

This Guide to Benefit describes the benefit in effect as of 4/1/10. This benefit and description supersedes any prior benefit and description you may have received earlier. Please read and retain for your records. Your eligibility is determined by the date your financial institution enrolled your account in the benefit.

# Your Visa Card Guide to Benefit Trip Cancellation/ Trip Interruption



For questions about your balance, call the customer service number on your Visa statement.

In the event of the Insured Person's Trip Cancellation or Trip Interruption, we will pay up to the Trip Cancellation/Trip Interruption Benefit Amount of \$2,000.

Our payment will not exceed either the actual Nonrefundable amount paid by the Insured Person for a Scheduled Airline passenger fare(s) or \$2,000.

The Insured Person will relinquish to us any unused vouchers, tickets, coupons, or travel privileges for which we have reimbursed the Insured Person.

The Trip Cancellation or Trip Interruption of the Insured Person must be caused by or result from:

- 1) Death, Accidental Bodily Injury, disease, or physical illness of the Insured Person or an Immediate Family Member of the Insured Person; or
- 2) Default of the Scheduled Airline resulting from Financial Insolvency.

The death, Accidental Bodily Injury, disease, or physical illness must be verified by a Physician and must prevent the Insured Person from traveling on a Covered Trip.

## Additional Benefits

### Accidental Death Insurance While on a Scheduled Aircraft

As a Visa cardholder, You will be automatically insured against Accidental Loss of Life, Limb, Sight, Speech, or Hearing occurring on a Scheduled Airline Covered Trip while riding as a passenger in, entering, or exiting any Scheduled Aircraft on which You have purchased passage, or riding as a passenger in, entering, or exiting any conveyance licensed to carry the public for hire, or any courtesy transportation provided without a specific charge and while traveling to or from the airport, terminal, or station immediately preceding the departure of the Scheduled Aircraft on which You have purchased passage, or immediately following the arrival of the Scheduled Aircraft on which You were a passenger, or while at the airport, terminal, or station at the beginning or end of the Scheduled Airline Covered Trip. If the purchase of the Scheduled Airline passenger fare is not made prior to Your arrival at the airport, terminal, or station, coverage will begin at the time the cost of the Scheduled Airline passenger fare is charged to Your eligible Visa card account.

**Loss of Life Benefit:** \$1,000

**Eligibility:** This insurance plan is provided to Visa cardholders automatically when the entire cost of the passenger fare(s) is charged to the eligible Visa card account while the insurance is effective. It is not necessary for You to notify Visa, the Plan Administrator, or the Company when tickets are purchased.

**The Cost:** This insurance plan is provided at no additional cost to eligible Visa cardholders. Visa pays the full cost of the insurance.

**Beneficiary:** 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 Benefits:** The full Benefit Amount is payable for Accidental Loss of Life; Loss of Speech, and Loss of Hearing; Loss of Speech and one of Loss of hand, Foot, or Sight of One Eye; Loss of Hearing and one of Loss of Hand, Foot, or Sight of One Eye; Loss of both Hands, both Feet, Loss of Sight or any combination thereof. 50% of the Loss of Life Benefit Amount is payable for Accidental Loss of Hand, Foot, or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing. 25% of the Loss of Life Benefit Amount is payable of Loss of Thumb and Index Finger of the same hand.

**Account Aggregate Limit of Insurance:** If more than one Insured Person insured under the same account suffers a Loss in the same Accident, Federal Insurance Company (the "Company") will not pay more than two times the applicable Benefit Amount (the aggregate limit of insurance). If an accident results in Benefit Amounts becoming payable, which when totaled, exceed two times the applicable Benefit Amount, then the aggregate limit of insurance will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

## Definitions

**Accident or Accidental** means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to the Insured Person; 3) is independent of illness, disease, or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause 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. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's disease; 2) bursitis; 3) chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) carpal tunnel syndrome.

**Benefit Amount** means the Loss amount at the time the entire cost of the passenger fare is charged to an eligible Visa card account. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount.

**Covered Trip** means a trip, for which Scheduled Airline costs (other than taxi) are charged to the Insured Person's eligible Visa card account for travel on a Scheduled Aircraft when the entire cost of the passenger fare for such transportation, less redeemable certificates, vouchers or coupons, has been charged to an Insured's Person's eligible Visa card account issued by the Policyholder, occurring while the insurance is in force.

**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.

**Financial Insolvency** means the inability of the entity to provide travel services because it has ceased operations either following the filing of a petition for bankruptcy, whether voluntary or involuntary, or because it has ceased operations as a result of a denial of credit or the inability to meet financial obligations.

**Immediate Family Member** means spouse, Dependent Child or Children, or other relatives residing with the Insured Person.

**Insured's Location of Permanent Residence** means the city where the Insured Person has established his/her fixed and permanent principal home.

**Insured Person** means a person, for whom premium has been paid by the Policyholder.

**Loss of Foot** means the complete severance through or above the ankle joint. We will consider it a Loss of Foot even if the foot is later reattached.

(Continued on next page)

## Trip Cancellation/Trip Interruption (Cont.)

**Loss of Hand** means complete severance through or above the knuckle joints of at least 4 fingers on the same hand or at least 3 fingers and the thumb on the same hand. We will consider it a Loss of Hand even if the fingers and/or thumb are later reattached.

**Loss of Hearing** means the permanent and irrecoverable Loss of Hearing in both ears, as determined by a Physician.

**Loss of Life** means death, including clinical death determined by the local governing medical authorities.

**Loss of Sight of One Eye** means the permanent loss of vision in one eye. Remaining vision must be no better than 20/200 using a corrective aid or device as determined by a Physician.

**Loss of Speech** means the permanent and irrecoverable total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

**Loss of Thumb and Index Finger** means complete severance through or above the knuckle joints of the thumb and index finger of the same hand. We will consider it a Loss of Thumb and Index Finger even if one or both are later reattached.

**Nonrefundable** means the amount of money paid by or on behalf of the Insured Person for a Covered Trip which will be forfeited under the terms of the agreement made with the Scheduled Airline for unused travel arrangements and for which a travel agent or travel supplier will not provide any other form of compensation.

**Physician** means a person who is licensed as a medical doctor or a doctor of osteopathy by the laws of the jurisdiction in which treatment is given and who is qualified to provide the medical treatment. A Physician does not include a family member of the Insured Person, a social worker, a physical therapist, or an intern.

**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.

**Scheduled Aircraft** means an aircraft owned or operated by a Scheduled Airline.

**Scheduled Airline** means an airline which is either: 1) registered and certified by the Government of the United States of America to carry passengers on a regularly scheduled basis; or 2) registered and certified by any other governmental authority with competent jurisdiction to carry passengers on a regularly scheduled basis.

**Trip Cancellation** means the cancellation of Scheduled Airline travel arrangements when the Trip Cancellation 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 eligible cardholder.

**Exclusions:** This insurance does not cover Loss resulting from: emotional trauma, mental or physical illness, disease, pregnancy, childbirth, or miscarriage, bacterial or viral infection (except bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria), or bodily malfunctions, or medical or surgical treatment; participation in military action while in active military service; suicide, attempted suicide, or intentionally self-inflicted injuries; or declared or undeclared war.

**Additional Exclusions:** This insurance also does not apply to an Accident resulting from: being in, entering, or exiting any aircraft owned, leased, or operated by the Policyholder, or operated by an employee of the Policyholder, on the Policyholder's behalf; being in, entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency; fraud; the commission or attempted commission of any illegal act; being intoxicated; being under the influence of any narcotic unless taken on the advice of a Physician. This insurance does not apply to any Accident when the U.S. Government has imposed any trade or economic sanctions prohibiting insurance of any Accident,

or when there is any other legal prohibition against providing insurance for any Accident. With respect to Trip Cancellation/Trip Interruption only, this insurance does not apply to Loss caused by or resulting from: 1) a Pre-existing Condition; or 2) Accidental Bodily Injuries arising from participation in interscholastic or professional sports events, racing or speed contests, or uncertified scuba diving; or 3) cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a Loss covered under this policy; or 4) 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; or 5) 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.

**Claim Notice:** Written claim notice must be given to the Company within twenty (20) days after the occurrence of any Loss covered by this policy or as soon as reasonably possible. 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.

**Claim Forms:** When the Company receives notice of a claim, the Company will send You forms for giving proof of Loss to us within fifteen (15) days. If You do not receive the forms, You should send the Company a written description of the Loss.

**Claim Proof of Loss:** For claims involving disability, complete proof of Loss must be given to us within thirty (30) days after commencement of the period for which the Company is liable. Subsequent written proof of the continuance of such disability must be given to the Company at intervals we may reasonably require. For all other claims, complete proof of Loss must be given to us within ninety (90) days after the date of Loss, or as soon as reasonably possible. Failure to give complete proof of Loss within these time frames will not invalidate any otherwise valid claim, if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete proof of Loss.

**Claim Payment:** For benefits payable involving disability, the Company will pay You the applicable Benefit Amount no less frequently than monthly during the period for which the Company is liable, subject to our receipt of complete proof of Loss. For all other benefits, the Company will pay You or Your Beneficiary the applicable Benefit Amount within sixty (60) days after complete proof of Loss is received, and if You, the Policyholder, and/or the Beneficiary, have complied with all the terms of this policy.

**Effective Date:** Your insurance becomes effective on the latest of: the effective date of this policy, the date on which You first meet the eligibility criteria as the Insured Person, or the beginning of the period for which required premium is paid for You. Insurance for You automatically terminates on the earliest of: the termination date of this policy, the expiration of the period for which required premium has been paid for You, the date on which You no longer meet the eligibility criteria as the Insured Person, or the date on which the Company pays out 100% of the Loss of Life Benefit Amount.

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

CBSI Enhancement Services  
550 Mamaroneck Avenue, Suite 309  
Harrison, NY 10528

As a handy reference guide, please read this and keep it in a safe place with Your other insurance documents. This description of benefit is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, which can be obtained from the "Policyholder," Visa.

**Plan Underwritten By:** Federal Insurance Company  
a member insurer of the  
Chubb Group of Insurance Companies  
15 Mountain View Road, P.O. Box 1615  
Warren, NJ 07061-1615

**Policy # 6478-07-74**

FORM #VTRCAN (04/10)

