

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Visa® Commercial Card

Travel and Emergency Assistance Services

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

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

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

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

Travel and Emergency Assistance Services are made available to You, if You are a cardholder of an eligible card issued in the United States. You, Your Immediate Family Members and business associates 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, their Immediate Family Members or business associates. 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 Immediate Family Members or business associates 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.

Immediate Family Member means Your Spouse or dependent children under twenty-two (22) years old.

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

Additional provisions for Travel and Emergency Assistance Services

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

FORM #TEAS – 2017 (Stand 04/17)

TEAS-CG

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.

Auto Rental Collision Damage Waiver

No cardholder wants to incur the expense of repairing or replacing a rented car. But accidents do happen and vehicles do get stolen. No matter what happens to Your rental car, You can be covered with Auto Rental Collision Damage Waiver.

Auto Rental Collision Damage Waiver reimburses You for damages caused by theft or collision - up to the Actual Cash Value of most rented cars. Auto Rental Collision Damage Waiver covers no other type of loss. For example, in the event of a collision involving Your rented vehicle, damage to any other driver’s car or the injury of anyone or anything is not covered. Rental periods of thirty-one (31) consecutive days are covered. (Longer rental periods, however, are **not** covered.)

You are eligible if Your name is embossed on an eligible card issued in the United States or if You are authorized by Your company to rent an eligible vehicle using the company's eligible Account, as long as the rental is purchased entirely with the Account. Only You, as the primary renter of the vehicle, 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 the Rental Vehicle is for commercial and/or business purposes, Auto Rental Collision Damage Waiver benefit acts as primary coverage, and You may be reimbursed for up to the actual cash value of the vehicle.

If the Rental Vehicle is for personal reasons, this benefit is secondary coverage, supplemental to Your personal automobile insurance, meaning You may only be reimbursed for the amount of Your personal insurance deductible or other charges, including valid administrative and loss-of-use charges not covered under Your personal insurance policy. If You are renting outside Your country or residence, or if You do not have automobile insurance, Auto Rental Collision Damage Waiver acts as primary coverage.

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.**

Vehicles not covered

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

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

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 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 thirty-one (31) consecutive days
- 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 the 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 four [4] digits of the Account number) demonstrating that the entire rental transaction was made on Your eligible Account.
- If the rental was for personal use, 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.
- If the rental was for personal reasons, a copy of Your primary insurance policy's Declarations Page (if applicable), to confirm Your deductible (This means the document(s) in Your insurance policy that lists names, coverages, limits, effective dates, and deductibles).
- Any other documentation required by the Benefit Administrator to substantiate the claim.

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

***Not applicable to residents of certain states.**

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

Finalizing Your claim

Your claim will typically be finalized within fifteen (15) 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:

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

Additional provisions for Auto Rental Collision Damage Waiver

- Signed or pinned transactions are covered as long as You use Your eligible Account to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.

- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notifications. 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 #BCDW01 – 2021 (Stand 04/21)

ARCDW-CG

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-348-8472, or call collect outside the U.S. at 1-804-673-1164.

Please Note: In this document, "card" refers to Corporate, Fleet, Meetings, Purchasing, or any combination of these card products (Commercial).

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Travel Accident Insurance Description of Coverage
Principal Sum: \$200,000

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

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

Eligibility and Period of Coverage

As a Banc of California Commercial cardholder, you are covered beginning on 9/30/23 or the date your credit card is issued, whichever is later.

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

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

Benefits

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

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

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

Definitions

Loss means actual severance through or above the wrist or ankle joints with regard to hands and feet; entire and irrevocable loss of sight, speech or hearing; actual severance through or above the metacarpophalangeal joints with regard to thumb and index fingers. The life benefit provides coverage in the event of a Covered Person's death. If a Covered Person's body has not been found within one (1) year

of disappearance, stranding, sinking, or wreckage of any Common Carrier in which the Covered Person was covered as a passenger, then it shall be presumed, subject to all other provisions and conditions of this coverage, the Covered Person suffered loss of life.

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

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

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

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

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

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

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

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

Questions: Answers to specific questions can be obtained by writing to the **Plan Administrator:**

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

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

Additional Provisions for Travel Accident Insurance

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

The financial institution or the Company can cancel or choose not to renew the Insurance coverages for all Insureds. If this happens, the financial institution will notify the accountholder at least 30 days in advance

of the expiration of the policy. Such notices need not be given if substantially similar replacement coverage takes effect without interruption and is provided by the same insurer. Insurance benefits will still apply to Covered Trips commenced prior to the date of such cancellation or non-renewal, provided all other terms and conditions of coverage are met. Travel Accident Insurance does not apply if your Banc of California Commercial card privileges have been suspended or cancelled. However, insurance benefits will still apply to Covered Trips commenced prior to the date that your account is suspended or cancelled provided all other terms and conditions of coverage are met.

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

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

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

State Amendments

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

ADD (10/07)

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Emergency Evacuation and Transportation/Repatriation of Remains Coverage

You put a lot of time and effort into planning for a great trip, but You can't always plan for a serious accident or illness which occurs during Your travels. When You are dealing with an emergency away from Your home, it can be an overwhelming and expensive experience.

To try and help ease some of this financial burden, You can receive coverage for expenses not reimbursed elsewhere, if You or an immediate family member requires Emergency Evacuation and Transportation or Repatriation of Remains while on a Covered Trip purchased with Your eligible card issued in the United States 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 with Your covered Account and/or rewards program associated with Your covered Account.

Emergency Evacuation and Transportation benefit limit: up to ten thousand dollars (\$10,000.00)

Repatriation of Remains benefit limit: up to one thousand dollars (\$1,000.00)

Please Note: These benefits are supplemental to and excess of any valid and collectible insurance or other coverage. Note that coverage is secondary to any existing health and/or dental coverage the Eligible Person may have, including workers compensation and disability benefits whether or not provided by law. In order to be eligible for this benefit, medical evacuation and transportation arrangements must be pre-approved by the Benefit Administrator in consultation with a legally licensed Physician who certifies that the severity of the injury or sickness warrants Emergency Evacuation. The Benefit Administrator must also make the actual medical transportation arrangements.

What is an Emergency Evacuation and when does it apply?

Emergency Evacuation means:

- a. Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; or
- b. After treatment at a local Hospital, Your medical condition warrants transportation back to Your Residence for further medical treatment or recovery; or
- c. Both a) and b) above

The Emergency Evacuation benefit applies if You suffer an injury or illness resulting in a necessary Emergency Evacuation when You are on a Covered Trip. The Covered Trip must 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.

What is covered by the Emergency Evacuation benefit?

Covered expenses include those for transportation, medical services, and medical supplies needed to facilitate Your Emergency Evacuation. All transportation arrangements must be:

- a. Recommended by the attending Physician;
- b. Required by the standard regulations of the conveyance transporting You; and
- c. Arranged and approved in advance by the Benefits Administrator.

What is Emergency Transportation and when does it apply?

Emergency Transportation means any land, water, or air conveyance required to transport You during an Emergency Evacuation. Such transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles.

The Emergency Transportation benefit applies if You are hospitalized for more than eight (8) days, the Benefit Administrator arranges for a relative or friend to visit Your bedside and pays the cost of any economy-class round-trip ticket for that person. You are also eligible to receive coverage for the cost of an economy airfare ticket, if the original ticket(s) cannot be used, or to return an accompanying minor to his/her Residence when applicable. The return tickets must be turned over to the Benefits Administrator whenever possible or the Benefit Administrator must be reimbursed the amount equivalent to the value of the unused ticket.

What is Repatriation of Remains and when does it apply?

Repatriation of Remains means the return the Eligible Person's remains to the Eligible Person's country of Residence. The Repatriation of Remains benefit applies in the event of Your death during the course of a Covered Trip. The Benefits Administrator will pay the reasonable covered expenses up to one thousand dollars (\$1,000.00) to return Your body to Your Residence. The covered expenses include, but are not limited to, embalming, cremation, coffin, and transportation.

What is not covered?

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
- Care not medically necessary as determined by the Benefit Administrator
- Services, supplies, or charges rendered by a member of Your immediate family.
- Care rendered by other than Hospitals and Physicians
- 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
- 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

This benefit also does not cover any expenses provided by another party at no cost to You or already included in the cost of the scheduled Covered Trip on which the illness or injury occurs.

How to file an Emergency Evacuation and Transportation/Repatriation of Remains claim

1. If You find yourself in a situation where You need an emergency evacuation, transportation or repatriation of remains, immediately notify the Benefits Administrator at **1-800-508-1276, or call collect outside the U.S. at 1-804-673-6498**. 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

For ***Emergency Evacuation and Transportation*** claims, 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 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
- A statement from Your insurance carrier (and/or Your employer, or Your employer's insurance carrier) or other coverage showing any amounts they may have paid towards the costs claimed. Or, if You have no other applicable insurance or coverage, please provide a statement to that effect.
- Copy of medical bills
- Copy of transportation, medical services, and medical supply bills incurred in connection with the Emergency Evacuation
- Copy of Physician's statement describing the need for Emergency Evacuation
- Copy of the original unused return tickets or statement indicating the value of the of the original unused return tickets
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

For ***Repatriation of Remains*** claims, 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 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
- Copy of death certificate
- Receipts for embalming, cremation, coffin, and transportation 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 card 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 programs associated with their covered Account.

Hospital means a facility that holds a valid license if required by the law; operates primarily for the care and treatment of sick or injured persons as inpatients; has a staff of one or more Physicians available at all times; provides 24-hour nursing services and has at least one registered professional nurse on duty or on call; has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license. The treating Physician may not be yourself or a family member.

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 immediate family members who charged their Covered Trip to Your covered Account and/or rewards program associated with Your covered Account.

Additional provisions for Emergency Evacuation and Transportation/Repatriation of Remains

- 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 #EVAC – 2017 (04/17)

EE-O

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-508-1276, or call collect outside the U.S. at 1-804-673-6498.

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Emergency Medical/Dental Coverage

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

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

Emergency Medical/Dental provides reimbursement for Emergency Treatment if You become sick or accidentally injured while traveling on a Covered Trip purchased with Your eligible Account and/or 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.

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Trip Delay Reimbursement

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

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

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

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

What is covered?

Your reasonable additional expenses, such as meals and lodging, may be reimbursed as long as:

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

What is not covered?

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

How to file a Trip Delay Reimbursement claim

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

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

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

Please submit the following documents:

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

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

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

Definitions

Account means Your credit or debit card Accounts.

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

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

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

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

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

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

Additional provisions for Trip Delay Reimbursement

- Signed or pinned transactions are covered as long as You use Your eligible 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 will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Indemnity Insurance Company of North America ("Provider") is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

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

TD-O

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-840-4735, or call collect outside the U.S. at 1-804-673-7683.

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Baggage Delay Reimbursement

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.

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 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.eclaimslines.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 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 #DELBAG – 2017 (Stand 4/17)

BD – O

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.

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Lost Luggage Reimbursement

Have You ever been waiting for Your Checked Luggage to come around the belt only to find that it has been lost by Your airline?

Fortunately, Lost Luggage Reimbursement is here to help. With Lost Luggage Reimbursement, You can be reimbursed for the difference between the “value of the amount claimed” and the Common Carrier’s payment up to **three thousand dollars (\$3,000.00) per Covered Trip (for New York residents, coverage is limited to two thousand dollars (\$2,000.00) per bag)**, provided the Checked Luggage and/or Carry-on Baggage and/or its contents was lost due to theft or misdirection by the Common Carrier. “Value of the amount claimed” is the lesser of the following three amounts: the original purchase price of the item(s), the actual cash value of the item(s) at the time of theft or misdirection (with appropriate deduction for depreciation), and the cost to replace the item(s).

You and Your Immediate Family Members are all eligible for this benefit when You take a Covered Trip and pay for the cost of Your Common Carrier tickets with Your eligible card issued in the United States and/or rewards program associated with Your covered Account. To be eligible for coverage, You must purchase a portion or the entire cost of the Covered Trip with Your covered Account and/or rewards program associated with Your covered Account. Only Your Checked Luggage and/or Carry-On Baggage and/or its contents is covered.

This benefit is supplemental to and excess of any collectible insurance and/or collectible reimbursement from any other source. The Benefit Administrator will refund the excess amount once all other reimbursement has been exhausted up to the limit of liability.

Please Note: You must take all reasonable means to protect, save and/or recover Your Checked Luggage and/or Carry-on Baggage and/or its contents at all times.

What is not covered?

Luggage Reimbursement does not apply to loss or theft of the following items:

- Automobiles, automobile accessories and/or equipment, motorcycles, motors, bicycles (except when checked with the Common Carrier), boats, or other vehicles or conveyances
- Contact lenses, eyeglasses, sunglasses, hearing aids, artificial teeth, dental bridges, and prosthetic limbs
- Money, securities, credit or debit cards, checks, and travelers’ checks
- Tickets, documents (travel or otherwise), keys, coins, deeds, bullion, stamps, perishables, consumables, perfume, cosmetics, rugs and carpets, animals, cameras, sporting equipment, and household furniture
- Property shipped as freight or shipped prior to the Covered Trip departure date
- Items specifically identified or described in and insured under any other insurance policy
- Losses arising from confiscation or expropriation by any government or public authority or detention by customs or other officials
- Losses resulting from abuse, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, or insurrection)
- Business items (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.), cellular telephones, or art objects

How to file a Lost Luggage Reimbursement claim

Immediately notify the Common Carrier to begin their claims process if Your luggage and/or its contents are lost or stolen.

Within twenty (20) days of the date Your luggage is lost or stolen, and You have notified the Common Carrier and begun their claims process, call the Benefit Administrator at **1-800-757-1274, or call collect outside the U.S. at 1-804-673-6496**. The Benefit Administrator will ask You for some preliminary claim information and send You a special claim form. **If You do not notify the Benefit Administrator within twenty (20) days of the date the luggage was lost or stolen, Your claim may be denied.**

Within ninety (90) days of the date Your luggage was lost or stolen, return Your claim form and the requested documentation below to the address provided by the Benefit 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 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
- A copy of ticketing by the Common Carrier, including but not limited to itinerary, boarding pass, or used ticket stub
- A copy of any check, settlement, denial or explanation of coverage issued by the Common Carrier together with a copy of the Common Carrier's completed claim form, a list of the items lost and their value, and a copy of the luggage claim check (if applicable)
- A copy of Your insurance policy's Declarations Page (if applicable) to confirm Your deductible (Declarations Page means the document(s) in Your insurance policy that lists names, coverages, limits, effective dates and deductibles)
- A copy of any settlement of the loss or theft from Your primary insurance
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the loss or theft

For faster filing, or to learn more about Lost Luggage Reimbursement visit www.eclaimsline.com

If You have personal insurance (i.e., homeowner's, renter's, or other insurance applicable to the lost or stolen luggage or contents), You are required to file a claim with Your insurance company and submit a copy of any claim settlement along with Your completed claim form.

If the claim amount is within Your personal insurance deductible, the Benefit Administrator may, at its discretion, deem a copy of Your personal insurance Declarations Page to be sufficient.

Transference of claims

After the Benefit Administrator has paid Your claim of loss or theft under this reimbursement benefit, all Your rights and remedies against any party in respect of this loss or damage 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.

Definitions

Account means Your credit or debit card Accounts.

Carry-on Baggage means the baggage which You personally carry onto the Common Carrier and for which You retain responsibility.

Checked Luggage 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 land, water, or air conveyance operated under a license for the transportation of passengers for hire 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.

Covered Trip means a trip while the Eligible Person is riding on a Common Carrier as a passenger and not as a pilot, operator or crew member, 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 who pays for their Covered Trip by using their eligible Account and/or rewards program 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 includes Your 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 a portion of their Covered Trip to Your eligible Account and/or rewards program associated with Your covered Account.

Additional provisions for Lost Luggage 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

FORM #LUGOPT – 2017 (04/17)

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For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-757-1274, or call collect outside the U.S. at 1-804-673-6496.

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Hotel Theft Protection

Having personal items stolen from Your Hotel room can ruin an experience and leave You with an additional financial burden.

Fortunately, with Hotel Theft Protection You can be covered if Your personal property is stolen from Your Hotel/Motel room when You pay for the cost of a room located in the United States or Canada with Your eligible Account and/or with rewards programs associated with Your covered Account. You can receive a one-time payment of up to \$1,000.00 for personal property stolen from Your room. To be eligible for this coverage, You must be a cardholder of an eligible card issued in the United States and charge the room entirely with Your Account and/or rewards program associated with Your covered Account.

When does it apply?

The Hotel Theft Protection benefit applies only if:

- There is evidence of Forceful Entry and;
- You make a sworn statement to police authorities having jurisdiction within **24 hours** of discovering the Hotel Theft and furnish a copy of that statement with Your claim, and;
- The Hotel/Motel verifies the loss.

The cost of replacing Your personal property (or its depreciated value if You choose not to replace it) is covered up to a maximum of \$1,000.00 less any amounts paid or payable by the Hotel/Motel or any other insurance, whether the insurance is primary, contributing, excess, or contingent; or any other reimbursement.

Coverage begins each time You Check-In to an eligible Hotel/Motel room, and coverage ends each time You Check-Out of an eligible Hotel/Motel room.

What is not covered?

This benefit will not provide reimbursement for theft of the following:

- Animals
- Art objects
- Business Items and cellular phones
- Cash, checks, securities, credit cards, debit cards, and other negotiable instruments
- Tickets, documents, keys, coins, deeds, bullion, and stamps
- Perishables and consumables including, but not limited to perfume, cosmetics, and limited-life items such as rechargeable batteries

How to file a Hotel Theft Protection claim

3. **Notify the Benefit Administrator immediately by calling 1-800-554-1275, or call collect outside the U.S. at 1-804-673-6497.** Notification must be made within twenty (20) days of the date of the incident. The Benefits Administrator will answer Your questions and send You a claim form.
4. Return the claim form and the requested documentation below within ninety (90) days of the date of the incident 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, Your travel itinerary or the Hotel/Motel receipt confirming that the Hotel/Motel stay was charged to Your covered Account (must reflect the last four [4] digits of Your Account number)
- A copy of any settlement payment or reimbursement made to You from the Hotel/Motel or other collectible insurance/reimbursement showing any amounts they may have paid towards the costs claimed
- A copy of Your declarations page or Your employer's insurance carrier declarations page [not applicable for claims less than one thousand (\$1,000.00)]
- If You have no other applicable insurance or reimbursement, please provide a statement to that effect [not applicable for claims less than one thousand (\$1,000.00)]
- A copy of the police report
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim

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.).

Check-In means the moment You register at the Hotel/Motel.

Check-Out means the moment You vacate the Hotel/Motel and pay the itemized total costs incurred for the stay.

Eligible Person means a cardholder who pays for the Hotel/Motel room by using their eligible Account and/or rewards programs associated with their covered Account.

Forceful Entry means that someone illegally accessed Your Hotel/Motel room by breaking in a door, window, or surrounding walls.

Hotel/Motel means an establishment located in the United States or Canada that provides lodging for the general public, and usually meals, entertainment, and various personal services.

Hotel Theft means Forceful Entry into Your premises and You suffer a loss of property.

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].

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

Additional provisions for Hotel Theft 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 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 #HOTBURG – 2017 (04/17)

HMTP-O

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-554-1275, or call collect outside the U.S. at 1-804-673-6497.

Your Guide to Benefit describes the benefit in effect as of 9/30/23. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Ride Share Protection

Using a smartphone app to hail a ride from a private driver has become common practice in most areas. The convenience, customer support, and potential for cost savings have all lead to the rapid rise in popularity of these ridesharing services. As the popularity in using these services rises, it is important to remember that accidents can happen when you are traveling as a passenger while riding in a vehicle arranged by a Transportation Network Company. Fortunately, that is where Ride Share Protection can help.

You and your Traveling Companion(s) are automatically covered if your name is embossed on an eligible card issued in the United States and you use it to charge a portion of or the entire amount of the required fare to your Account.

How to use Ride Share Protection

1. Contact a Transportation Network Company to arrange your Trip.
2. Add your covered card as a payment method in the app and charge a portion of or the entire amount of the required fare to your Eligible Account.

The amount of the benefit is limited to the maximum benefit amounts shown below for each benefit per covered accident, per Eligible Person.

Coverage	Benefit Amount per covered accident, per Eligible Person
Accidental Death and Dismemberment Insurance	\$50,0000.00
Personal Property Benefit	\$100.00

How does it work?

Accidental Death & Dismemberment Insurance provides coverage \$50,0000.00 dollars per covered accident, for accidental loss of life, limb, sight, speech or hearing while on a covered Trip pre-arranged by a Transportation Network Company. If the cardholder's injuries occur while on a covered Trip and results in a loss **within three hundred and sixty-five (365) days of an accident**, the Company will pay the following percentage of the loss shown in the table below.

Loss	Percentage of Loss of Life Benefit Amount
Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech or Hearing and Loss of one Hand, Foot or Sight of One Eye; Loss of Both Hands; Loss of Both Feet; Loss of Sight of Both Eyes; Loss of a combination of any two of a Loss of Hand, Loss of Foot or Loss of Sight of One Eye; Quadriplegia	100%
Loss of One Hand; Loss of One Foot; Loss of Sight of One Eye; Loss of Speech; Loss of Hearing; Hemiplegia; Paraplegia	50%
Loss of Thumb and Index Finger of the same hand; Uniplegia	25%

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

The accident must occur while the Eligible Person is on a Trip and is covered under the policy. Coverage applies in the event the Eligible Person is injured while riding as a passenger as well as entering and exiting a vehicle used on a Trip. If more than one loss is sustained by the Eligible Person as a result of the same accident, only one amount, the largest applicable to the losses incurred, will be paid. The Company will not pay more than one hundred percent (100%) of the maximum limit for all losses due to the same accident.

Loss must occur within three hundred and sixty-five (365) days after the Accident.

Personal Property Benefit reimburses the reasonable cost, up to \$100.00 dollars per covered incident, for replacement of any personal property that is lost, damaged or totally destroyed, while the Eligible Person and their Traveling Companion(s) are on a Trip. In the event of an incident, the Company will require certification by a police or First Responder, in an incident report, that the item claimed was actually lost, damaged or totally destroyed. For lost items, you must follow your rideshare’s procedures for reporting lost items within 24 hours. Proof of contact and settlement, if any, will be needed for the claim process.

At its discretion and depending on the nature and circumstances of the incident, the Benefit Administrator may choose to address your claim in one of two ways:

1. A damaged or totally destroyed item may be repaired, rebuilt or replaced wholly or in part.
2. A lost item may be replaced.

You will be notified of the decision to repair, rebuild or replace your item within fifteen (15) days following receipt of the required documentation. Replacement costs will be the actual cash value (replacement cost less depreciation) of the articles at the time of loss up to the maximum benefit amount. “Personal Property” means personal goods belonging to the insured Eligible Person or for which he or she is responsible provided they are taken on the Trip or acquired by the Eligible Person during the Trip.

What isn’t covered?

Accidental Death and Dismemberment Benefit

The following exclusions will apply for any loss caused by or resulting from:

1. Sickness or disease of any kind
2. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm
3. Commission of or attempt to commit a felony by the Eligible Person
4. Intentionally self-inflicted Injury, suicide or attempted suicide of the Eligible Person while sane or insane
5. War or act of war, whether declared or not, participation in a civil disorder, riot or insurrection
6. Participation in a race or speed contest
7. Any illness or bodily Injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provisions of any legislation of any governmental unit; this exclusion applies regardless of whether the Eligible Person and their Traveling Companion(s) claims the benefits or compensation or recovers losses from a third party

Personal Property Benefit

The following exclusions apply to and no benefit will be provided for:

1. Damage caused by moths, vermin, insects, or other animals
2. Wear and tear
3. Atmospheric or climatic conditions
4. Gradual deterioration or defective materials or craftsmanship
5. Mechanical or electrical failure
6. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair
7. Any loss not reported to either the police or Transportation Network Company **within 24 hours of discovery**
8. Any loss that occurs at a time when this coverage is not in effect

If you have questions about this coverage, please call the Benefit Administrator at 1-844-702-1307.

How to File a Claim

1. To file a claim, please call the Benefit Administrator at **1-844-702-1307**. You must provide notice **within ninety (90) days after the date of loss or as soon as reasonably possible**. This notice must include enough information to identify you and your financial institution from whom this coverage was provided. Please note that failure to provide a claim notice within ninety (90) days **will not** invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible.
2. The Benefit Administrator will ask you a few questions and send you the appropriate claim forms.
3. **Within ninety (90) days of your date of loss or as soon as reasonably possible**, return your completed and signed claim form and the required documentation to the Benefit Administrator.

Please submit the following required documents

- Your completed and signed claim form
- A copy of the receipt received from the Transportation Network Company (showing the last four [4] digits of the Account number) demonstrating that the purchase was made on your eligible Account. If the receipt does not show the last four (4) digits of the Account number, your monthly billing statement reflecting this charge may be required.
- Any other proof of loss that may be required to substantiate your claim

Accidental Death and Dismemberment Benefit

- A Police Report or First Responder accident report completed by the First Responder which identifies the Eligible Person and Traveling Companion(s) as Injured.
- When required, a signed patient authorization to release medical information to the Company or its authorized representative
- If a death occurs, a copy of the death certificate

Personal Property Benefit

- For an item damaged or totally destroyed due to an accident, the Company will require an incident report from the police or First Responder stating that the item claimed was actually damaged or destroyed.
- If the item is lost, please provide proof that the loss was reported within 24 hours to the police or Transportation Network Company as well as any settlement, if any.

Definitions

Account means any credit card or debit card Account

Company means Indemnity Insurance Company of North America.

Eligible Person means a cardholder, an authorized user of an Eligible Account, a Family Member or Travelling Companion(s) for whom the required fare is paid using an Eligible Account making insurance in effect for that person. No person or entity other than the Eligible Person(s) described shall have any legal or equitable right, remedy claim or insurance proceeds arising under or arising out of this coverage.

Family Member means the Eligible Person's, spouse, civil union partner, domestic partner, child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparent, step-grandparent, grandchild, step-grandchild, step-child, step-brother, step-sister, step-parent, parent-in-law, brother-in-law, sister-in-law, aunt, step-aunt, uncle, step-uncle, niece, nephew, legal guardian, foster child, ward, or legal ward; spouse, civil union partner or domestic partner of any of the above. Family Member also includes these relations to the Eligible Person's spouse, civil union partner or domestic partner.

First Responder means an individual who is a trained or certified Law Enforcement Officer or Fire and Rescue Emergency individual or Emergency Medical Technician or Paramedic who, upon arriving to an incident or emergency, assumes immediate responsibility for the protection and preservation of life, property, evidence and the environment.

Hospital means a facility that holds a valid license if it is required by the law; operates primarily for the care and treatment of sick or Injured persons as inpatients; has a staff of one or more Physicians available at all times; provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or on call; has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Injury/Injured means a bodily Injury caused by an accident occurring while the Eligible Person is 1) on a Trip, 2) his/her coverage under the Policy is in force and 3) resulting directly and independently of all other causes of loss covered by the Policy. The Injury must be verified by a Physician.

Medically Necessary or Medical Necessity means the services or supplies provided by a Hospital, Physician or other provider that are required to identify or treat an Eligible Person's illness or Injury and which are: 1) indicated for the symptom or diagnosis and treatment of the Eligible Person's condition, disease, ailment or Injury; 2) appropriate with regard to standards of good medical practice; 3) not solely for the convenience of an Eligible Person, Physician or other provider; 4) the most appropriate supply or level of service which can be safely provided to the Eligible Person. When applied to the care of an inpatient, it further means that the Eligible Person's medical symptoms or condition requires that the services cannot be safely provided to the Eligible Person as an Outpatient.

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license.

Police Report means a report completed by a police officer that details that the loss occurred while the Eligible Person was riding as a passenger on a Trip.

Reasonable and Customary Charges means expenses which: 1) are charged for treatment, supplies, or medical services Medically Necessary to treat the Eligible Person's condition; 2) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and 3) do not include charges that would not have been made if no insurance existed.

In no event will the Reasonable and Customary Charges exceed the actual amount charged.

Transportation Network Company means a corporation, partnership, sole proprietor, or other entity, licensed by a government agency with the appropriate authority to issue such a license, that uses a digital network to connect riders to drivers who provide the transportation in their own non-commercial vehicles. It does not mean a taxicab association or a for-hire vehicle owner, unless using a Transportation Network Company to gain access to riders.

Travelling Companion(s) means a person(s) who shares the Eligible Person's Trip and for whom the fare has been paid for by the Eligible Person.

Trip means a period of travel booked through a Transportation Network Company charged to an Eligible Account by an Eligible Person.

Additional Provisions for Ride Share Protection

- The terms We, Us and Our below refer to Indemnity Insurance Company of North America.
- 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 Company of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- The Company has the right to have a Physician of their choice examine the Eligible Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. The Company also has the right to request an autopsy in the case of death, unless the law forbids it. The Company will pay the cost of the examination or autopsy.
- 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.