip is purchased, this definition may not be included in the Certificate.
4	Definition of Designated Trip Payment Plan	Applicants may purchase this coverage either through payment of annual premiums or through buying coverage for a particular designated trip. If an Enrollee purchases an Annual Payment Plan option, this Designated Trip Payment Plan definition may not be included in the Certificate.
5	Definition of Family Member	In some plans the following alternative definition of Family Member is used: “the Covered Person’s Spouse or Domestic Partner, child, parent, step parent, grandparent, grandchild, or sibling.”
7-11	Entire description of Trip Cancellation/Interruption benefits	The entire description of this benefit is bracketed because it may or not be offered to or chosen by an Enrollee, depending on the plan configurations marketed by the Company or chosen by the Enrollee.
7	“or other means” “or enters a vehicle or other means of transportation and begins the trip”	This language is removed in some plans that cover Trip Cancellation and Interruption only in regards to travel on a Scheduled Airline or Common Carrier Conveyance and not on trips taken, for example, in a personal vehicle or rental car.
8	[Unforeseeable, unexpected or unintended Financial Default or bankruptcy of any tour operator, hotel, resort, rental car company, other travel supplier, Scheduled	This covered reason is not included in all products.

Page Number	Bracketed Provision	Possible Variations
	Airline, or Common Carrier Conveyance, whose services or products constitute all or part of the Covered Person's Covered Trip. Financial Default occurring on, before or less than 7 days after the Coverage Effective Date of Trip Cancellation is not covered;]	
9-10	Cancel for Business Reasons explanation of benefits	This entire subsection of the Trip Cancellation and Interruption description of benefits will be removed if Cancel for Business Reasons is not offered to or chosen by an Enrollee.
10	Contact telephone numbers: [1-800-332-4899] and [1-303-273-6497]	These telephone numbers may change in the future.
10	Exclusions and Limitations Applicable to Trip Cancellation/Interruption [& Cancel For Business Reasons] Coverage	Bracketed language will only be inserted in plans that include Cancel for Business Reasons coverage.
10	"... exclusions apply to the Trip Cancellation/Interruption Coverage [& Cancel for Business Reasons coverage]."	Bracketed language will only be inserted in plans that include Cancel for Business Reasons coverage.
10	"... [identify them when You enroll for coverage] [or] [call us at [1-800-332-4899] within the United State or collect at [1-303-273-6497] from anywhere else before the Covered Trip and identify them.	These bracketed provisions refer to ways to identify Traveling Companions who are not enrolled under this Certificate, but who could trigger Trip Cancellation or Trip Interruption benefits for a Covered Person if the Traveling Companion experiences a covered reason for cancellation or interruption. The means to provide such notification, or the referenced telephone numbers, may change in the future.
11	Employment or business-related obligations of [the Covered Person, his or her Traveling Companion or] a Family Member of the Covered Person or Traveling Companion.	Covered Persons and Traveling Companions will not be included in this exclusion if a Certificate includes Cancel for Business Reasons coverage.
11	Benefit description for Cancel for Any Reason Coverage	This entire benefit is bracketed because Cancel for Any Reason Coverage will be offered only in certain plans marketed to Enrollees.
12-14	The entire description of benefits for Global Medical Protection	The entire description of benefits must be bracketed because Global Medical Protection Coverage may not be offered to or chosen by all Enrollees, depending on the plan configurations marketed by the Company or chosen by the Enrollee.
12	Part of Covered Trip to which this benefit applies: the first [60] days	The Company will allow Enrollees to choose an extension of medical benefits of up to 180 total days in exchange for additional premium.
12	Maximum benefit under Emergency Medical Expense: \$[25,000]	When offered as a stand-alone plan, the Company will offer levels of Emergency Medical/Evacuation benefits ranging from \$25,000 to \$100,000. When offered as part of a bundled coverage, the Emergency Medical Expense benefit will range between \$5,000 and \$50,000.
12	Maximum expense under Emergency Dental Expense Benefit: \$[750]	The Company will offer plans with total dental benefits of \$500 and \$750. The dental benefit is included within the total medical benefit.
12	"The Covered Person must pay a \$[50] deductible before We pay for Medically Necessary dental care on a Covered Trip."	The Company will not include this deductible in all plans. With any appropriate rate adjustments and filings, the Company may revise the amount of deductible in the future.
12	Maximum benefit under Emergency Medical Evacuation/Repatriation: \$[25,000]	When offered as a stand-alone plan, the Company will offer levels of Emergency Medical Evacuation benefits ranging from \$25,000 to \$100,000. When offered as part a bundled coverage, the Emergency

Page Number	Bracketed Provision	Possible Variations
		Medical Evacuation/Repatriation benefits will range between \$5,000 and \$100,000.
13	Toll free numbers to contact in relation to evacuation services: [1-800-332-4899], [1-303-273-6497]	These telephone numbers may change in the future.
14-15	Global Trip Delay description of benefits	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
15	Minimum time for trip delay: [6] hours or by [11:00 p.m.] of the same day (in the same time zone of missed connections, delayed transportations, cancellations or denied boarding, whichever occurs first)	These limitations could vary in some plans.
15	Payment will not exceed \$[[150] per day up to] Our aggregate limit of \$[750] per Covered Trip.	A per day limit will not be included in all plans offered under this Certificate, but when included, such limits will range between \$100 and \$300. The maximum per trip limit will range between \$200 and \$1,000. There may not be a per day limit in all plans.
15	“Total covered expenses may not exceed the per day limit and must be necessary and reasonable.”	This language will be included only in plans with a per day limit.
15-18	Description of benefits for Global Baggage Protection	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
15	Maximum replacement costs for lost or damaged carry-on and checked baggage: \$[2,000]	Depending on the plan offered, baggage lost benefits will range between \$250 and \$2,500.
16	Delayed checked baggage benefit	This entire benefit is bracketed because it will not be provided for all plans that include Global Baggage Protection.
16	Delayed checked baggage benefit: \$[500]	This benefit will range between \$100 and \$500 depending on the plans offered by the Company or selected by the Enrollee.
16	Minimum time for delay: [6] hours	Depending on the plan offered by the Company or chosen by the Enrollee, the minimum length of delay will range between 3 and 24 hours.
16	Maximum benefit for loss of personal property and business effects under the Other Means of Transportation benefit: \$[2,000]	This benefit falls under baggage loss and will vary by plan in the same manner as described under carry-on and checked baggage benefit.
17	Delayed checked baggage benefit – proof of claim requirements	This entire section is bracketed because it will only appear in plans in which the delayed baggage benefit is included.
17	Minimum number of hours a person must wait before filing a claim for delayed baggage: [6]	Depending on the plan offered by the Company and selected by the Enrollee, the minimum number of hours may range from three to twenty-four.
17	Maximum benefit for delayed checked baggage: \$[500]	Depending on the plan offered by the Company and selected by the Enrollee, the maximum benefit may vary between \$100 and \$500.
17	“ Annual Aggregate Limit A Covered Person enrolled through the Annual Payment Plan is subject to an aggregate limit of \$[5,000] per year.”	This limit applies only to coverage under the Annual Payment Plan. Annual limits range from \$1,000 to \$5,000.
18-20	Description of Coverage for Travel Accident Protection	The entire description of this benefit is bracketed because it may not be offered to or chosen by the Enrollee in all plans.
19	Toll-free number to call to obtain a beneficiary designation: [1-800-332-4899]	This number may change in the future.

Page Number	Bracketed Provision	Possible Variations
20	Numbers to call for emergency travel assistance: [1-800-332-4899], [1-303-273-6497]	These numbers could change in the future.
21	Number to contact to change benefits: [1-800-332-4899]	The number could change in the future.
21	“Changes to the Designated Trip Payment Plan will not be honored unless placed prior to the Covered Trip Departure Date and approved by US. For the Designated Trip Payment Plan the premium is refundable up to 14 days after the initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first. The premium is non-refundable anytime after the 14th day from the initial purchase of this Plan or the Covered Trip Departure Date, whichever happens first.”	This language will be used only when an Enrollee purchases the Designated Trip Payment Plan.
21	<p>“If enrolled in the Annual Payment Plan, the following billing procedures apply if benefits are changed:</p> <ol style="list-style-type: none"> 1. Coverage upgrades- a pro rata premium charge will be assessed to Your Account upon the date You elect to upgrade Your coverage. 2. Coverage downgrades or cancellation- Your premium refund will be calculated pro rata and assessed to Your Account upon the date You elect to terminate or downgrade Your coverage.” 	This provision will only be used if the Enrollee purchases the Annual Payment Plan.
21	<p><u>Designated Trip Payment Plan</u> The applicable single-trip premium will be due prior to the Covered Trip Departure Date.</p>	This provision will only be used if the Enrollee purchases the Designated Trip Payment Plan.
21	<p><u>Annual Payment Plan</u> The applicable annual premium charge will be billed to Your Account on Your annual enrollment anniversary date.</p> <p>Applicable to Enrollees of Global Medical Protection A Covered Person’s Annual Payment Plan premium will increase on their next annual renewal date following the attainment of age 66.”</p>	These provisions will only be included if the Enrollee purchases the Annual Payment Plan.
21	“Change in premiums: If You pay	Provision on change in premium applies only to persons with the

Page Number	Bracketed Provision	Possible Variations
	premiums through an Annual Payment Plan, We have the right to change the premium rates if we provide You notice at least 31 days before the premium is due. The premium rates may also be changed at any time that the terms of the Policy are changed.”	Annual Payment Plan.
21-22	“Grace Period: If You pay premiums through an Annual Payment Plan, all benefits listed under the Certificate have a 31-day grace period for the payment of each premium due after the first premium. The grace period begins on the premium due date. Premium will accrue during the grace period, and You are liable for such accrued premium. When a claim is paid for a loss incurred during the grace period, any premium due and unpaid may be deducted from the claim payment. There is no grace period if We advise You of non-renewal or cancellation.”	The paragraph on grace period applies only to Enrollees with the Annual Payment Plan.
22	“Reinstatement: If You pay premiums through an Annual Payment Plan and We terminate insurance for nonpayment of premium, You may reinstate coverage within 90 days following the last unpaid premium due date. You must pay all overdue premiums. The reinstated plan will not cover a loss that occurred during the lapse period. We may issue You a new Certificate upon reinstating Your coverage.”	The paragraph on reinstatement applies only to Enrollees with the Annual Payment Plan.
22	Contact numbers regarding claims: [1-800-332-4899], [1-303-273-6497]	These numbers could change in the future.
22	American Express Travel Insurance, P.O. Box 981553, El Paso TX 79998-9920	The address could change in the future.
24	“With respect to Annual Payment Plan Enrollees, duplicate or multiple enrolled Accounts shall not obligate Us to pay more than one benefit limit per Occurrence covered under each applicable enrolled benefit selected.”	This provision will be included only with Enrollees who purchase the Annual Payment Plan.
24-25	Preexisting condition exclusion	The entire exclusion is bracketed because it will not applicable to some plan configurations. For example, if an Enrollee purchases only Global Baggage Protection, preexisting conditions would not be relevant to

Page Number	Bracketed Provision	Possible Variations
		such coverage.
25	“Exclusions That Apply To All Benefits [Except Cancel For Any Reason Coverage]”	The bracketed language will only appear in benefit plans that include Cancel for Any Reason Coverage.
25	“[Except in regards to benefits under Global Medical Protection in this Certificate,] any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.”	The bracketed language will only appear in benefit plans that include Global Medical Protection coverage.
25	“[Except in regards to benefits under Global Medical Protection in this Certificate,] voluntary ingestion, injection, or inhalation of any substance;”	The bracketed language will only appear in benefit plans that include Global Medical Protection coverage.
25	“For Covered Persons enrolled in a Designated Trip Payment Plan, coverage under the Certificate will terminate at 12:01 a.m. on the date immediately following the earliest of these events:”	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in a Designated Trip Payment Plan.
26	“For Covered Persons enrolled in an Annual Payment Plan, coverage under the Certificate will end with regard to a specific Covered Trip at 12:01 a.m. on the date immediately following the earliest of these events:”	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in an Annual Payment Plan.
26	“For Covered Persons enrolled in an Annual Payment Plan, the events listed above result in coverage ending in regards to a specific Covered Trip, but do not terminate coverage under the Certificate.”	This language, relating to specific Covered Trips, is used only if the Covered Persons are enrolled in an Annual Payment Plan.
26	“ . . .subject to the grace period described above in the section on Terms that Apply to All Benefits, in the subsection on Premiums.”	This language relating to a grace period is only applicable to Covered Persons enrolled in the Annual Payment Plan.
26	Address of AMEX Assurance Company: [Attn: American Express Travel Insurance, P.O. Box 471792, Tulsa OK 74147-1792]	The address may change in the future.
26	Client Service Dept. telephone number: [1-800-332-4899]	This number may change in the future.
26	“If enrolled in the Annual Payment Plan, Your premium refund will be calculated pro rata when You elect to terminate coverage.”	This provision will be included only if the Enrollee is paying for coverage under the Annual Payment Plan.
26-27	“This Certificate is provided to Covered Persons under a Designated Trip Payment Plan, which means that coverage lasts	This provision relating to non-renewability is applicable only Covered Persons enrolled in a Designated Trip Payment Plan.

Page Number	Bracketed Provision	Possible Variations
	only for the duration of a Covered Trip as defined by this Certificate. The coverage is not renewable.”	
27	“If Covered Persons are Enrolled in an Annual Payment Plan, We may non-renew the Policy. All coverage under this Certificate will cease on the date of non-renewal. If We non-renew the Policy, We will provide at least 60 days’ advance written notice of the non-renewal to You, any Participating Organization and the Master Policyholder.”	This provision relating to non-renewability is applicable only Covered Persons enrolled in an Annual Payment Plan.
27	Names and signatures of President and Secretary of AMEX Assurance Company	This information is bracketed as it could change in the future.

Description of Variable Material for Schedule of Benefits Form AETI–SCHBF 3/10

Page Number	Bracketed Provision	Possible Variations
1	[Administrative Office, MC 08-01-20, 20022 N. 31 st Ave., Phoenix, AZ 85027]	This address may change in the future.
1	Telephone numbers	The toll free or collect call telephone numbers, referenced a total of 4 times in the form, may change in the future.
1	[Names of Additional Covered Persons and Date of Birth: Covered Person 1 Covered Person 2 Covered Person 3 Covered Person 4 Covered Person 5]	There may be up to 10 Covered Persons identified on the Schedule of Benefits, per provisions in the Certificate of Insurance.
1	[Names Other Traveling Companions Enrolled in American Express Travel Insurance: Other Traveling Companion 1 Other Traveling Companion 2 Other Traveling Companion 3 Other Traveling Companion 4 Other Traveling Companion 5]	Depending on the number of Covered Persons, the number of Traveling Companions identified may be between 1 and 9 individuals for a combined total of 10 individuals who either are Covered Persons or Traveling Companions.
1-2	<ul style="list-style-type: none"> • [Trip Cancellation up to xx (“the aggregate amount”)] • [Trip Interruption up to [100]% of the aggregate amount] • [Cancel for Any Reason up to [50]% of the aggregate amount] • [Emergency Medical Evacuation/Repatriation* up to 	These bracketed descriptions of the benefits provided under the Certificate will vary depending of the benefits marketed to or chosen by the Enrollee.

Page Number	Bracketed Provision	Possible Variations
	xx] • [Emergency Medical* up to xx] • [Dental Expense* up to xx [with a \$50 deductible per Occurrence]] • [Global Trip Delay up to xx] • [Baggage Delay up to xx] • [Baggage Loss up to xx] • [Travel Accident Protection up to xx] • [24-Hour Accidental Death & Dismemberment up to xx] • [24-Hour Travel Assistance Hotline] [* these benefits are part of the Global Medical Plan]	
2	[Covered Trip Destination:] [Covered Trip Departure Date and Conclusion Date:]	The destination and travel dates will vary for each trip.
2	[Trip Cancellation Coverage Effective Date and Conclusion Date:]	Trip Cancellation coverage begins upon purchase of the coverage or mailing of the application, per the Certificate. The effective date and conclusion date will change with each new Enrollee.
2	[Global Medical Plan Coverage Effective Date and Conclusion Date:] [Unless You elected to extend this Coverage You will be covered for the first 60 days of Your Covered Trip. If You have any further questions concerning coverage call [1-800-332-4899].]	The coverage effective date will be the date of departure on the Covered Trip. The conclusion date will be the total number of days purchased for medical coverage, up to 60, unless extensions are purchased. The effective date and conclusion date will change with each new Enrollee.
2	[All Other Enrolled Coverage Effective Date and Conclusion Date:]	The effective date and conclusion date will change with each new Enrollee.

Description of Variable Material for Enrollment Form AETI ANNUAL 12/09

Page Number	Bracketed Provision	Possible Variations
1	Company telephone number: [1-800-332-4899]	The telephone number may change.
1	[P.O. BOX 471792 Tulsa OK 74147-1792]	This address may change in the future.
1	Step 1. Choice of one of three insurance packages, ¹ which include Annual Basic American Express Travel Insurance, Annual Silver American Express Travel Insurance or Annual Gold American Express Travel Insurance. The entire choice	All three choices are bracketed because not all of these options may be marketed at once. The names of the plans may be changed based on marketing considerations. The premiums will vary depending on age of the Enrollee and trip cost.

¹ Benefit packages identified in this and other enrollment forms addressed in this Statement of Variability are described in the Explanatory Memorandum accompanying the forms.

Page Number	Bracketed Provision	Possible Variations
	of packages is bracketed, as are the names of the plans and the premium amounts.	Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with these American Express Travel Insurance plans.
1	Annual Trip Cancellation and Interruption Plan. Premium for benefit is also bracketed.	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>The premium reflected may change depending on age of the Enrollee and trip cost. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
1	Annual Global Baggage Protection Plan. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 7 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
1	Annual Global Trip Delay Plan. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Annual Travel Accident. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Annual Global Medical Protection. Premium for plan options are also bracketed.	<p>This stand-alone annual benefit, with its 3 different plan options, is bracketed because this particular benefit, or particular options within the benefit, may not always be marketed by the Company.</p> <p>As reflected by the form, premiums vary by age, depending on whether the Enrollee is age 65 or younger or age 66 or older. Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	“Please Note: If someone is traveling with you and enrolled separately in American Express	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.

Page Number	Bracketed Provision	Possible Variations
	Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately”	

Description of Variable Material for Enrollment Form AETI Bundle 12/09

Page Number	Bracketed Provision	Possible Variations
1	Company telephone number: [1-800-332-4899]	The telephone number, which is identified three times on page 1 of this form, may change in the future.
1	[P.O. Box 471792, Tulsa OK 74147-1792]	This address may change in the future.
1	[www.americanexpresstravelinsurance.com]	Web site contact information. The web location may change upon finalization or may change in the future.
1	Choice of Packages: Basic, Silver, Gold, Platinum or Diamond ²	All five choices are bracketed because not all of these options may be marketed at once. The names of the plans may be changed based on marketing considerations.
1	“Please Note: If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.

Description of Variable Material for Enrollment Form AETI Custom 12/09

Page Number	Bracketed Provision	Possible Variations
1	Company telephone number: [1-800-332-4899]	The telephone number, reflected twice on this page, may change in the future.
1	[P.O. Box 471792, Tulsa OK 74147-1792]	This address may change in the future.
1	“Please choose either Trip Cancellation and Interruption or Trip Protection Plan (note that you may not enroll in both plans).”	The language may be removed because the Company may not always market these plans.
1	Trip Cancellation and Interruption Plan Coverage Selection table	The entire table for this stand-alone annual benefit is bracketed because the Company may not always market this benefit.

² Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
	reflecting different bracketed premiums for Trip Cancellation and Interruption based on age and cost of trip.	As reflected by the table, premiums change based on age and trip cost. Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.
2	Trip Protection benefit	This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.
2	Travel Accident Protection benefit; plan name and premiums for four different packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company. The plan name may change.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Global Baggage Protection; premiums for packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
2	Global Trip Delay; premiums for different packages are bracketed	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p>
3	Global Medical Plan; premiums for different packages are bracketed; toll-free number is bracketed.	<p>This stand-alone annual benefit is bracketed because this particular benefit may not always be marketed by the Company.</p> <p>Premiums may vary based on the age of the covered person. Premiums also may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.</p> <p>The telephone number, reflected under this benefit and at the bottom of this page, may change in the future.</p>
3	“Please Note: If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.

Page Number	Bracketed Provision	Possible Variations
	us in processing your claim appropriately”	

Description of Variable Material for Enrollment Form PUR PTH FR 12/09

Page Number	Bracketed Provision	Possible Variations
1	Company telephone number: [1-800-332-4899]	The telephone number, reflected twice on this page, may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P.O. Box 471792, Tulsa OK 74147-1792]	This address may change in the future.
1	14 different package options bracketed; premiums for each package bracketed. ³	The Company may not always market each of these plans. These are flat-rate premiums, but the premiums may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.
3	“ Please Note: If someone is traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately”	This sentence may or may not appear depending on the administrative procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.

Description of Variable Material for Enrollment Form PUR PTH PTC 12/09

Page Number	Bracketed Provision	Possible Variations
1	Company telephone number: [1-800-332-4899]	The telephone number may change in the future.
1	Company address: [AMERICAN EXPRESS TRAVEL INSURANCE, P.O. Box 471792, Tulsa OK 74147-1792]	This address may change in the future.
1	9 different package options bracketed; premiums for each package (calculated as a % of trip cost) is bracketed. ⁴	The Company may not always market each of these plans. The percentages of trip cost upon which premiums are based may change, with appropriate rate filings, for future or amended contracts with Enrollees. Premiums reflected in the form also may not be final. Final rates are reflected in the Actuarial Memorandum associated with the American Express Travel Insurance plans.
2	“ Please Note: If someone is	This sentence may or may not appear depending on the administrative

³ Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

⁴ Benefits in these packages are described in the Explanatory Memorandum accompanying these enrollment forms.

Page Number	Bracketed Provision	Possible Variations
	traveling with you and enrolled separately in American Express Travel Insurance, please call us at [1-800-332-4899] so that we may list them as your traveling companion. In the event you have a Trip Cancellation/Interruption claim, this information will assist us in processing your claim appropriately”	procedure in place for listing this type of Traveling Companion. The telephone number may change in the future.

Description of Variable Material Enrollment Form AETI-BIC-EF 6/10

Page Number	Bracketed Provision	Possible Variations
On every Page	Your Coverage Selection: [Gold for 2 travelers - \$650]	Before beginning the enrollment process evident by this form, an applicant will have chosen one of the coverage options offered by AMEX Assurance Company (the “Company”). This section of the enrollment form is called a “Coverage Selection Blind” and will display benefits and coverage amounts selected. The coverage options include both bundled and stand-alone coverage, and the option of purchasing most coverage based on either an annual insurance package or coverage for a designated trip. The range of options is explained in the Explanatory Memorandum accompanying this enrollment form & Statement of Variability.
1	Covered Person [1]	The numeral 1 may or not be appear depending on whether additional person may be covered through the marketing channel.
1	Covered Person 2 – bracketed field	For the stand-alone Car Rental coverage enrollments, this field will not be displayed because the Company only needs information on the individual signing the Rental Agreement. While the car rental insurance also provides coverage for other Authorized Drivers and Passengers, the Company obtains this information during the claims process, based on the Rental Agreement.
1	Trip Cost & Total Trip Cost – bracketed fields	The Company either will collect trip cost per person or total trip cost.
1	Add another traveler [(Up to 8 Covered Persons)]	This field will dynamically change according to how many travelers are entered as Covered Persons. For stand-alone Car Rental coverage and travel coverages in which only one individual is identified, this field may not be present.
1	[State of Residence: NY] dropdown box	For enrollment channels other than stand-alone Car Rental coverage, the state of residency will be a displayed field. This information is needed if the person taking out the coverage is insuring other travelers that reside in a different state or states of residence. For stand-alone Car Rental coverage enrollment channels, this information will already have been collected in a previous advertising landing page and won’t be displayed in this step.
1	Departure Date & Return Date – bracketed fields	These fields relate only to Designated Trip Payment Plans, not Annual Payment Plans. Two or four fields may appear—depending on what types of coverage have been chosen by the applicant. The “Departure Date” and “Return Date” fields, as reflected on the form, are necessary for Trip Cancellation/Interruption, Trip Delay, Global Baggage

Page Number	Bracketed Provision	Possible Variations
		Protection, Global Medical Protection and Travel Accident Protection benefits. If stand-alone Car Rental coverage is chosen by applicant, the additional fields “Pick-up Date” and “Drop-off date” will appear.
1	Date of First Trip Payment – bracketed field	<p>This field pertains only to Designated Trip Payment Plans that contain one or a combination of the following benefits:</p> <ul style="list-style-type: none"> • Trip Cancellation/Interruption • Trip Delay • Global Medical Protection • Travel Accident Protection • Global Baggage Protection <p>It isn’t necessary for Annual Payment Plans or for the stand-alone Car Rental coverage.</p>
2 & 3	[1-800-332-4688] – Toll-free numbers bracketed in three areas	The telephone number(s) may change in the future.
3	[Email Address: John@JohnDoe.com]	This will only be displayed if an email address was entered from the previous step (payment page).
3	Plan(s) Selected: [Comprehensive Gold Coverage]	This will display plan name based on benefits selected.
4	Congratulations. You now have [American Express Travel Insurance] coverage for your trip. Confirmation and enrollment information will be sent to [123 Main Street, City State].	The name of the insurance coverage is bracketed because it may change depending on the marketing channel. The mailing address will change with each enrollee. Also, an enrollee may elect to have information sent to his or her e-mail address.
4	Your Identification Number: [1234567890]	Identification number will vary with each enrollee.
4	Coverage Details box	<p>The Coverage Details box is similar to the Coverage Selection Blind. This box confirms benefits enrolled coverage amounts, and Covered Persons.</p> <p>The plan information that will appear is explained in the Explanatory Memorandum accompanying the enrollment form and this Description of Variable Material.</p>
4	Multiply Your Rewards – bracketed ad for an American Express Card	Advertising content at the end of the form will vary.