

This Guide to Benefit describes the benefit in effect as of 11/1/13. This benefit and description supersedes any prior benefit and description you may have received earlier. Please read and retain for your records. Your eligibility is determined by the date your financial institution enrolled your account in the benefit.

Your Visa Signature Card Guide to Benefit

# Trip Cancellation/Trip Interruption

**For questions about your account, balance, or rewards points please call the customer service number on your Visa statement.**

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In the event of the Insured Person's Trip Cancellation or Trip Interruption, we will pay up to the Trip Cancellation/Trip Interruption Benefit Amount of \$2000.00.

Payment will not exceed either: 1) the actual Non-Refundable amount paid by the Insured Person for a Common Carrier passenger fare(s); or 2) \$2000.00.

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

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

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

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

## **Additional Benefits**

**Additional Scheduled Air Accidental Death & Dismemberment Insurance:** As a Visa cardholder, You, Your spouse (or Domestic Partner), and unmarried Dependent Children will be automatically insured up to the Benefit Amount of one thousand dollars (\$1,000.00) provided the entire cost of the passenger fare(s), less redeemable certificates, vouchers, or coupons, has been charged to Your eligible Visa card account. You are insured against Accidental Loss of life, limb, sight, speech, or hearing while: 1) riding as a passenger in or entering, exiting, or being struck by a scheduled aircraft or a conveyance operated by a military transport service; or 2) riding as a passenger in, entering, or exiting any conveyance licensed to carry the public for a fee and while traveling to or from the airport: a) immediately preceding the departure of a scheduled aircraft on which the Insured Person has purchased passage; and b) immediately following the arrival of a scheduled aircraft on which the Insured Person was a passenger; or 3) at the airport, at the beginning or end of the flight.

The entire cost of the Scheduled Airline passenger fare, less redeemable certificates, vouchers or coupons, must be charged to the Insured Person's account issued by the Policyholder. This charge must occur during the policy period. If the purchase of the Scheduled Airline passenger fare is not made prior to the Insured Person's arrival at the airport, coverage begins at the time the entire cost of the Scheduled Airline passenger fare, less redeemable certificates, vouchers, or coupons, is charged to the Insured Person's account issued by the Policyholder.

**Eligibility:** This travel insurance plan is provided to Visa cardholders automatically when the entire cost of the passenger fare(s) is charged to the eligible Visa card account while the insurance is effective. It is

not necessary for You to notify Your financial institution, the Plan Administrator, or Federal Insurance Company (the "Company") when tickets are purchased.

**The Cost:** This travel insurance plan is provided at no additional cost to eligible Visa cardholders. Your financial institution pays the cardholders premium as a benefit of card membership.

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

**The Benefits:** The full Benefit Amount of one thousand dollars (\$1,000.00) is payable for Accidental Loss of Life, two or more Members, sight of both eyes, speech and hearing or any combination thereof. Fifty percent (50%) of the Benefit Amount is payable for Accidental Loss of one Member, sight of one eye, speech or hearing. Twenty-five percent (25%) of the Benefit Amount is payable for the Accidental loss of the thumb and index finger of the same hand.

### Definitions

**Accident or Accidental** means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to the Insured Person; 3) is independent of illness, disease, or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while the Insured Person is insured under this policy which is in force; and 5) is the direct cause of Loss.

**Accidental Bodily Injury** means Bodily Injury, which: 1) is Accidental; 2) is the direct cause of a Loss; and 3) occurs while the Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's disease; 2) bursitis; 3) chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) carpal tunnel syndrome.

**Benefit Amount** means the Loss amount at the time the entire cost of the passenger fare is charged to a an eligible Visa card account. The loss must occur within one year of the Accident. The Company will pay the single largest applicable Benefit Amount. In the event of multiple Accidental deaths per account arising from any one Accident, the Company's liability for all such Losses will be subject to a maximum limit of insurance equal to two times the Benefit Amount for loss of life. Benefits will be proportionately divided among the Insured Persons up to the maximum limit of insurance.

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

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

**Domestic Partner** means a person designated in writing at enrollment by the primary Insured Person, who is at least eighteen (18) years of age, and who during the past twelve (12) months: 1) has been in a committed relationship with the primary Insured Person; and 2) has been the primary Insured Person's sole spousal equivalent; and 3) has resided in the same household as the primary Insured Person; and 4) has been jointly responsible with the primary Insured Person for each other's financial obligation, and who intends to continue the relationship indefinitely.

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

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

**Insured Person** means a person, qualifying as an eligible cardholder: 1) who elects insurance; or 2) for whom insurance is elected; or 3) and on whose behalf premium is paid.

**Loss** means, with respect to a hand, complete severance through or above the knuckle joints of at least four (4) fingers on the same hand or at least three (3) fingers and the thumb on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if the fingers, thumb, or foot is later reattached.

**Member** means hand or foot.

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

**Scheduled Airline** means an Airline which is either: 1) of United States registry and certified by the United States Government to carry passengers on a regularly scheduled basis; or 2) of foreign registry and approved by the United States government and the appropriate foreign authority.

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

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

**You or Yours** means eligible cardholder.

**Exclusions:** This insurance does not cover Loss resulting from: 1) Your emotional trauma, mental or physical illness, disease, pregnancy, childbirth, or miscarriage, bacterial or viral infection (except bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria), or bodily malfunctions; 2) suicide, attempted suicide, or intentionally self-inflicted injuries; or 3) declared or undeclared war, but war does not include acts of terrorism.

This insurance also does not apply to an Accident occurring while You are in, entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply if You temporarily perform pilot or crew functions in a life threatening emergency.

**The following Exclusions are added to Financial Services Common Carrier Trip Cancellation/Trip Interruption Only.** This insurance does not apply to Loss caused by or resulting from: 1) a Pre-existing Condition; or 2) Accidental Bodily Injuries arising from participation in interscholastic or professional sports events, racing or speed contests, or uncertified scuba diving; or 3) cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a Loss covered under this policy; or 4) the Insured Person or an Immediate Family Member being under the influence of drugs (except those prescribed and used as directed by a Physician) or alcohol; or 5) the Insured Person or an Immediate Family Member: a) traveling against the advice of a Physician; or b) traveling while on a waiting list for specified medical treatment; or c) traveling for the purpose of obtaining medical treatment; or d) traveling in the third trimester (seventh month or after) of pregnancy; or 6) suicide, attempted suicide, or intentionally self-inflicted injuries; or 7) declared or undeclared war, but war does not include acts of terrorism.

**Claim Notice:** Written claim notice must be given to the Company within twenty (20) days after the occurrence of any Loss covered by this policy or as soon as reasonably possible. Failure to give notice within twenty (20) days will not invalidate or reduce any otherwise valid claim, if notice is given as soon as reasonably possible.

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

**Effective Date:** This insurance is effective the date the insurance became effective for Your Visa card or on the date You became a Visa cardholder, whichever is latest; and will cease on the date the master policy 6478-07-74 is terminated or on the date Your Visa card ceases to be in good standing, whichever occurs first. Answers to specific questions can be obtained by writing the **Plan Administrator**. To make a claim please contact the **Plan Administrator**:

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

*Plan Underwritten By:*

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

As a handy reference guide, please read this and keep it in a safe place with Your other insurance documents. This description of coverage is not a contract of insurance but is simply an informative statement of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy, on file with the Policyholder: BNY Midwest Trust Company as trustee of the Chubb Financial Institution Group Insurance Trust for the account of participating financial institutions of Visa. If this plan does not conform to Your state statutes, it will be amended to comply with such laws. If a statement in this description of coverage and any provision in the policy differ, the policy will govern.

**Policy # 6478-07-74**

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