Your Guide to Benefit describes the benefit in effect as of 4/15/2021. 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.

With Vermont Federal Credit Union’s Visa Signature® Card, you can enjoy the strength, recognition, and acceptance of the Visa brand—with special perks and benefits.

Please retain this guide for the future. It describes in detail some of the important perks and benefits available to you.
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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 1-800-348-8472. Outside the United States, call collect at 1-804-673-1164.

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

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.
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.

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 1-800-348-8472, or call collect outside the United States at 1-804-673-1164.*

**Related instances & losses not covered**

- Any obligation You assume under any agreement (other than the deductible on Your personal auto policy)
- 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)
- 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
- Losses caused by or resulting from a Cyber Incident

*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 1-800-348-8472 to report the incident, regardless of whether Your liability has been established. Outside the United States, call collect at 1-804-673-1164.

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 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.
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.
- **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:
  - unauthorized access to or use of Your Digital Data or Rental Vehicle;
  - alteration, corruption, damage, reduction in functionality, manipulation, misappropriation, theft, deletion, erasure, loss of use or destruction of Your Digital Data or Rental Vehicle;
  - transmission or introduction of a computer virus or harmful code, including ransomware, into or directed against Your Digital Data or Rental Vehicle;
  - restriction or inhibition of access to or directed against Your Digital Data or Rental Vehicle;
  - 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 Rental Vehicle 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 Rental Vehicle to store information, process information, and transmit information over the Internet.
- **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.
• 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 canceled. 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 canceled.
• 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 1-800-348-8472, or call collect outside the U.S. at 1-804-673-1164.

FORM #ARCDW – 2021 (Stand 04/21)
ARCDW-O
Sometimes it happens that You land at Your scheduled destination only to find that Your Checked Baggage has taken a detour and its arrival is delayed. While You can likely go without most of Your belongings, if Your baggage was carrying any essential items, You may need to replace them while You wait for Your bag to arrive.

Baggage Delay Reimbursement can provide reimbursement for essential items You may need while on a Covered Trip and at a destination other than Your location of permanent residence. The maximum benefit is one hundred dollars ($100.00) per day up to a maximum of three (3) days or a total of three hundred dollars ($300.00). These maximums apply to You and to each of Your Immediate Family Member whose ticket was purchased with Your covered Account and/or rewards program associated with Your covered Account.

**When does it apply?**

The Baggage Delay Reimbursement benefit applies if Your Checked Baggage and the personal property contained therein is delayed or misdirected by the Common Carrier for more than four (4) hours from the time You have arrived at the destination printed on Your ticket. To be eligible for this coverage, You need to purchase either a portion or the entire cost of the Covered Trip with Your covered Account and/or rewards program associated with Your covered Account.

You are eligible for this benefit if You are a cardholder of covered card issued in the United States.

*This benefit is supplemental to and excess of any valid and collectible insurance or other reimbursement. This benefit will reimburse the excess amount once all other reimbursement has been exhausted up to the limit of liability.*

**What items are not covered?**

- Business Items, cellular telephones, or art objects
- Contact lenses, eyeglasses, sunglasses, hearing aids, artificial teeth, dental bridges, and prosthetic limbs
- Items not contained in delayed Checked Baggage
- Loss resulting from abuse, fraud, or hostilities of any kind (including but not limited to, war, invasion, rebellion, or insurrection)
- Losses arising from confiscation or expropriation by any government or public authority or detention by customs or other officials
- Money, securities, credit or debit cards, checks, and travelers checks
- Property shipped as freight or shipped prior to the Covered Trip departure date
- Tickets, documents (travel or otherwise), keys, coins, deeds, bullion, stamps, rugs and carpets, animals, cameras, electronic equipment, sporting equipment, and household furniture

**How to file a Baggage Delay Reimbursement claim**

1. After Your Checked Baggage has been delayed for more than four (4) hours You should immediately notify the Common Carrier to begin the Common Carrier’s claim process.

2. Notify the Benefits Administrator within twenty (20) days of the date Your Checked Baggage was delayed while on a Covered Trip at 1-877-257-8152, or call collect outside the U.S. at 1-804-281-5790. The Benefits Administrator will answer Your questions and send You a claim form.

3. Return the completed claim form and the requested documentation below within ninety (90) days from the date the Checked Baggage was delayed to the address provided by the Benefit Administrator.
• 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 the 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
• Proof of ticketing by the Common Carrier, including, but not limited to, itinerary, boarding pass, or used ticket stub
• A copy of the check, settlement, denial, or explanation of coverage issued by the Common Carrier together with a copy of the Common Carrier’s completed claim form, and a copy of the Checked Baggage claim check
• Receipts for essential items purchased while baggage was delayed
• A copy of Your insurance declaration page or documentation of settlement of the delay (if applicable)
• Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

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

Definitions

• Account means Your credit or debit card Accounts.
• Business Items means items that are used in the purchase, sale, production, promotion, or distribution of goods or services (including, but not limited to, manuals, computers and their accessories, software, data, facsimile, samples, collateral materials, etc.).
• Checked Baggage means suitcases or other containers specifically designed for carrying personal belongings, for which a claim check has been issued to You by a Common Carrier.
• Common Carrier means any mode of transportation by land, water or air operating under a license for the transportation of passengers for hire and 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 a Trip (a) while the eligible cardholder is riding on a Common Carrier as a passenger and not as a pilot, operator, or crew member; (b) charged to Your eligible Account and/or with rewards programs earned on Your covered Account; and (c) that begins and ends at the places designated on the ticket purchased for the Trip.
• 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.
• Immediate Family Member means Your Spouse or legally dependent children under age eighteen (18) [twenty-five (25) if enrolled as a full-time student at an accredited university].
• Spouse means domestic partner which is a person who is at least 18 years of age and who during the last twelve months: 1) has been in a committed relationship with the cardholder; (2) has been the cardholder’s sole spousal equivalent; (3) has resided in the same household as the cardholder; and (4) has been jointly responsible with the cardholder for each other’s financial obligations and who intends to continue the relationship as stated above indefinitely.
• You or Your means an Eligible Person or Your Immediate Family Members who charged their Covered Trip to Your eligible Account and/or rewards programs associated with Your covered Account.

Additional provisions for Baggage 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 pro-
vision 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.

FORM #DELBAG – 2017 (Stand 4/17)

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For more information about the benefit described in this guide, call the Benefit Administrator at 1-877-257-8152, or call collect outside the U.S. at 1-804-281-5790.
Cell phones have become an everyday necessity for the average person, which means if Your cell phone is damaged or stolen, getting it repaired or replaced is not optional.

Fortunately, Cellular Telephone Protection is available which provides coverage for damage to, theft of, or involuntary and accidental parting of Your cell phone. An involuntary and accidental parting is the unintended separation from Your cell phone when its location is known, but recovery is impractical to complete. This benefit is available if You are a valid cardholder of an eligible U.S. issued card enrolled in the Cellular Telephone Protection benefit and You charge Your monthly cellular wireless phone bills to Your eligible card for the billing cycle before the month in which the incident occurs. Eligible cell phones are the lines listed on Your most recent cellular wireless service provider’s (“cell phone provider”) monthly billing statement for the billing cycle prior to when the incident occurred.

**What is covered?**

This benefit is supplemental coverage, which means that it will reimburse You for theft of, damage to or involuntary and accidental parting of Your cell phone not otherwise covered by another insurance policy (for example; cell phone insurance programs, or Your homeowner’s, renter’s, automobile, or employer’s insurance policies).

If You **do** have personal insurance that covers theft, damage or involuntary and accidental parting for Your cell phone, this benefit reimburses You for the deductible portion of Your cell phone insurance.

If You **do not** have personal insurance, the benefit reimburses You for the covered theft, damage, or involuntary and accidental parting for Your cell phone.

Once all other insurance has been exhausted, Cellular Telephone Protection will provide coverage up to $250 per claim with a maximum of two (2) claims and $500 per twelve (12) month period. If it is determined that Your cell phone requires replacement due to the theft of, damage to or an involuntary or accidental parting of the device, You will receive the replacement value subject to the fifty dollar ($50.00) deductible and the benefit maximum. The replacement value is the lesser of Your cellular wireless service provider’s suggested retail value of a similar model replacement cell phone or the actual cost to replace the cell phone.

If Your cell phone is repairable, You will receive an amount as determined by the diagnostic to repair the cell phone subject to the benefit maximum and fifty-dollar ($50.00) deductible.

*Note: Electronic issues, such as inability to charge, mechanical or battery failure, where there is no evidence of physical damage, are not covered under this program.*

**When does it apply?**

Cellular Telephone Protection applies when You make Your monthly cellular wireless phone bill payment with Your eligible card. Coverage begins the first day of the calendar month following a payment of the cellular wireless phone bill.

If You fail to make a cellular wireless phone bill payment in a particular month, Your coverage will be suspended. Coverage will resume on the first day of the calendar month after the date of any future cellular wireless phone bill payment made with the eligible card.

*If Your cell phone is stolen as a result of criminal activity, You must file a police report within forty-eight (48) hours of the event.*

**What is not covered?**

This benefit will not provide reimbursement for the following:
• Cell phone accessories other than standard battery and/or standard antenna provided by the manufacturer
• Cell phones purchased for resale, professional, or commercial use
• Cell phones that are lost or “mysteriously disappear,” meaning that the phone vanished in an unexplained manner without evidence of a wrongful act by a person or persons
• Cell phones under the care and control of a common carrier (including, but not limited to, the U.S. Postal Service, airplanes, or delivery service)
• Cell phones stolen from baggage unless hand-carried and under Your personal supervision, or under supervision of Your traveling companion
• Cell phones which have been rented, borrowed or are part of pre-paid or “pay as you go” type plans
• Cosmetic damage to the cell phone or damage that does not impact the cell phone’s capabilities and functionalities
• Damage or theft resulting from abuse, intentional acts, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, or insurrection), confiscation by the authorities, risks of contraband, illegal activities, normal wear and tear, flood, earthquake, radioactive contamination, or damage from inherent product defects
• Damage or theft resulting from misdelivery or voluntary parting with the cell phone
• Taxes, delivery and transportation charges, and any fees associated with the cellular wireless service provider
• Losses caused by or resulting from a Cyber Incident

How to file a Cellular Telephone Protection claim

1. Within sixty (60) days of the date of the damage or theft, notify the Benefit Administrator at 1-866-894-8569 or outside the U.S. call collect at 1-303-967-1096. The Benefit Administrator will ask You some preliminary questions and send You the appropriate claim form. Please note, if You do not notify the Benefit Administrator within sixty (60) days after the damage or theft, Your claim may be denied.

2. Return the completed, signed claim form and the requested documentation below within ninety (90) days of the date of the damage or theft to the address provided by the Benefit Administrator.

For faster filing, or to learn more about Cellular Telephone Protection, visit www.cardbenefitservices.com

Please submit the following documents:

• The completed signed claim form
• A copy of Your cellular wireless service provider billing statement demonstrating that the entire monthly payment for the cellular wireless phone bill was made the month prior to the date of damage or theft and has been paid with the eligible card.
• If Your cellular wireless service provider’s billing statement doesn’t show payment with the eligible card, a copy of Your card monthly billing statement that corresponds with the above cellular wireless phone monthly billing statement
• A copy of the device summary page from Your cellular wireless phone bill or other sufficient proof of the claimed cell phone model linked to Your cell phone account
• If the claim is due to theft or criminal action, a copy of the police report filed within forty-eight (48) hours of the event
• Based on the details of the claim, the Benefits Administrator may request additional verification including:
  • An itemized repair estimate from an authorized cell phone repair facility
  • The damaged cell phone, for evaluation of its damage
  • An itemized store receipt for the replacement cell phone
• Documentation (if available) of any other claim settlement such as Your cellular wireless provider
or manufacturer’s insurance settlement (if applicable)

- Any other documentation deemed necessary in the Benefits Administrator’s sole discretion, to substantiate Your claim. All claims must be fully substantiated as to the time, place, cause, and purchase price of the cell phone.

*If the cell phone is damaged, do not discard it until the claim has been fully reviewed.*

**How will I be reimbursed?**

Depending on the nature and circumstances of Your claim, the Benefit Administrator may choose to repair or replace Your cell phone or reimburse You for the lesser of:

a) Up to $250 after the fifty dollar ($50.00) deductible has been applied to the replacement or repair cost; or

b) The current cellular wireless service provider’s suggested retail value of a similar model replacement cell phone, or the actual cost to replace it, whichever is lower (not including taxes, delivery and transportation charges or fees associated with the cellular wireless service provider), less Your fifty dollar ($50.00) deductible.

c) If Your cell phone is repairable, You will receive an amount as determined by the diagnostic to repair the cell phone less Your fifty dollar ($50.00) deductible.

Under normal circumstances, reimbursement will take place within ten (10) business days of receipt and approval of Your claim form and all necessary documents.

**Definitions**

- **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:
  (a) unauthorized access to or use of Your Digital Data or an Eligible Wireless Cellular Telephone;
  (b) alteration, corruption, damage, reduction in functionality, manipulation, misappropriation, theft, deletion, erasure, loss of use or destruction of Your Digital Data or an Eligible Wireless Cellular Telephone;
  (c) transmission or introduction of a computer virus or harmful code, including ransomware, into or directed against Your Digital Data or an Eligible Wireless Cellular Telephone;
  (d) restriction or inhibition of access to or directed against Your Digital Data or an Eligible Wireless Cellular Telephone
  (e) 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 an Eligible Wireless Cellular Telephone 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 an Eligible Wireless Cellular Telephone to store information, process information, and transmit information over the Internet.

- **Eligible Cellular Wireless Telephones** are the lines listed on your most recent cellular wireless service provider’s (“cell phone provider”) monthly billing statement for the billing cycle prior to when the incident occurred.

- **Eligible Person** means a cardholder who pays for their monthly cellular wireless phone bill with
their eligible card.

- **You and Your** means an enrolled cardholder who has charged their monthly cellular wireless phone bill to their covered card.

### Additional provisions for Cellular Telephone Protection

- 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 #CELLPHONE – 2021 (04/21)*

**CP-O**

*For more information about the benefit described in this guide, call the Benefit Administrator at 1-866-894-8569 or outside the U.S. call collect at 1-303-967-1096.*
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 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 rewards program 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 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 call collect outside the U.S. 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 program 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 program 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.

FORM #OPTMEDDENT – 2017 (04/17)
EM-O

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.
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
- 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:
  (a) unauthorized access to or use of Your Digital Data or a Covered Purchase;
  (b) alteration, corruption, damage, reduction in functionality, manipulation, misappropriation, theft, deletion, erasure, loss of use or destruction of Your Digital Data or Covered Purchase;
  (c) transmission or introduction of a computer virus or harmful code, including ransomware, into or directed against Your Digital Data or Covered Purchase;
  (d) restriction or inhibition of access to or directed against Your Digital Data or Covered Purchase;
  (e) 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.

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-551-8472 or call collect outside the U.S. at 1-303-967-1096.
It is important for most buyers to get the best deal when purchasing a new item, however it can be irritating when you discover that the same item you recently purchased is being advertised for less than what you paid for.

With Price Protection, if you buy an eligible item with your covered Account and/or rewards program associated with your covered Account in the United States and see the identical eligible item available for less in another retail store’s printed advertisement or non-auction Internet advertisement within sixty (60) days of the Date of Purchase, you can be reimbursed the difference up to $500 per item and up to $2,500 a year.

You are eligible for this benefit if you are a valid cardholder of an eligible U.S. issued card and you charge either a portion or the entire purchase price of the eligible item to your Account or rewards program earned on your covered Account toward the purchase. You will only be reimbursed up to the amount charged to your Account or the program limit.

**Price Protection is secondary to and in excess of store policies offering a lowest-price guarantee or any other form of refund for price differences. Only items Advertised by authorized dealers in the United States apply. Price differences involving manufacturing and/or merchant rebates, shipping and handling fees, and sales tax, if any, are not covered by the Price Protection benefit.**

**How does it work?**

1. Use your eligible Account and/or rewards program associated with your covered Account to purchase the eligible item. Be sure to save all original receipts; both your Account paperwork and the itemized store receipt.

2. If you see the identical product by the same manufacturer advertised in print for a lower retail price within sixty (60) days of your purchase, keep the original printed advertisement and make sure the advertisement includes:
   - A description of the item that is identical to the one you purchased
   - The sale price
   - The store or dealer’s name
   - A sale date(s) effective within sixty (60) days of the Date of Purchase

**What is not covered?**

- Internet Auction Advertisements including but not limited to sites such as eBay, Ubid, Yahoo and public or private live auction sites.
- Advertisements of cash-only sales, close-out sales, flea markets, fire sales, going-out-of-business sales, limited-quantity promotions or liquidation sales.
- Advertisements of sales of seasonal or discontinued items including, but not limited to, holiday decorations.
- Animals and living plants.
- Boats, automobiles, and any other motorized vehicles and their motors, equipment, or accessories.
- Cell phone service agreements and cell phone contracts.
- Items purchased for resale, professional, or commercial use.
- Jewelry, antiques, and collectible items, rare or one-of-a-kind items, special order items, custom items, or tailored items.
- Manufacturer and/or merchant rebates
- Perishables, services, consumables, and limited-life items including, but not limited to, rechargeable batteries.
• 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.
• Traveler’s checks, cash, tickets, credit or debit cards, and any other negotiable instruments.
• Items purchased outside of the United States.
• Items that are previously owned, sold “as is,” and/or refurbished.

How to file a Price Protection claim

1. Notify the Benefit Administrator within ten (10) days of the printed Advertisement showing Your product at a lower price at 1-800-553-7520, or outside the U.S. call collect at 1-303-967-1096. The Benefit Administrator will answer any questions You may have and send You a claim form.

2. Return the claim form and the requested documentation below within twenty (20) days of contacting the Benefit Administrator. Send all information to the address provided by the Benefit Administrator.

Please submit the following documents:

• The completed signed claim form
• The original itemized sales receipt for Your purchase or original packing slip in the case of mail order purchases
• 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 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
• Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim
• The original printed Advertisement or print out from a non-auction Internet site showing the item with its sale date and/or date of the Advertisement, lower Advertised price, and advertising store name to:

  Card Benefit Services  
P.O. Box 110889  
Nashville, TN 37222

Definitions

• Account means Your credit or debit card Accounts.
• Advertised or Advertisements means an Advertisement printed in a newspaper, journal, magazine, or flyer or items Advertised on a non-Auction internet site, distributed in the United States to the general public and placed by a manufacturer or authorized dealer of the consumer product in the United States. The advertisement must provide information stating the same manufacturer and model number of the item purchased. Advertisements that are cut down or altered in any way will not be accepted; therefore, any Advertisements, catalogs, etc. must be submitted in whole with date verification. The only exception is Advertisements in magazines and newspapers. In these cases, it’s not necessary to submit the whole publication; only the whole page or pages in which the Advertisement appears, with the date and name of the publication, is required. Advertisements posted on the Internet, by a non-Auction Internet merchant with a valid tax identification number, are also eligible. The advertisement must provide information stating the same manufacturer and model number of the item purchased. The printed version of the non-Auction internet advertisement must include the merchant’s Internet address and customer service telephone number, as well as the item, including manufacturer, model number, sale price, and date of publication.
• Date of Purchase means the date You paid for and received the item, or the date of delivery
and personal acceptance of the item, whichever is later.

- **Eligible Person** means a cardholder who pays for their purchase by using their eligible Account and/or with rewards program associated with their covered Account.
- **You or Your** means an Eligible Person who used their eligible Account to purchase the item and/or with rewards program associated with their covered Account.

**Additional provisions for Price Protection**

- 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 #PRICEPROT – 2017 (04/17)**

PP-O

*For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-553-7520, or call collect outside the U.S. at 1-303-967-1096.*
Life is full of surprises... some good surprises; and some, not so good.

For instance, Your son’s brand-new iPad got soaked, in a sudden rainstorm at summer camp. But, You bought the item with Your card so, You may be covered.

Purchase Security protects new retail purchases made with Your eligible Account and/or rewards program associated with Your covered Account within the first ninety (90) days from the date of purchase. To be eligible for this coverage, You need to purchase either a portion or the entire cost of the item using Your Account and/or rewards program associated with Your covered Account.

**Purchase Security covers**

At the Benefit Administrator’s discretion, this benefit replaces, repairs, or reimburses You, up to the total purchase price of Your item for a maximum of one thousand dollars ($1,000.00) per claim and ten thousand dollars ($10,000.00), per cardholder, in the event of theft or damage.

You are eligible for this benefit if You are a cardholder of an eligible card issued in the United States.

Gifts purchased for friends and family members may also be covered if they are purchased with Your covered Account and/or rewards program associated with Your covered Account.

**Purchase Security does not cover**

- Animals and living plants
- Antiques or collectible items
- Boats, aircraft, automobiles, and any other motorized vehicles and their motors, equipment, or accessories, including trailers and other items towable or attachable to any motorized vehicle
- Broken items, unless the result of a covered occurrence
- Computer software
- Items purchased for resale, either professional or commercial use
- Items that are lost, or that “mysteriously disappear,” meaning they vanished in an unexplained manner, with no evidence of wrongdoing by one person or several
- Items under the control and care of a common carrier (including the U.S. Postal Service, airplanes, or a delivery service)
- Items in Your baggage (unless hand carried, or under Your supervision or that of a companion You know); includes jewelry and watches, among other things
- Theft or damage stemming from abuse, fraud, hostilities (war, invasion, rebellion, insurrection, terrorist activities, and more); confiscation by authorities (if contraband or illegal); normal wear and tear; flood, earthquake, radioactive contamination; damage from inherent product defects
- Theft or damage from misdelivery, or voluntarily parting with property
- Medical equipment
- Perishable or consumable items, including cosmetics, perfumes, rechargeable batteries, among others
- Real estate and items intended for real estate, including hard-wired and hard-plumbed items, garage doors and openers, ceiling fans, among other items
- Rented and leased items
- Traveler’s checks, cash, tickets, credit or debit cards, among other negotiable purchased instruments
- Items used or pre-owned (Refurbished items will not be considered used or pre-owned as long accompanied by a warranty)
- Losses caused by or resulting from a Cyber Incident

**Filing a Purchase Security claim**
Call the Benefit Administrator at 1-800-553-4820, or call collect outside the U.S. at 1-303-967-1096, within sixty (60) days of the damage or theft (if You wait longer, coverage may be denied). The Benefit Administrator will ask for some preliminary claim information, answer Your questions and send You a claim form. When You submit Your claim, be sure to include all information regarding Your claim including the time, place, cause and the amount to either replace or repair the item.

If You have insurance (homeowner’s, renter’s, car, employer or any other), You are required to file a claim with Your insurance company and to submit a copy of any claim settlement from Your insurance company along with Your claim form. Purchase Security provides coverage on an “excess” coverage basis, meaning it does not duplicate coverage, but pays for a loss only after valid and collectible insurance or indemnity (including, but not limited to, homeowner’s, renter’s, automobile, or employer’s insurance policies) has been exhausted. At that point, Purchase Security will cover the loss up to the amount charged to Your eligible Account, subject to the terms, exclusions, and limits of liability of the benefit.

This benefit also pays for the outstanding deductible portion of Your insurance or indemnity for eligible claims. The maximum total limit of liability is up to one thousand dollars ($1,000.00) per claim occurrence and ten thousand dollars ($10,000.00) per cardholder. You will receive no more than the purchase price as recorded on the eligible card receipt.

When a protected item is part of a pair or set, You will receive no more than the value (as described above) of the particular part or parts, stolen or damaged, regardless of any special value that item may have as part of such a pair or set, and no more than the proportionate part of an aggregate purchase price of such pair or set.

For faster filing, or to learn more about Purchase Security, visit www.cardbenefitservices.com

Gift recipients may file their own claims, if they have the necessary substantiating documents.

Please submit the following documents:

- Your signed and completed claim form
- 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 store receipt demonstrating that the purchase was made on Your eligible Account and/or rewards program associated with Your covered Account
- Copy of the documentation of any other settlement of the loss (if applicable)
- If the item is repairable, the estimate of repair OR a copy of the paid receipt/invoice for the repairs, indicating the type of damage to the claimed item (if applicable)
- Copy of the police report (made within forty-eight [48] hours of the occurrence in the case of theft), fire report or incident report to substantiate the loss. If the loss was not reported, please provide a replacement receipt or other sufficient proof of loss deemed eligible solely by Your Benefits Specialist (if applicable)
- Any other documents necessary to substantiate Your claim

In some cases of damage, You will be asked to send, at Your expense, the damaged item along with Your claim in order to substantiate the claim, so make sure to keep the damaged item in Your possession.

PLEASE NOTE: Your maximum recovery under the Purchase Security Benefit is the purchase price of the item, not to exceed the coverage limit.

Please return Your signed and completed form with all documentation within ninety (90) days of
the date of theft or damage.

**How will I be reimbursed?**

Once You’ve met the conditions of this benefit, the Benefit Administrator will resolve Your claim in one of two ways:

- A damaged item may be repaired, rebuilt, or replaced, while a stolen item will be replaced. Typically, You will receive notice about this decision within fifteen (15) days upon receipt of Your claim documentation.
- You may receive payment to replace Your item, an amount not more than the original purchase price, less shipping and handling charges, up to one thousand dollars ($1,000.00) per claim and ten thousand dollars ($10,000.00) per cardholder. You will only be reimbursed up to the dollar amount to replace or repair the item or the program limit, whichever is less. Under normal circumstances, reimbursement will take place within five (5) business days.

**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:
  (a) unauthorized access to or use of Your Digital Data or Covered Purchase;
  (b) alteration, corruption, damage, reduction in functionality, manipulation, misappropriation, theft, deletion, erasure, loss of use or destruction of Your Digital Data or Covered Purchase;
  (c) transmission or introduction of a computer virus or harmful code, including ransomware, into or directed against Your Digital Data or Covered Purchase;
  (d) restriction or inhibition of access to or directed against Your Digital Data or Covered Purchase;
  (e) 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 used their eligible Account to purchase the item and/or rewards program associated with their covered Account.

**Additional provisions for Purchase Security**

- 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 #PSECALLPER 1K 2021 (04/21)

PPS-O

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-553-4820, or call collect outside the U.S. at 1-303-967-1096.
Have You ever purchased an item which looks great on the Internet or spectacular in a store but doesn’t look as great once You remove its packaging at home? What if the retailer where You purchased the item will not accept the return?

Return Protection may be able to assist You. Return Protection is a benefit for eligible cardholders who make a purchase with their Account and/or rewards program associated with their covered Account.

You are eligible for this benefit if You are a cardholder of a covered card issued in the United States.

If You are disappointed with an item, within ninety (90) days from the date of purchase, and the retailer will not accept a return, You can be reimbursed for the purchase price, up to two hundred and fifty dollars ($250.00) per item of personal property, and an annual maximum of one thousand dollars ($1,000.00), per Account.

The Return Protection benefit is supplemental to, and in excess of, any valid and collectible avenue of recovery available to You, the eligible cardholder. The Benefit Administrator will reimburse the excess amount, once all other coverage has been exhausted, up to the coverage amount.

What is covered?

Eligible items of personal property purchased with Your covered Account and/or rewards program associated with Your covered Account are covered for reimbursement up to two hundred and fifty dollars ($250.00) per item at an annual maximum of one thousand dollars ($1,000.00) per Account.

What is not covered?

Return Protection does not apply to the following purchases:

- Animals and living plants
- Boats, aircraft, automobiles, 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
- Cash, bullion, traveler’s checks, tickets, credit or debit cards, and any other negotiable instruments
- Computer software
- Damaged, or non-working, items
- Formal attire, including but not limited to, cocktail dresses, tuxedos, gowns, and formal accessories
- Items purchased for resale, or for professional or commercial use
- Items purchased outside the United States
- Items that have been altered
- Jewelry, art objects, rare or precious coins or stamps, antiques, and collectible items
- Medical equipment
- Perishables, consumables, and limited-life items, including but not limited to, rechargeable batteries
- 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
- Seasonal items, including but not limited to, holiday decorations

What if the store offers a guarantee?

This benefit is designed to cover You if the store will not allow You to return the item for a refund, exchange or credit.
1. If You are not satisfied with Your purchase and the retailer will not accept the return, call the Benefit Administrator, within ninety (90) days of the date of Your purchase, at 1-888-565-8472, or call collect outside the United States at 1-303-967-1096. The customer service representative will ask you for some preliminary information about Your claim and send You a claim form.

2. Return the completed claim form within thirty (30) days of the first notice of loss to the Benefit Administrator along with the following items:
   - Your original itemized sales receipt for Your purchase or original packing slip in the case of mail order purchases
   - 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 covered Account.

After You have collected all of these documents, please send to:

Card Benefit Services  
P.O. Box 110889  
Nashville, TN.  37222

*Please Note: If You file a claim within the first thirty (30) days of purchase, You may be asked to submit proof of the store’s return policy.*

3. A customer service representative will contact You after receiving Your claim paperwork. If additional documents are requested, You will have sixty (60) days to fulfill that request. Once the claim paperwork is complete, You will receive instructions for shipping the item with its original packaging and any applicable manuals and warranties to Card Benefit Services. *The cost of shipping is at your expense.*

*The item must be in like-new or good working condition in order to be approved for reimbursement.*

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

**How will I be reimbursed?**

If Your claim is approved and the item has been received, the Benefit Administrator will issue a reimbursement for the purchase price of the item, up to a maximum of two hundred and fifty dollars ($250.00) per eligible item, or one thousand dollars ($1,000.00) annual maximum per Account, less any applicable shipping and handling fees.

**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 used their eligible Account to purchase the item and/or rewards program associated with their covered Account.

**Additional provisions for Return Protection**

- 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 #RETPRO – 2017 (04/17)

RP-O

For more information about the benefit described in this guide, call the Benefit Administrator at 1-888-565-8472, or call collect outside the U.S. at 1-303-967-1096.
For roadside assistance, call 1-800-847-2869

What is Roadside Dispatch?

Roadside Dispatch is a pay-per-use roadside assistance program. The program provides you with security and convenience wherever your travels take you.

No membership or pre-enrollment is required. No annual dues. No limit on usage.

For a set price per service call, the program provides:

- Standard Towing – Up to 5 miles included
- Tire Changing – must have good, inflated spare
- Jump Starting
- Lockout Service (no key replacement)
- Fuel Delivery – up to 5 gallons (plus the cost of fuel)
- Standard Winching

Roadside Dispatch will ask you where you are, what the problem is, and while they remain on the phone with you, they will arrange a dispatch to a reliable tow operator or locksmith to provide help. (If you feel you are in an unsafe location – Roadside Dispatch will advise you to hang up and dial 911. If you are not able to dial 911, they will call the non-emergency police number in your area, and will remain on the phone with you at your request until the police arrive.) You have the convenience of one toll-free phone number and you may save money because their rates are pre-negotiated.

Dependable roadside assistance is available 24 hours a day, 7 days a week in the United States. No membership or pre-enrollment is required. Just call Roadside Dispatch toll-free when you need them 1-800-847-2869 ~ it's that easy!

Note: Customers must pay service provider for mileage over 5 miles. A secondary unit being towed behind is not included but can be accommodated for an additional fee. Standard Winching applies within 100 feet of paved or county maintained road only. Current fee for a standard service call is $79.95. Additional fees may apply for winching services under certain circumstances. Service call fees are subject to change at any time; however, callers will be notified of pricing prior to any service dispatch. This program may be discontinued at any time without prior notice. Program void where prohibited.

1 Any vehicle with wheels is covered under the program as long as it can be classified as ‘Light Duty’. ‘Light Duty’ vehicles are vehicles that weigh 10,000 lbs. or less. Vehicles weighing more than 10,000 lbs. are considered ‘Medium Duty’ or ‘Heavy Duty’ and are NOT covered under this program.

Additional Terms:

Service providers supplying emergency roadside assistance and towing are independent contractors and are solely liable for their services. Neither Visa nor Vermont Federal Credit Union shall have any responsibility or liability in connection with the rendering of the service. Emergency roadside assistance and towing may not be available in areas not regularly traveled, nor in other “off road” areas not accessible by ordinary towing vehicles. Weather conditions, time of day, and availability of service may affect assistance responses. Expectations for dispatch are set with the customer on every call, and an expected estimated time of arrival is provided to the customer regardless of their location; however, neither Visa nor Vermont Federal Credit Union provides any assurances as to the ability of the service provider to meet such estimates. You are responsible for any roadside assistance or towing charges incurred by facilities responding to your request even if you are not with your vehicle or your vehicle is gone upon their arrival. 24-hour roadside assistance services provided by: Cross Country Motor Club,
Inc. d/b/a Agero, a Massachusetts corporation, and Cross Country Motor Club of California, Inc. a California corporation.
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 1-800-992-6029. If You are outside the United States, call collect at 1-804-673-1675.

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.

*For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-992-6029, or call collect outside the U.S. at 1-804-673-1675.*

FORM #VTEAS – 2017 (Stand 04/17)

TEAS-O
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 $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.

- Additional provisions for Purchase Security

**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:

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cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY  10528
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*For faster filing, to check the status of the claim and securely upload documents visit www.my-claimsagent.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 pas-
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)
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:**

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cbsi Card Benefit Services
550 Mamaroneck Avenue, Suite 309
Harrison, NY  10528
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**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
- A 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.myclaimssagent.com**

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

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

FORM #TRCAN – 2022 (01/22)

TC-O
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](http://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.
- 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 1-800-840-4735, or call collect outside the U.S. at 1-804-673-7683.