



MEMBERS 1st
FEDERAL CREDIT UNION

GUIDE TO BENEFITS

Visa Signature[®] Card

For questions, call **(800) 283-2328, ext. 6035**

Effective 11/15/2018

I003800

Your Guide to Benefits describes the benefits in effect as of 11/15/2018 for your Members 1st Visa Signature® Credit Card. Benefit information in this guide replaces any prior benefit information you may have received. Please read and retain for your records. Your effective date of eligibility is determined by Members 1st Federal Credit Union. Please keep this guide with your account information for future reference or call (800) 283-2328, ext. 6035 if you have any questions before taking advantage of any benefit described in this Guide.

Trip Cancellation and Interruption

Sometimes the unexpected happens and Your travel arrangements don't go as planned.

You've done a great job preparing for Your Trip. Your flights have been booked, You confirmed Your reservation with Your hotel and You even rented a car so You can sightsee. But what if You have to cancel Your trip because of the death of an Immediate Family Member? What if the airline You booked Your flight through declares bankruptcy? Fortunately, Trip Cancellation and Interruption benefits are available to help You with these unforeseen circumstances that could disrupt Your travel plans.

Trip Cancellation and Interruption benefits pay up to \$5,000 per Insured Person for the non-refundable Common Carrier ticket(s) that You paid for with Your covered Account and/or rewards programs associated with Your covered Account. You, Your spouse (or Domestic Partner) and Your Dependent Children are eligible for coverage if You charge the entire cost of the Trip using Your Account, less redeemable certificates, vouchers, or coupons, or rewards program associated with Your covered Account.

The Trip Cancellation or Interruption must be caused by or result from:

1. The death, Accidental Bodily Injury, disease or physical illness of You or an Immediate Family Member of the Insured person; or
2. Default of the Common Carrier resulting from financial insolvency.



CLAIMS SNAPSHOT

You have an emergency appendectomy and are no longer able to travel on Your scheduled flight



ASAP

Plan Administrator must be notified of the incident



ASAP

Claim form must be submitted with supporting documents



Claim settled



The death, Accidental injury, disease or physical illness must be verified by a Physician and must prevent You from traveling on the trip.

Note: Common Carriers may issue a credit voucher for the value of the unused ticket. A fee may be associated with changing or cancelling the ticket. Reimbursement of fee may be eligible at time of Loss. Most Common Carrier credit vouchers expire in one year. Proof of unused credit voucher can be submitted for reimbursement after expiration. Payment will not exceed either the actual Non-Refundable amount paid by the Insured Person for a Common Carrier passenger(s) fare(s), or up to \$5,000.

The following exclusions apply to financial services **Common Carrier Trip Cancellation/Trip Interruption only**

No Trip Cancellation or Interruption benefits will be paid for Loss caused by or resulting from:

- A Pre-existing Condition
- Accidental Bodily Injuries arising from participation in interscholastic or professional sports events, racing or speed contests, or uncertified scuba diving
- Cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a Loss covered under this policy
- The Insured Person or an Immediate Family Member being under the influence of drugs (except those prescribed and used as directed by a Physician) or alcohol
- The Insured Person or an Immediate Family Member: a) traveling against the advice of a Physician; or b) traveling while on a waiting list for specified medical treatment; or c) traveling for the purpose of obtaining medical treatment; or d) traveling in the third trimester (seventh month or after) of pregnancy
- Suicide, attempted suicide, or intentionally self-inflicted injuries
- Declared or undeclared war, but war does not include acts of terrorism
- An Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions, except physical illness or disease which prevent the Insured Person from traveling on a Covered Trip. This Exclusion does not apply to Loss resulting from an Insured Person's bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria.

How to file a Trip Cancellation or Interruption claim



Within twenty (20) days of the Trip Cancellation or interruption or as soon as reasonably possible, You must provide (written) claim notice to the Plan Administrator. The Plan Administrator will ask You for some preliminary information and send You the appropriate claim forms. **Failure to give notice within twenty (20) days will not invalidate or reduce any otherwise valid claim, if notice is given as soon as reasonably possible.**

When the Plan Administrator receives notice of a claim, the Plan Administrator will send You forms for giving proof of Loss within fifteen (15) days. If You do not receive the forms, You should send the Plan Administrator a written description of the Loss.

Answers to specific questions can be obtained by writing to the Plan Administrator. To make a claim, please contact the Plan Administrator:

cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY 10528

Please return Your completed and signed claim form and the documents listed below as soon as possible to the Plan Administrator:



- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was purchased using the covered Account and/or rewards programs associated with Your covered Account.
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized.
- Confirmation of the non-refundable amounts for the unused Common Carrier tickets and/or travel vouchers
- Confirmation that the tickets were cancelled with the Common Carrier
- A copy of the travel itinerary showing the passenger names and ticket cost
- Confirmation of the reason for the Trip Cancellation; (completed attached physician statement, confirmation of death of Immediate Family Member or documentation confirming any other cause of Loss)
- A copy of the cancellation or refund policies of the Common Carrier, Tour Operator or Travel Supplier

Additional Travel Accident benefit

As a cardholder, You, Your spouse (or Domestic Partner), and unmarried Dependent Children will be automatically insured up to one thousand dollars (\$1,000) for Accidental Loss of life, limb, sight, speech, or hearing. This benefit applies while:

1. Riding as a passenger in or entering or exiting any Common Carrier; or
2. Riding as a passenger in, entering, or exiting any conveyance licensed to carry the public for a fee and while traveling to or from the airport:
 - a. Immediately preceding the departure of a Common Carrier on which the Insured Person has purchased passage; and
 - b. Immediately following the arrival of a Common Carrier on which the Insured Person was a passenger; or
3. At the airport, terminal or station, at the beginning or end of the Common Carrier Covered Trip.

Covered Loss	Benefit Maximum
Accidental Loss of Life, two or more Members, sight of both eyes, speech and hearing or any combination thereof	\$1,000.00
Accidental Loss of one Member, sight of one eye, speech or hearing	\$500.00
Accidental Loss of the thumb and index finger of the same hand	\$250.00

Loss means, with respect to a hand, complete severance through or above the knuckle joints of at least four (4) fingers on the same hand or at least three (3) fingers and the thumb on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Com-

pany will consider it a Loss of hand or foot even if the fingers, thumb, or foot is later reattached.

In order to be eligible for this additional coverage, the entire cost of the Common Carrier passenger fare(s), less redeemable certificates, vouchers, or coupons, must be charged to Your covered Account and/or rewards programs associated with Your covered Account during the policy period. If the purchase is not made prior to the Insured Person's arrival at the airport, coverage begins at the time the entire cost of the Common Carrier passenger fare is purchased.

This travel accident benefit is provided to eligible cardholders. Your financial institution pays the cardholder's premium as a benefit of the card membership.

The Loss must occur within one year of the Accident. The Company will pay the single largest applicable Benefit Amount. In the event of multiple Accidental deaths per Account arising from any one Accident, the Company's liability for all such Losses will be subject to a maximum limit of insurance equal to two times the Benefit Amount for Loss of life. Benefits will be proportionately divided among the Insured Persons up to the maximum limit of insurance.


The Loss of Life benefit will be paid to the Beneficiary designated by You. If no such designation has been made, that benefit will be paid to the first surviving Beneficiary in the following order: a) Your spouse, b) Your Children, c) Your parents, d) Your brothers and sisters, e) Your estate. All other indemnities will be paid to You.

The following exclusions apply to the Travel Accident benefit

Loss caused by or resulting from:

- An Insured Person's emotional trauma, mental or physical illness, disease, normal pregnancy, normal childbirth or elective abortion, bacterial or viral infection, or bodily malfunctions. This exclusion does not apply to **Loss** resulting from an **Insured Person's** bacterial infection caused by an **Accident** or from **Accidental** consumption of a substance contaminated by bacteria.
- Suicide, attempted suicide, or intentionally self-inflicted injuries
- Declared or undeclared war, but war does not include acts of terrorism
- An Accident occurring while You are in, entering, or exiting any aircraft while acting or training as a pilot or crew member (does not apply if You temporarily perform pilot or crew functions in a life threatening emergency)

How to file a Travel Accident benefit claim

 Within twenty (20) days of the accident or as soon as reasonably possible, You must provide (written) claim notice to the Plan Administrator. The Plan Administrator will ask You for some preliminary information and send You the appropriate claim forms. **Failure to give notice within twenty (20) days will not invalidate or reduce any otherwise valid claim, if notice is given as soon as reasonably possible.**

When the Plan Administrator receives notice of a claim, the Plan Administrator will send You forms for giving proof of Loss within fifteen (15) days. If You do not receive the forms, You should send the Plan Administrator a written description of the Loss.

Answers to specific questions can be obtained by writing to the Plan Administrator. **To make a claim, please contact the Plan Administrator:**

cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY 10528

Please return Your completed and signed claim form and the documents listed below as soon as possible to the Plan Administrator:



- A copy of the police report
- A completed medical authorization form for each treating medical facility
- Copy of the certificate of death, if applicable
- A copy of the travel itinerary
- A copy of the credit card statement reflecting the purchase, verification of the cardholder's name and the first six (6) digits of the credit card number.

To view the status of your claim and to securely upload documents for Trip Cancellation/Interruption and Travel Accident Benefit, visit



www.myclaimsagent.com
Use website code: 001

Or mail the completed and signed claim form and all required documents to:

Claim Benefit Services
P.O. Box 459084
Sunrise, FL 33345

If You choose to mail Your documents, please send a copy of Your documents and retain the originals for Your records. Claim Benefit Services is unable to return any submitted documents. You will be contacted by a claim adjuster if additional information or documentation is required.

Definitions

Accident or Accidental means a sudden, unforeseen, and unexpected event which: happens by chance; is independent of illness and disease and is the direct source of Loss.

Accidental Bodily Injury means Bodily Injury, which: 1) is Accidental; 2) is the direct cause of a Loss; and 3) occurs while the Insured Person is insured under this policy, which is in force.

Account means Your credit or debit card Accounts.

Benefit Amount means the Loss amount at the time the entire cost of the passenger fare is purchased with an eligible Account and/or rewards programs associated with Your covered Account.

Common Carrier means any licensed land, water or air conveyance operated by those whose occupation or business is the transportation of persons or things without discrimination and for hire.

Covered Trip means travel on a Common Carrier when the entire cost of the passenger fare for such transportation, less redeemable certificates, vouchers, or coupons, has been purchased with an Insured Person's covered card Account and/or rewards programs associated with Your covered Account issued by the Policyholder.

Dependent Child or Children means those Children, including adopted Children and those Children placed for adoption, who are primarily dependent upon the Insured Person for maintenance and support, and who are: 1) under the age of nineteen (19), and reside with the Insured Person; 2) beyond the age of nineteen (19), permanently mentally or physically challenged, and incapable of self-support; or 3) under the age of twenty-five (25) and classified as full-time students at an institution of higher learning.

Domestic Partner means a person who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction, or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least twelve (12) consecutive months. 4) is not legally married or separated; and 5) has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution.

Immediate Family Member means the Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or step children; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

Insured Person means the individual or entity to whom the Policyholder has issued an Account, as well as authorized users of the Account registered with the Policyholder. Insured Person also means the Insured Person's Spouse or Domestic Partner and Dependent Children.

Member means hand or foot.

Pre-existing Condition means Accidental Bodily Injury, disease, or illness of the Insured Person or Immediate Family Member of the Insured Person which occurs or manifests itself during the sixty (60) day period immediately prior to the purchase date of a Scheduled Airline passenger fare(s). Disease or illness has manifested itself when either: 1) medical care or treatment has been given; or 2) there exists symptoms which would cause a reasonably prudent person to seek medical diagnosis, care or treatment. The taking of prescription drugs or medication for controlled (continued) condition throughout this sixty (60) day period will not be considered to be a manifestation of illness or disease.

Trip Cancellation means the cancellation of Common Carrier travel arrangements when the Insured Person is prevented from traveling on a Covered Trip on or before the Covered Trip departure.

Trip Interruption means the Insured Person's Covered Trip is interrupted either on the way to the Covered Trip point of departure or after the Covered Trip departure.

You or Yours means an Insured Person who purchase their trip to the Insured person's covered Account and/or rewards programs associated with the Insured Person's covered Account.

Additional provisions for Trip Cancellation and Interruption

- As a handy reference guide, please read this and keep it in a safe place with Your other insurance documents.
- This description of coverage is not a contract of insurance but is simply an informative statement of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy, on file with the Policyholder: BNY Midwest Trust Company as trustee of the Chubb Financial Institution Group Insurance Trust for the Account of participating financial institutions. Policy #:6478-07-74
- Signed or pinned transactions are covered as long as You use Your eligible card to secure the transaction.
- You shall do all things reasonable to avoid or diminish any Loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.
- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notification. The benefits described in this Guide will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Federal Insurance Company (“Provider”) is the underwriter of these benefits and is solely responsible for its administration and claims. The Plan Administrator provides services on behalf of the Provider.
- After the Plan Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Plan Administrator to the extent of the payment made to You. You must give the Plan Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

For more information about the benefit described in this guide, contact the Plan Administrator.

Emergency Medical/ Dental Coverage



Needing emergency medical or dental treatment during Your travel is something You don't want to have to worry about, but when it happens, it is good to know that there is help with some of Your covered expenses.

It can be an overwhelming and expensive experience when You are dealing with an emergency away from Your home. To try and help ease some of the financial burden, You can receive coverage if You, Your spouse, or dependent children require Emergency Treatment while on a Covered Trip.

Emergency Medical/Dental provides reimbursement for Emergency Treatment if You become sick or accidentally injured while traveling on a Covered Trip purchased with Your eligible Account and/or with rewards program associated with Your covered Account. To be eligible for this coverage, You need to purchase either a portion or the entire cost of the Covered Trip using Your covered Account and/or rewards program associated with Your covered Account.

You, Your spouse, and Your dependent children are eligible for coverage if You purchase a Covered Trip with Your eligible card issued in the United States and/or with rewards programs associated with Your covered Account.

Emergency Medical/Dental benefit limit: up to two thousand five hundred dollars (\$2,500.00); subject to a fifty dollar (\$50.00) deductible.

What is Emergency Medical/ Dental and when does it apply?

The Emergency Medical/Dental benefit applies if You suffer an injury or illness and require Emergency Treatment during Your Covered Trip. The Covered Trip must take place via a Common Carrier, be no less than five (5) days and no more than sixty (60) days and at least one hundred* (100) miles from Your Residence.

***Note:** Under New York laws, when a cardholder's mailing address is in the State of New York, the requirement that You must be one hundred (100) or more miles from Your Residence does not apply.

Your covered medical expenses are necessary services and supplies that are recommended by Your attending physician and take place during the

CLAIMS SNAPSHOT

You used Your covered Account to purchase Your airline tickets



You broke Your ankle while on a Covered Trip overseas and received medical care from a local hospital



90 DAYS

Benefits Administrator must be notified of occurrence



180 DAYS

Claim form must be submitted with supporting documents



Claim settled



course of Your Covered Trip. They include:

- The services of a legally qualified physician, surgeon, graduate nurse, dentist, or osteopath
- Charges for hospital confinement and use of operating rooms
- Charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests
- Ambulance services
- Drugs, medicines, and therapeutic services and supplies

This benefit is supplemental to and excess of any valid and collectible insurance or other reimbursement.

What if I need to recuperate after my hospital stay?

If You are hospitalized as a result of a covered accident or sickness during Your Covered Trip and Your attending physician determines that You should recover in a hotel immediately after Your release from the hospital and before returning home, You may be eligible for an additional benefit of seventy-five dollars (\$75.00) per day for up to a maximum of five (5) days towards the cost of a hotel room.

What is *not* covered?

Benefits will not be paid in excess of the Reasonable and Customary charges. These benefits do not cover any expense resulting from the following:

- Travel for the purpose of obtaining medical treatment
- Non-emergency services, supplies or charges
- Services, supplies, or charges rendered by You, Your spouse, dependent children or family member
- Care not prescribed by or performed by or upon the direction of a physician or dentist
- Care not medically necessary as determined by the Benefit Administrator
- Care rendered by a provider other than a hospital, physician, or dentist
- Care which is experimental/investigative in nature
- Care for any illness or bodily injury that occurs in the course of employment if You are eligible for benefits or compensation in whole or in part, under the provisions of any legislation of any governmental unit (for example – workers compensation coverage). This applies whether or not You claim or recover any benefits or compensation and whether or not You recover losses from a third party.
- Payments to the extent benefits are provided by any governmental agency or unit (except Medicare)
- Care received for which You would have no legal obligation to pay in the absence of this or any similar benefit
- Care received in Afghanistan, Burma, El Salvador, Iran, Iraq, Kampuchea, Laos, Lebanon, Nicaragua, North Korea, Vietnam, Yemen, and any other country which may be determined by the U.S. Government from time to time to be unsafe for travel
- Care for any illness or injury suffered due to:
 - Self-inflicted harm
 - Attempted suicide
 - Mental health issues
 - Alcoholism or substance abuse
 - War; military duty; civil disorder
 - Air travel except as a passenger on a licensed aircraft operated by an airline or air charter company

- Routine physical examinations
- Hearing aids; eyeglasses or contact lenses
- Routine dental care, including dentures and false teeth
- Hernia, unless it results from a covered accident
- Elective abortion
- Participation in or attempt at a felonious act
- Skydiving, scuba, skin, or deep sea diving
- Hang gliding, parachuting, rock climbing and contests of speed

How to File an Emergency Medical/Dental Claim



1. Within ninety (90) days of receiving medical care while on an eligible Covered Trip notify the Benefits Administrator at **1-800-434-1280, or outside the U.S. call collect at 1-804-673-6499**. The Benefits Administrator will answer Your questions and send You a claim form.

2. Return the claim form and the requested documentation below within one-hundred and eighty (180) days of the date of the event to the address below:

Card Benefit Services
P.O. Box 72034
Richmond, VA 23255

Please submit the following documents:



- The completed signed claim form
- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was charged to Your covered Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- A statement from Your insurance carrier (and/or Your employer, or Your employer's insurance carrier) or other reimbursement showing any amounts they may have paid towards the costs claimed. Or, if You have no other applicable insurance or reimbursement, please provide a statement to that effect.
- A copy of any other valid and collectible insurance or reimbursement available to You if applicable
- Receipts for the eligible medical/dental expenses
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

Definitions

Account means Your credit or debit card Accounts.

Common Carrier means any mode of transportation by land, water or air operating for hire under a license to carry passengers for which a ticket must be purchased prior to travel. Does not include taxi, limousine service, commuter rail or commuter bus lines.

Covered Trip means arrangements that are made by a commercial licensed travel establishment consisting of travel agencies and/or Common Carrier organizations, for which the expense has been charged to Your eligible Account and/or rewards programs associated with Your

covered Account, and which is not less than five (5) consecutive days but does not exceed sixty (60) consecutive days in duration.

Eligible Person means a cardholder, his/her spouse or legally dependent children under age eighteen (18) [twenty-five (25) if enrolled as a full-time student at an accredited university whose Covered Trip was paid for by using their eligible card and/or rewards programs associated with their covered Account.

Emergency Treatment means the services or supplies provided by a dentist, hospital, physician or other provider which are medically necessary to treat any injury, sickness or other covered condition where the onset is sudden and unexpected, considered life-threatening, and if left untreated, could deteriorate resulting in serious and irreparable harm.

Reasonable and Customary Charges means charges commonly used by providers of medical care in the locality in which care is furnished.

Residence means Your home address as listed in Your card issuer's file or address reflected on Your billing statement. The home address from the card issuer's records will take precedence over billing statement address in determining the eligibility of coverage.

You or Your means an Eligible Person or Your spouse or dependent children who charged their Covered Trip to Your eligible Account and/or rewards program associated with Your covered Account.

Additional Provisions for Emergency Medical/Dental Coverage

- Signed or pinned transactions are covered as long as You use Your eligible card to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.
- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages, or electronic notification.
- The benefits described in this Guide will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Indemnity Insurance Company of North America ("Provider") is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-434-1280, or call collect outside the U.S. at 1-804-673-6499.

FORM #OPTMEDDENT – 2017 (04/17)

EM-0

Auto Rental Collision Damage Waiver



No cardholder wants to incur the expense of repairing or replacing a rented car. But accidents do happen, and vehicles do get stolen.

No matter what happens to Your rental car, You can be covered with Auto Rental Collision Damage Waiver. Auto Rental Collision Damage Waiver reimburses You for damages caused by theft or collision – up to the Actual Cash Value of most rented cars. Auto Rental Collision Damage Waiver covers no other type of loss. For example, in the event of a collision involving Your rented vehicle, damage to any other driver's car or the injury of anyone or anything is not covered. Rental periods of fifteen (15) consecutive days within Your country of residence, and thirty-one (31) consecutive days outside it, are both covered. (Longer rental periods, however, are **not** covered.)

You are eligible for this benefit if Your name is embossed on an eligible card issued in the United States and You use it to initiate and complete Your entire car rental transaction. Only You as the primary car renter and any additional drivers permitted by the Rental Car Agreement are covered.

How Auto Rental Collision Damage Waiver works with other insurance

Auto Rental Collision Damage Waiver covers theft, damage, valid loss-of-use charges imposed and substantiated by the auto rental company, administrative fees and reasonable and customary towing charges, due to a covered theft or damage to the nearest qualified repair facility.

If You **do** have personal automobile insurance or other insurance that covers theft or damage, this benefit reimburses You for the deductible portion of Your car insurance or other insurance, along with any unreimbursed portion of administrative and loss-of-use charges imposed by the car rental company, as well as reasonable towing charges while the car was Your responsibility.

If You **do not** have personal automobile insurance or any other insurance, the benefit reimburses You for covered theft, damage, or administrative

and loss-of-use charges imposed by the rental company, as well as reasonable towing charges that occur while You are responsible for the vehicle.

If You are renting outside of Your country of residence, the coverage provided under this benefit is primary and reimburses You for covered theft, damage, or administrative and loss-of-use charges imposed by the rental company, as well as reasonable towing charges that occur while You are responsible for the vehicle.

How to use Auto Rental Collision Damage Waiver

1. Use Your card to initiate and complete Your entire car rental transaction.
2. Review the auto rental agreement and decline the rental company's collision damage waiver (CDW/LDW) option, or a similar provision, **as accepting this coverage will cancel out Your benefit.** If the rental company insists that You purchase their insurance or collision damage waiver, call the Benefit Administrator for assistance at **1-800-397-9010.** **Outside the United States, call collect at 1-303-967-1093.**

This benefit is in effect during the time the rental car is in Your (or an authorized driver's) control, and it terminates when the rental company reassumes control of their vehicle.

This benefit is available in the United States and most foreign countries **(with the exception of Israel, Jamaica, the Republic of Ireland or Northern Ireland).** However, this benefit is not available where precluded by law, or where it's in violation of the territory terms of the auto rental agreement, or when prohibited by individual merchants. **Because regulations vary outside the United States, check with Your auto rental company and the Benefit Administrator before You travel, to be sure that Auto Rental Collision Damage Waiver will apply.**

Vehicles not covered



Certain vehicles are **not** covered by this benefit, they consist of expensive, exotic, and antique cars; cargo vans; certain vans; vehicles with an open cargo bed; trucks; motorcycles; mopeds; motorbikes; limousines; and recreational vehicles.

Examples of expensive or exotic cars are the Alfa Romeo, Aston Martin, Bentley, Corvette, Ferrari, Jaguar, Lamborghini, Lotus, Maserati, Maybach, McLaren, Porsche, Rolls Royce, and Tesla. However, selected models of Audi, BMW, Mercedes-Benz, Cadillac, Infiniti, Land Rover, Lexus, Lincoln, and Range Rover are covered.

CLAIMS SNAPSHOT

Use Your covered Account to secure and complete Your car rental transaction

You are involved in a fender bender with Your Rental Vehicle



45 DAYS

Call the Benefits Administrator to report the accident and receive a claim form



90 DAYS

Claim form must be submitted with supporting documents



Claim settled



An antique car is defined as one that is over twenty (20) years old, or one that has not been manufactured for ten (10) years or more.

Vans **are not** covered. But those designed as small-group transportation vehicles (seating up to nine (9) people, including the driver) **are** covered.

If You have questions about a specific vehicle's coverage or organization where the vehicle is being reserved, call the Benefit Administrator at **1-800-397-9010**, or call collect outside the United States at **1-303-967-1093**.

Related instances & losses not covered

- Any obligation You assume under any agreement (other than the deductible on Your personal auto policy)
- Any violation of the auto rental agreement or this benefit
- Injury of anyone, or damage to anything, inside or outside the Rental Vehicle
- Loss or theft of personal belongings
- Personal liability
- Expenses assumed, waived, or paid by the auto rental company, or its insurer
- The cost of any insurance, or collision damage waiver, offered by or purchased through the auto rental company
- Depreciation of the Rental Vehicle caused by the incident including, but not limited to, "diminished value"
- Expenses reimbursable by Your insurer, employer, or employer's insurance
- Theft or damage due to intentional acts, or due to the driver(s) being under the influence of alcohol, intoxicants, or drugs, or due to contraband, or illegal activities
- Wear and tear, gradual deterioration, or mechanical breakdown
- Items not installed by the original manufacturer
- Damage due to off-road operation of the Rental Vehicle
- Theft or damage due to hostility of any kind (including, but not limited to, war, invasion, rebellion, insurrection, or terrorist activities)
- Confiscation by authorities
- Vehicles that do not meet the definition of covered vehicles
- Rental periods that either exceed, or are intended to exceed, fifteen (15) consecutive days, within Your country of residence, or thirty-one (31) days outside Your country of residence
- Leases and mini leases
- Theft or damage as a result of the authorized driver's and/or cardholder's lack of reasonable care in protecting the Rental Vehicle before and/or after damage or theft occurs (for example, leaving the car running and unattended)

TIP:



Before You leave the lot, be sure to check the car for any prior damage.

- Theft or damage reported more than forty-five (45) days* after the date of the incident
- Theft or damage for which a claim form has not been received within ninety (90) days* from the date of the incident
- Theft or damage for which all required documentation has not been received within three hundred and sixty-five (365) days after the date of the incident
- Theft or damage from rental transactions that originated in Israel, Jamaica, the Republic of Ireland, or Northern Ireland

*Not applicable to residents in certain states

Filing a claim



It is Your responsibility as a cardholder to make every effort to protect Your Rental Vehicle from damage or theft. If You have an accident, or Your Rental Vehicle has been stolen, immediately call the Benefit Administrator at **1-800-397-9010** to report the incident, regardless of whether Your liability has been established. **Outside the United States, call collect at 1-303-967-1093.**

You should report the theft or damage as soon as possible but **no later than forty-five (45) days** from the date of the incident.

The Benefit Administrator reserves the right to deny any claim containing charges that would not have been included, if notification occurred before the expenses were incurred. Thus, it's in Your best interest to notify the Benefit Administrator immediately after an incident. Reporting to any other person will not fulfill this obligation.

What You must submit to file a claim



At the time of the theft or damage, or when You return the Rental Vehicle, ask Your car rental company for the following documents:

- A copy of the accident report form
- A copy of the initial and final auto rental agreements (front and back)
- A copy of the repair estimate and itemized repair bill
- Two (2) photographs of the damaged vehicle, if available
- A police report, if obtainable
- A copy of the demand letter which indicates the costs You are responsible for and any amounts that have been paid toward the claim.

Submit all of the above documents from the rental company, along with the following documents, to the Benefit Administrator:

- The completed and signed Auto Rental Collision Damage Waiver claim form (Important: This must be postmarked within ninety (90) days* of the theft or damage date, even if all other required documentation is not yet available – **or Your claim may be denied.**)
- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) demonstrating that the entire rental transaction was made on Your eligible Account.
- A statement from Your insurance carrier (and/or Your employer or employer's insurance carrier, if applicable), or other reimbursement showing the costs for which You are responsible, and any amounts that have been paid toward the claim. Or, if You have no applicable insurance or reimbursement, a statement of no insurance or reimbursement is required.
- A copy of Your primary insurance policy's Declarations Page (if applicable) to confirm Your deductible. (This means the document(s) in Your insurance policy that lists names, coverages, limits, effective dates, and deductibles.
- Any other documentation required by the Benefit Administrator to substantiate the claim.

Finally, please note that all remaining documents must be postmarked within three hundred and sixty-five (365) days* of the theft or damage date **or Your claim may be denied.**

*Not applicable to residents of certain states.

For faster filing, or to learn more about Auto Rental Collision Damage Waiver, visit: www.eclaimsline.com

Finalizing Your claim

Your claim will typically be finalized within 15 (fifteen) days, after the Benefit Administrator has received all the documentation needed to substantiate Your claim.

Transference of claims

Once Your claim has been paid, all Your rights and remedies against any party in regard to this theft or damage will be transferred to the Benefit Administrator, to the extent of the cost of payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

Definitions

Account means Your credit or debit card Accounts.

Actual Cash Value means the amount a Rental Vehicle is determined to be worth based on its market value, age and condition at the time of loss.

Eligible Person means a cardholder who pays for their auto rental by using their eligible Account.

Rental Car Agreement means the entire contract an eligible renter receives when renting a Rental Vehicle from a rental car agency which describes in full all of the terms and conditions of the rental, as well as the responsibilities of all parties under the contract.

Rental Vehicle means a land motor vehicle with four or more wheels as described in the participating organization's disclosure statement which the eligible renter has rented for the period of time shown on the Rental Car Agreement and does not have a manufacturer's suggested retail price exceeding the amount shown on the participating organization's disclosure statement

You or Your means an Eligible Person who uses their eligible card to initiate and complete the rental car transaction.

Additional provisions for Auto Rental Collision Damage Waiver

- Signed or pinned transactions are covered as long as You use Your eligible Account to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.
- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought

against the Provider unless all the terms of the Guide to Benefits have been complied with fully.

- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages, or electronic notification. The benefits described in this Guide to Benefits will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Indemnity Insurance Company of North America (“Provider”) is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

FORM #ARCDW – 2017 (Stand 04/17)

ARCDW-S

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-397-9010, or call collect outside the U.S. at 1-303-967-1093.

Travel and Emergency Assistance Services

Emergencies can escalate quickly when You are traveling away from home. Something that is relatively straight forward when You are not traveling, like replacing prescription medication, can be a difficult task when You are dealing with local laws or language barriers.



Travel and Emergency Assistance Services are made available to help You in case of an emergency while You are traveling away from home. The Benefit Administrator can connect You with the appropriate local emergency and assistance resources available, 24 hours a day, 365 days a year.

Please note that due to occasional issues such as distance, location, or time, neither the Benefit Administrator nor its service providers can be responsible for the availability, use, cost, or results of any medical, legal, transportation, or other services.

What are Travel and Emergency Assistance Services and how do I use these services when I need them?

Travel and Emergency Assistance Services are made available to You, if You are a cardholder of an eligible card issued in the United States. Your spouse and children (dependents under 22 years old) are also eligible to use these services. Travel and Emergency Assistance Services provide assistance and referral only. You are responsible for the cost of any actual medical, legal, transportation, cash advance, or other services or goods provided.

To use the services, simply call the toll-free, 24-hour Benefit Administrator line at **1-800-397-9010**. **If You are outside the United States, call collect at 1-303-967-1093.**



What are the specific services and how can they help me?

- **Emergency Message Service** – can record and relay emergency messages for travelers or their immediate family members. The Benefit Administrator will use reasonable efforts to relay emergency messages in accordance with benefit guidelines and limitations, but cannot take responsibility for the failure to transmit any message successfully. **All costs are Your responsibility.**
- **Medical Referral Assistance** – provides medical referral, monitoring, and follow-up. The Benefit Administrator can give You names of local English-speaking doctors, dentists, and hospitals; assign a doctor to consult by phone with local medical personnel, if necessary, to monitor Your condition; keep in contact with Your family, and provide continuing liaison; and help You arrange medical payments from Your personal account. **All costs are Your responsibility.**
- **Legal Referral Assistance** – can arrange contact with English-speaking attorneys and U.S. embassies and consulates if You're detained by local authorities, have a car accident, or need legal assistance. In addition, the Benefit Administrator can coordinate bail payment from Your personal account. The Benefit Administrator can also follow up to make sure bail has been properly handled. **All costs are Your responsibility.**
- **Emergency Transportation Assistance** – can help You make all the necessary arrangements for emergency transportation home or to the nearest medical facility. This includes arranging to bring Your Young children home and helping You stay in contact with family members or employers during the emergency. In the case of a death, the Benefit Administrator can make arrangements to repatriate the remains. **All costs are Your responsibility.**
- **Emergency Ticket Replacement** – helps You through Your carrier's lost ticket reimbursement process and assists in the delivery of a replacement ticket to You, should You lose Your ticket. **All costs are Your responsibility.**
- **Lost Luggage Locator Service** – can help You through the Common Carrier's claim procedures or can arrange shipment of replacement items if an airline or Common Carrier loses Your checked luggage. **You are responsible for the cost of any replacement items shipped to You.**
- **Emergency Translation Services** – provides telephone assistance in

all major languages and helps find local interpreters, if available, when You need more extensive assistance. **All costs are Your responsibility.**

- **Prescription Assistance and Valuable Document Delivery Arrangements** – can help You fill or replace prescriptions, subject to local laws, and can arrange pickup and delivery of Your prescriptions filled for You at local pharmacies. It can also help transport critical documents that You may have left at Your home or elsewhere. **All costs are Your responsibility.**
- **Pre-Trip Assistance** – can give You information on Your destination before You leave – such as ATM locations, currency exchange rates, weather reports, health precautions, necessary immunizations, and required passport visas.

Definitions

Common Carrier means any mode of transportation by land, water or air operating for hire under a license to carry passengers for which a ticket must be purchased prior to travel. Does not include taxi, limousine service, commuter rail or commuter bus lines.

You or Your means an eligible person whose name is embossed on an eligible U.S. issued card, and You reside in the United States.

Additional provisions for Travel and Emergency Assistance Services

This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages, or electronic notification. The benefits described in this Guide to Benefits will not apply to cardholders whose accounts have been suspended or cancelled.

FORM #TEAS – 2017 (Stand 04/17)

TEAS-S

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-397-9010, or call collect outside the U.S. at 1-303-967-1093.

Extended Warranty Protection



Product warranties can be inconvenient and cumbersome to use. Let's say You purchased a great gadget about a year ago, but it just stopped working, and You can't find Your sales receipt and warranty information. For all too common situations like these, Extended Warranty Protection can help.

Extended Warranty Protection provides You with valuable features that help You manage, use and extend the warranties for eligible items purchased on Your covered Account and/or rewards program associated with Your covered Account. Services include Warranty Registration and Extended Protection. You are eligible for this benefit if You are a card-

holder of an eligible card issued in the United States and You purchase either a portion or the entire cost of the item using Your Account and/or rewards program associated with Your covered Account.



Here's how Warranty Registration works

When You purchase an eligible item that carries a manufacturer's warranty, You can register

Your purchase by calling **1-800-397-9010** or **call collect outside the U.S. at 1-303-967-1093**. You can also register Your purchase online at **www.cardbenefitservices.com**.

The Benefit Administrator will tell You where to send Your item's sales receipt and warranty information, so they can be kept on file should You need them.

If You choose not to register Your item, be sure to keep Your monthly billing statement reflecting the purchase, the itemized sales receipt, the original manufacturer's written U.S. warranty and any additional warranty in a safe place. These documents will be required to verify Your claim.

Here's how Extended Protection works

Your warranty coverage can be doubled up to one (1) additional year on eligible warranties of three (3) years or less. For example, a manufacturer's warranty of three (3) months would be provided with an additional three (3) months of coverage for a combined total of six (6) months of coverage, and a warranty for six (6) months would be provided with an additional six (6) months of coverage for a combined total of twelve (12) months of coverage. However, if the manufacturer's warranty is for three (3) years, it would only be extended one (1) additional year for a combined total of four (4) years of coverage.

This benefit is limited to no more than the original price of the purchased item (as shown on Your credit card receipt), less shipping and handling fees, up to a maximum of ten thousand dollars (\$10,000.00) per claim, and fifty thousand dollars (\$50,000.00) per cardholder

The benefit covers purchases made both inside and outside the U.S. The eligible item must have a valid original manufacturer's U.S. repair warranty of three (3) years or less, store-purchased dealer warranty, or an assembler warranty.

What Extended Protection does *not* cover

- Boats, automobiles, aircraft, and any other motorized vehicles and their motors, equipment, or accessories, including trailers and other items that can be towed by or attached to any motorized vehicle
- Any costs other than those specifically covered under the terms of the

CLAIMS SNAPSHOT

You purchase a new laptop using Your covered Account.

One week after the manufacturer's one year warranty expires, the laptop stops working



60 DAYS

from the date of failure, you contact the Benefit Administrator to report the loss



90 DAYS

Claim form must be submitted with supporting documents



Claim settled



original manufacturer's written U.S. repair warranty, as supplied by the original manufacturer, or other eligible warranty

- Items purchased for resale, professional, or commercial use
- Real estate and items which are intended to become part of real estate including, but not limited to, items that are hard-wired or hard-plumbed, garage doors, garage door openers, and ceiling fans
- Rented or leased items
- Computer software
- Medical equipment
- Used or pre-owned items (Refurbished items will be covered as long as it has a warranty with it and would not be considered used or pre-owned.)

Filing an Extended Protection claim



To file a claim, call the Benefit Administrator at **1-800-397-9010** or call collect outside the U.S. at **1-303-967-1093**, immediately after the failure of Your covered item. **Please note if You do not notify the Benefit Administrator**

within sixty (60) days of product failure, Your claim may be denied.

The Benefit Administrator will request preliminary claim information, direct You to the appropriate repair facility, and send You the claim form. Gift recipients of eligible items are also covered, but they must provide all the documents needed to substantiate their claim.

If You received or purchased a service contract or an extended warranty when You purchased Your item, this benefit will be supplemental to, and in excess of, that coverage.

What You must submit to file a claim



Fill out and sign the claim form the Benefit Administrator sent You, then submit the form **within ninety (90) days** of the product failure, along with the following documents:

- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) demonstrating that the purchase was made on Your eligible Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- A copy of the itemized sales receipt
- A copy of the original manufacturer's written U.S. warranty, and any other applicable warranty
- A description of the item and its serial number, and any other documentation deemed necessary to substantiate Your claim (this includes bills and, if necessary, a copy of the maintenance record and receipts)
- The original repair estimate or repair bill, indicating cause of failure
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

All claims must be fully substantiated.



For faster filing, or to learn more about Extended Warranty Protection, visit **www.cardbenefitservices.com**

How will I be reimbursed?

If You have substantiated Your claim and met the terms and conditions of the benefit, Your item will be replaced or repaired **at the Benefit Administrator's discretion**, but for no more than the original purchase price of the covered item, as recorded on Your credit card receipt, less shipping and handling fees, up to a maximum of ten thousand dollars (\$10,000.00) per claim, and a maximum of fifty thousand dollars (\$50,000.00) per cardholder. **You will only be reimbursed up to the amount charged to Your Account** or the program limit, whichever is less.

Under normal circumstances, reimbursement will occur within five (5) business days of the receipt and approval of all required documents.

If Your item is to be repaired, You may go to an authorized repair facility and file a claim for reimbursement. Only valid and reasonable repairs made at the manufacturer's authorized repair facility are covered.

In either case, the Benefit Administrator's payment, replacement, or repair made in good faith will fulfill the obligation under this benefit.

Definitions

Account means Your credit or debit card Accounts.

Eligible Person means a cardholder who pays for their purchase by using their eligible Account and/or rewards program associated with their covered Account.

You or Your means an Eligible Person who purchase their item to their eligible Account and/or rewards program associated with their covered Account.

Additional provisions for Extended Protection

- Signed or pinned transactions are covered as long as You use Your eligible card to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.
- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages, or electronic notifications. The benefits described in this Guide will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial insti-

tution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Indemnity Insurance Company of North America (“Provider”) is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

FORM #EWP 10K-50K-3YR – 2017 (04/17)

WM-S

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-397-9010, or call collect outside the U.S. at 1-303-967-1093

Questions? Call (800) 283-2328, ext. 6035

Effective 11/15/2018

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