

REGISTRATION FEE REIMBURSEMENT PLAN

The terms and conditions of the Registration Fee Reimbursement Plan (herein called the "Plan") described below apply to the event for which you have registered and that is described on your registration receipt.

TERMS AND CONDITIONS

Who Is Eligible For Protection – When Does Protection Begin And End:

You are eligible for protection under this plan if: 1) you are a registered participant in the Event and you have paid the Registration Fee in full and enroll in and pay the Plan fee 2) you are a registered Relay Team participant in the Event, and the Registration Fee for the Relay Team is paid in full and the Relay Team is enrolled in and pays the Plan fee. Your protection under the Plan begins on the date your registration form is submitted or electronic internet registration is received. Your Protection under the plan ends when the Event begins.

What You Pay:

The Plan fee is shown in the Event Registration Receipt and is due on the date you register to participate in the Covered Event.

What We Will Pay:

We will reimburse 100% of the Registration Fee you paid for the Covered Event, including taxes and service fees. The benefit amount will not include any additional charges or fees that are in excess of the basic Registration Fee required to participate in the event. The reimbursement amount will not include any additional donations or amounts you contribute to a charitable organization in connection with your participation. The benefit amount will not include any additional charges or fees that are in excess of the basic Registration Fee required to participate in the event.

We will reimburse the registration fee you paid if you, or the Relay Team of which you are a member, are unable to participate in the Event for any one of the following reasons:

1. You suffer from an Injury or an unforeseen illness, normal pregnancy, or childbirth including unforeseen complications of pregnancy which prevents you from participating in the Event. A Physician must certify that you are not able to participate in the Event.
2. You are on Active Military Duty and receive unanticipated reassignment or deployment orders or revocation of personal leave, except for disciplinary reasons. You must provide us a copy of the orders you receive.
3. You are directly involved in a traffic Accident on the day of the Covered Event that causes either: an Injury to you; or damage to the automobile that creates an immediate need for repair to ensure the safe operation of the vehicle and prevents your attendance at the Covered Event.
4. You are not able to arrive in time to participate in the Event due to a delay by the Common Carrier you used for transportation to the Event Location.
5. Any Injury or an unforeseen illness, normal pregnancy, or childbirth including unforeseen complications of pregnancy occurring to your Family Member. Your Family Member must be examined by a Physician within 72 weekday hours of the Event Date.
6. Your automobile having a Mechanical Breakdown within 48 hours of the Event which results in the vehicle being inoperable to be driven to the Event.
7. You, after having been with the same employer for at least three continuous years, are terminated or laid off, through no fault of Your own, after you enroll as a participant in the Event.
8. You, or Your spouse, are permanently relocated by Your or Your spouse's current employer to a location that is at least 100 miles from Your primary residence.
9. The death of your Family Member. You must provide us a copy of the death certificate via a process outlined in the benefit request form.

We Will Not Pay:

We will not reimburse the Registration Fee you paid for the Event if you are unable to participate in the Event due to:

1. An intentionally self-inflicted injury or self-inflicted sickness
2. Physical complications resulting from alcohol or substance abuse
3. Natural disasters (unless as specifically covered)

In addition to the exclusions above, we will not reimburse the Registration Fee you paid for the Event if:

1. You have not made your full payment of the Registration Fee prior to the Event date;
2. The Event is cancelled by the Event administrator for any reason (including bad weather) unless as covered herein;
3. You cross the start line on the day of the Event;
4. You:
 - a. Make changes to personal plans OR
 - b. have a business or contractual obligation that prevents you from participating in the Event.

Other Considerations:

1. All refunds are sent in the form of a check via the US Postal Service to the address listed on the refund request form.
2. The fees associated with the Full Refund Plan are non-refundable.

How To File a Claim:

If you are unable to participate in this Event for any of the reasons listed above, you must notify us no later than 60 days after the Event Date or as soon as reasonably possible. You can contact us by calling 1-888-596-3407 or email us at EventRefund@Transamerica.com and we will provide you a claim form. You must complete and submit the claim form to us within the 60 days time frame. If you do not report a claim, or provide sufficient proof within one year of the Event Date, you will not be entitled to reimbursement of the registration fees you paid for this Event.

DEFINITIONS

Accident means an unexpected, unintended, unforeseeable event causing Injury.

Active Military Duty means serving in the United States Armed Forces on a full-time basis.

Common Carrier means an entity licensed to carry passengers for hire by air. Common Carrier does not mean a vehicle rental company; intra-urban Amtrak rail service; nor commuter rail or subway service.

Domestic Partner means a person who is at least eighteen years of age and you can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of cohabitation for at least the previous 6 months; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

Family Member means your dependent, spouse, child, spouse's child, son-daughter-in-law, parent(s), sibling(s), brother-sister grandparent(s), grandchild, step brother-sister, step-parent(s), parent(s)-in-law, brother-sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster-child, or ward.

Felonious Assault is an act of violence against you requiring medical treatment in a Hospital.

Hospital means a licensed institution that is run mainly for the care and treatment of sick or injured persons as inpatients. Hospital does not mean a nursing home, convalescent facility, or long-term care facility.

Illness means a sickness, infirmity or disease that causes a loss that begins while you are eligible for protection and is not a Pre-existing Condition.

Injury means bodily Injury caused by an Accident or Felonious Assault, directly and independently of all other causes and sustained on or after you become eligible for protection and before the Event Date.

Mechanical Breakdown means a sudden and accidental breakage or failure of a covered part or assembly of your vehicle while you are more than 100 miles from your Home, caused by other than a part not covered, which makes the covered part unable, when properly serviced or cleaned, to perform the function for which it is designed, and makes Your vehicle inoperable or unsafe to operate.

Normal Pregnancy or Childbirth means a pregnancy or childbirth that is free of complications.

Qualified Medical Practitioner means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. This includes Physicians, licensed Physical Therapists, Occupational Therapists, and Chiropractors. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be the Covered Individual or a family member of the Covered Individual.

Registration Fee means the total amount paid for the ticket/registration, including any service and handling fees.

Relay Team means a pair or group of participants who register to participate in the Event under the relay team category as defined in the Event guidelines.

Sickness means an illness or disease of the body which requires examination and treatment by a Physician and commences while you are eligible for protection

Categories of Information We Disclose and to Whom We Disclose It

Except as expressly set forth herein, we will not disclose any personal information about you. Please be advised that this information will be shared with the Full Refund Plan Administrator, Stonebridge Benefit Services, Inc. (Stonebridge), a Transamerica Company for the servicing of the product that you have purchased and/or to prevent fraud. In addition, you may receive promotional materials from Stonebridge or one of its Transamerica affiliates. These are only examples and there may be other disclosures authorized by law.

Refund Request Form

Return the Complete form through one of the following channels:

1. Email: EventRefund@Transamerica.com
2. Fax: 410-209-5930
3. Mail: P.O. Box 17004, Mail Station A370, Baltimore, MD 21297-0428

Note: A properly completed form will assist in prompt handling of your reimbursement request.

Reimbursement will not be considered until after the scheduled ace has occurred.

In Order for Reimbursement to be considered we require verification that you did not attend the event.

Instructions for filing a Registration Fee Reimbursement

- Part 1 must be completed by Event Participant.
- Part 2 must be completed by a Qualified Medical Practitioner.

PART 1: EVENT PARTICIPANT INFORMATION

The Event Participant identified below is unable to participate in the scheduled event for the following reason:

Reason	Check Here	Please Describe	Instructions
Illness			Physician to complete part 2
Injury			Physician to complete part 2
Pregnancy/Childbirth			Physician to complete part 2
Unanticipated Military Deployment			Attach copy of deployment papers
Permanent Job Relocation			Attach a copy of a dated letter from your employer
Travel Delay			Attach documentation of travel cancellation or delay
Unemployment			Attach copy of separation papers or documentation from unemployment office
Mechanical Breakdown of Vehicle			Attach a copy of the receipt from the towing company or from the car repairs
Injury/Illness/Pregnancy/Childbirth of a Family Member.			Attach a doctor's statement (or physician can complete part 2) or attach a birth announcement
Death of a Family Member			Attach a copy if the death certificate

Note: To avoid delays, please print legibly:

Event Name: (please print): _____

Event Date: _____ Event Location: _____

Event Fee: _____

Participants Name (Last, First, Mi): (please print): _____

Home Address: _____

(Note: Your refund check will be mail to this address)

Phone Number: _____

Email Address: _____ Gender: _____

AUTHORIZATION FOR RELEASE OF INFORMATION (for reasons requiring part 2 to be completed)

I AUTHORIZE any physician, medical care provider, hospital, clinic, medical care facility, insurance company, government-sponsored health plan, or employer having information available as to diagnosis, treatment and prognosis with respect to any illness, injury, physical or mental condition, and/or treatment for me or my minor children now or in the past, to give to Stonebridge Benefit Services, Inc. (SBSI) or its legal representative, any and all such information.

I UNDERSTAND the information obtained by use of the Authorization will be used by SBSI to determine eligibility for event fee reimbursement. Any information obtained will not be released by SBSI to any person or organization EXCEPT as necessary in connection with the processing of this event fee reimbursement form, or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may request a copy of this Authorization.

I AGREE that a photographic copy of this Authorization shall be valid as the original. I also AGREE this Authorization shall be valid for a period of two years from the date shown below. I may revoke this authorization at any time by written request to SBSI.

Participant Signature: _____ **Date:** _____

PART 2: PHYSICIAN STATEMENT

To be completed by Physician

Patient's Name: _____ Date of Birth: _____ Today's Date: _____

1. Please describe the condition causing the athletes inability to participate:

2. Did you recommend that the patient withdraw from the event above? Yes No

Physician Name (please print): _____

Physician Signature: _____

Physician Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

PLEASE NOTE

In furnishing this or other forms for the convenience of the claimant, Stonebridge Benefit Services, Inc. does not admit any liability or waive any rights. Stonebridge Benefit Services, Inc. reserves the right to ask for other information if it is deemed necessary. All expenses incurred in connection with furnishing the necessary medical information are the responsibility of the covered person.

The fee associated with the Registration Refund Program is non-refundable.