Visa Benefits
YOUR GUIDE TO CARD BENEFIT

Your Guide to Benefit describes the benefit in effect as of 1/22/22. Benefit information in this guide replaces any prior benefit information you may have received. Please read and retain for your records. Your eligibility is determined by your financial institution.

Travel Accident Insurance Description of Coverage
Principal Sum: $250,000.00

THIS IS AN ACCIDENTAL DEATH AND DISMEMBERMENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

This Description of Coverage is provided to all eligible WECU Choice Visa cardholders and replaces any and all Descriptions of Coverage previously issued to the insured with respect to insurance described herein.

Eligibility and Period of Coverage

As a WECU Choice Visa cardholder, you are covered beginning on 4/1/2016 or the date your credit card is issued, whichever is later.

You and your dependents* become covered automatically when the entire Common Carrier fare is charged to your covered WECU Choice Visa card account (“Covered Person”). It is not necessary to notify the financial institution, the Insurance Company, or the Plan Administrator when tickets are purchased. Coverage ends when the policy is terminated.

* Your spouse, unmarried dependent child(ren), under age 19 (25 if a full-time student). No age limit for incapacitated child. Incapacitated child means a child incapable of self-sustaining employment by reason of intellectual disability or physical handicap, and chiefly dependent on you for support and maintenance. Dependent child(ren) receive fifty percent (50%) of your benefit amount.

Benefits

Subject to the terms and conditions, if a Covered Person’s accidental bodily Injury occurs while on a Covered Trip and results in any of the following Losses within one (1) year after the date of the accident, the Insurance Company will pay the following percentage of the Principal Sum for accidental Loss of:

- Life .......................................................... 100%
- Both hands or both feet ................................................. 100%
- Sight of both eyes ..................................................... 100%
- One hand and one foot ............................................. 100%
- Speech and hearing ................................................ 100%
- One hand or one foot and the sight of one eye ............... 100%
- One hand or one foot ............................................. 50%
- Sight of one eye ................................................... 50%
- Speech or hearing ................................................ 50%
- Thumb and index finger on the same hand .................... 25%

In no event will multiple charge cards obligate the Insurance Company in excess of the stated benefit for any one Loss sustained by a Covered Person as a result of any one accident. The maximum amount payable for all Losses due to the same accident is the Principal Sum.

Definitions

wecu.com | 800-525-8703 | PO Box 9750, Bellingham, WA 98227 Insured by NCUA
Visa Benefits
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Loss means actual severance through or above the wrist or ankle joints with regard to hands and feet; entire and irrevocable loss of sight, speech or hearing; actual severance through or above the metacarpophalangeal joints with regard to thumb and index fingers. The life benefit provides coverage in the event of a Covered Person’s death. If a Covered Person’s body has not been found within one (1) year of disappearance, stranding, sinking, or wreckage of any Common Carrier in which the Covered Person was covered as a passenger, then it shall be presumed, subject to all other provisions and conditions of this coverage, the Covered Person suffered loss of life.

Injury means bodily injury or injuries, sustained by the insured person which are the direct cause of Loss, independent of disease cause of Loss, independent of disease or bodily infirmity, and occurring while the Covered Person is covered under this policy, while the insurance is in force.

Covered Trip means a trip (a) while the Covered Person is riding on a Common Carrier as a passenger and not as a pilot, operator, or crew member and (b) charged to your WECU Choice Visa card; and (c) that begins and ends at the places designated on the ticket purchased for the trip. Covered Trip will also include travel on a Common Carrier (excluding aircraft), directly to, from, or at any Common Carrier terminal, which travel immediately precedes departure to or follows arrival at the destination designated on the ticket purchased for the Covered Trip.

Common Carrier means any scheduled airline, land, or water conveyance licensed for transportation of passengers for hire.

Exclusions: No payment will be made for any Loss that occurs in connection with, or is the result of: (a) suicide, attempted suicide, or intentionally self-inflicted injury; (b) any sickness or disease; (c) travel or flight on any kind of aircraft or Common Carrier except as a fare-paying passenger in an aircraft or on a Common Carrier operated on a regular schedule for passenger service over an established route; or (d) war or act of war, whether declared or undeclared.

Beneficiary: Benefit for Loss of life is payable to your estate, or to the beneficiary designated in writing by you. All other benefits are payable to you.

Notice of Claim: Written notice of claim, including your name and reference to WECU Choice Visa should be mailed to the Plan Administrator within twenty (20) days of a covered Loss or as soon as reasonably possible. The Plan Administrator will send the claimant forms for filing proof of Loss.

The Cost: This travel insurance is purchased for you by your financial institution.

Description of Coverage: This description of coverage details material facts about a Travel Accident Insurance Policy which has been established for you and is underwritten by Virginia Surety Company, Inc. Please read this description carefully. All provisions of the plan are in the master policy form number, VSC-VCC-01 (2/00). Any difference between the policy and this description will be settled according to the provisions of the policy.

Questions: Answers to specific questions can be obtained by writing to the Plan Administrator:
cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY 10528

Underwritten by: Virginia Surety Company, Inc.
175 West Jackson Blvd.
Chicago, IL 60604

Additional Provisions for Travel Accident Insurance
Travel Accident Insurance is provided under a master policy of insurance issued by Virginia Surety Company, Inc. (herein referred to as Company). We reserve the right to change the benefits and features of all these programs.

The financial institution or the Company can cancel or choose not to renew the Insurance coverages for all Insureds. If this happens, the financial institution will notify the accountholder at least 30 days in advance of the expiration of the policy. Such notices need not be given if substantially similar replacement coverage takes effect without interruption and is provided by the same insurer. Insurance benefits will still apply to Covered Trips commenced prior to the date of such cancellation or non-renewal, provided all other terms and conditions of coverage are met. Travel Accident Insurance does not apply if your WECU Choice Visa privileges have been suspended or cancelled. However, insurance benefits will still apply to Covered Trips commenced prior to the date that your account is suspended or cancelled provided all other terms and conditions of coverage are met.

Coverage will be void if, at any time, the accountholder has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the accountholder’s interest herein, or in the case of any fraud or false swearing by the Insured relating thereto. No person or entity other than the accountholder shall have any legal or equitable right, remedy, or claim for insurance proceeds and/or damages under or arising out of this coverage.

No action at law or in equity shall be brought to recover on this coverage prior to the expiration of sixty (60) days after proof of Loss has been furnished in accordance with the requirements of this Description of Coverage.

The Company, at its expense, has the right to have you examined as often as reasonably necessary while a claim is pending. The Company may also have an autopsy made unless prohibited by law.

**State Amendments**

**For Illinois Residents Only:** The following statement is added: If a Covered Person recovers expenses for sickness or injury that occurred due to the negligence of a third party, the Company has the right to first reimbursement for all benefits the Company paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement, or compromise, by the Covered Person, the Covered Person’s parents if the Covered Person is a minor, or the Covered Person’s legal representative as a result of that sickness or injury. You are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

ADD (10/07)
Your Guide to Benefit describes the benefit in effect as of 10/1/23. Benefit information in this
guide replaces any prior benefit information You may have received. Please read and retain
for Your records. Your eligibility is determined by Your financial institution.

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. 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 $2,000 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.

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 $2,000.

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

*For faster filing, to check the status of the claim and securely upload documents visit*  
www.myclaimsagent.com/cbs

**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

**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.

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Loss of Life, two or more Members, sight of both eyes, speech and hearing or any combination thereof</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Accidental Loss of one Member, sight of one eye, speech or hearing</td>
<td>$500.00</td>
</tr>
<tr>
<td>Accidental Loss of the thumb and index finger of the same hand</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

**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 Company 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 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 digits of the credit card number.

To view the status of your claim and to securely upload documents, visit www.myclaimsagent.com

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.
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Your Guide to Benefit describes the benefit in effect as of 4/1/17. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Trip Delay Reimbursement

Having a Covered Trip delayed can mean more than just lost time; it can also create an additional cost that You weren’t expecting to pay.

Trip Delay Reimbursement covers up to a maximum of three hundred ($300.00) dollars for each purchased ticket, for reasonable additional expenses incurred when a Covered Trip You purchased with Your eligible Account and/or rewards program associated with Your covered Account is delayed for more than twelve (12) hours. The benefit is limited to one claim per Covered Trip. To be eligible for this coverage, You need to purchase either a portion or the entire cost of Your Common Carrier fare using Your Account.

You, Your spouse and Your dependent children under twenty-two (22) years of age are automatically covered when You charge Your Covered Trip's Common Carrier fare to Your eligible Account and/or rewards program associated with Your covered Account.

This benefit is supplemental coverage, which means that reasonable expenses during the delay not otherwise covered by Your Common Carrier, another party or Your primary personal insurance policy, may be reimbursed up to a maximum of three hundred dollars ($300.00) per ticket. You will be refunded the excess amount once all other reimbursement has been exhausted up the limit of liability.

What is covered?
Your reasonable additional expenses, such as meals and lodging, may be reimbursed as long as:

- A portion of the fare was purchased with an eligible Account and/or rewards program associated with Your covered Account
- Your Covered Trip was delayed for more than twelve (12) hours due to Covered Hazards
- Your Covered Trip is for a period of travel that does not exceed three hundred and sixty-five (365) days

What is not covered?

- Any delay due to a Covered Hazard which was made public or made known to You prior to Your departure.
- Any pre-paid expenses related to Your Covered Trip, such as tour or activity fees associated with Your Covered Trip.

How to file a Trip Delay Reimbursement claim

Within thirty (30) days of the Covered Trip delay, call the Benefit Administrator at 1-800-840-4735, or call collect outside the U.S. at 1-804-673-7683. The Benefit Administrator will ask You for some preliminary claim information and send You a claim form.

Within ninety (90) days of the date of Your Covered Trip delay, return Your completed and signed claim form and the requested documentation below to the following address:

Card Benefit Services
P.O. Box 72034
Richmond, VA 23255
Please submit the following documents:

- A copy of the detailed original and updated travel itinerary and/or the Common Carrier tickets
- A copy of Your monthly billing statement (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was charged to the covered Account. Only applicable if the travel itinerary does not reflect the last 4 digits of the Account number.
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- Tickets reflecting the total amount charged for the claimed Covered Trip
- A statement from the Common Carrier explaining the reason for the delay
- Copies of itemized receipts for Your claimed expenses. For food expenses, receipts are required, however itemized receipts are only required for bills of fifty dollars ($50.00) or more per covered traveler.
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

Failure to contact the Benefit Administrator or return the completed claim form and documentation within the time periods indicated above may result in the denial of Your claim.

For faster filing, or to learn more about Trip Delay Reimbursement, visit www.eclaimsline.com

Definitions

Account means Your credit or debit card Accounts.

Common Carrier means any land, water, or air conveyance operating for hire under a valid license for the transportation of passengers and for which a ticket must be purchased prior to commencing travel. Common Carrier does not include taxis, limousine services, or commuter rail or commuter bus lines or rental vehicles.

Covered Trip means a period of travel that does not exceed three hundred and sixty-five (365) days away from the Eligible Person’s residence to a destination other than the Eligible Person’s city of residence for which the Eligible Person charges the cost of transportation by Common Carrier to the Account and/or rewards programs associated with the covered Account.

Covered Hazards means equipment failure, inclement weather, strike and hijacking/skyjacking.

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

Family Member means Your spouse or legally dependent children under age twenty-two (22), [twenty-five (25) if enrolled as a full-time student at an accredited university].

You or Your means an Eligible Person or Your Family Members who charged their Covered Trip to Your eligible Account and/or rewards programs associated with Your covered Account.

Additional provisions for Trip Delay Reimbursement

- 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.
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- 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.

FORM#TRIP 12-300-2017 (04/17)  TD-O

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-840-4735, or call collect outside the U.S. at 1-804-673-7683.
Your Guide to Benefit describes the benefit in effect as of 4/15/21. Benefit information in this guide replaces any prior benefit information you may have received. Please read and retain for your records. Your eligibility is determined by your financial institution.

**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 cardholder 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 1-800-551-8472 or call collect outside the U.S. at 1-303-967-1096. 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
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- Any costs other than those specifically covered under the terms of the 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.)
- Losses caused by or resulting from a Cyber Incident.

Filing an Extended Protection claim

To file a claim, call the Benefit Administrator at 1-800-551-8472 or call collect outside the U.S. at 1-303-967-1096, 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 You will 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.

**Computer Programs** means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data.

**Cyber Incident** means any of the following acts:

(f) unauthorized access to or use of your digital data or a covered purchase;

(g) alteration, corruption, damage, reduction in functionality, manipulation, misappropriation, theft, deletion, erasure, loss of use or destruction of your digital data or covered purchase;

(h) transmission or introduction of a computer virus or harmful code, including ransomware, into or directed against your digital data or covered purchase;

(i) restriction or inhibition of access to or directed against your digital data or covered purchase;

(j) computer errors, including human operating error or omission; power failure, surge, or diminution of electronic systems; or mistakes in legitimate electronic code or damage from code installed on a covered purchase during the manufacturing process, upgrade process, or normal maintenance.

**Digital Data** means information, concepts, knowledge, facts, images, sounds, instructions, or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. Digital data shall include the capacity of a covered purchase to store information, process information, and transmit information over the Internet.

**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 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.