

GUIDE TO BENEFITS

Important information about
your travel and purchase
protection benefits

CHASE 
SAPPHIRE
RESERVESM

For questions,
call **1-888-675-1461**.

Effective 08/01/16

**Auto Rental
Collision
Damage
Waiver**

Page 2

**Purchase
Protection**

Page 6

**Extended
Warranty
Protection**

Page 9

**Trip
Cancellation/
Interruption
Insurance**

Page 12

And more

Your Guide to Benefits describes the benefit that is in effect as of 08/01/2016. Information in this guide takes the place of any prior benefit and benefit description you may have previously received. Your effective date of eligibility is determined by Chase.

Please keep the guide with your account information for future reference and call the Benefit Administrator if you have any questions before taking advantage of the benefit.

Auto Rental Collision Damage Waiver (Auto Rental CDW)

Benefit Information

What is Auto Rental CDW?

The Auto Rental CDW benefit provides reimbursement for damage due to collision or theft of most rental vehicles up to **seventy five thousand (\$75,000.00) dollars**. It is primary coverage which means you do not have to file a claim with any other source of insurance before you can receive coverage under this benefit.

What steps do I need to take to ensure that Auto Rental CDW is in effect when I rent a vehicle?

Here's what you need to do:

- 1) Initiate and complete the entire rental transaction using your card that is eligible for the benefit.
- 2) Decline the rental company's collision damage waiver or similar provision if it is offered to you. The company may refer to the collision damage waiver as CDW or LDW in their contract or when speaking with you. **If you accept the collision damage waiver offered by the rental company, you will not be eligible for Auto Rental CDW.**

What if the auto rental company insists that I purchase its car insurance or collision damage waiver?

Call the Benefit Administrator for help.

Is there anything else I should do when I'm renting a vehicle?

It's always good practice to review the rental agreement and become familiar with its terms and conditions. Also, make sure you decline the rental company's CDW/LDW option as mentioned above.

Check the vehicle for prior damage before leaving the rental lot. If you notice damage, report it to your rental agent before leaving the lot.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder") and your name is embossed on the card. You are then covered as the primary renter of the vehicle and any additional drivers permitted to operate it under the terms of the rental agreement ("Authorized Person") are also covered.

When and where am I covered?

The benefit is available in the United States and most foreign countries. Coverage is not available where it is prohibited by law or by individual merchants, or is in violation of the territory terms of the rental agreement. **Please note: Regulations vary outside the United States, so we recommend that you check with your auto rental company and Benefit Administrator before you travel to make sure your Auto Rental CDW will apply.**

This benefit is in effect while the rental vehicle remains in your control or in the control of another Authorized Person. Coverage ends when the rental company reassumes control of the vehicle.

What is covered?

Auto Rental CDW reimburses you for covered losses to the rental vehicle while it is in your control or in control of another Authorized Person. The benefit only covers vehicle rental periods that do not exceed or are not intended to exceed **thirty-one (31) consecutive days** within or outside of your country of residence.

Covered losses are:

- Physical damage and/or theft of the covered rental vehicle
- Valid loss-of-use charges assessed by the rental company while the damaged vehicle is being repaired and is not available for use, as substantiated in the company's fleet utilization log
- Reasonable and customary towing charges related to a covered loss to take the vehicle to the nearest qualified repair facility.

Auto Rental CDW is primary coverage and provides reimbursement up to **seventy five thousand (\$75,000.00) dollars**. Most private passenger automobiles, minivans, and sport utility vehicles are eligible for coverage, but some restrictions may apply.

What types of rental vehicles are *not* covered?

Excluded worldwide are: antique automobiles; certain vans; vehicles that have an open cargo bed; trucks; motorcycles, mopeds, and motorbikes; limousines; and recreational vehicles.

- **An antique automobile is defined as** any vehicle over twenty (20) years old or any vehicle that has not been manufactured for ten (10) years or more.
- **This benefit is provided only for those vans** manufactured and designed to transport a maximum of eight (8) people and which are used exclusively to transport people.

If you have any questions about a specific vehicle, please call the Benefit Administrator.

What else is *not* covered?

- Any obligation you assume under any other agreement
- Any violation of the auto rental agreement
- Confiscation by authorities
- Cost of any insurance or collision damage offered or purchased through the auto rental company
- Depreciation of the rental vehicle caused by loss or damage, which includes but is not limited to "diminished value" ("diminished value" is the monetary difference between a vehicle's pre-accident retail book value and its retail book value after reasonable repairs are made as the result of an accident)
- Expenses assumed, waived, or paid by the rental agency or its insurer
- Expenses reimbursed under your personal auto insurance policy, your employer or your employer's insurance
- Injury of anyone or anything inside or outside of the vehicle
- Items not installed by the original manufacturer
- Leases and mini leases
- Loss due to hostility of any kind (including but not limited to war, invasion, rebellion, or insurrection)
- Loss due to intentional acts or due to the driver(s) being under the influence of alcohol, intoxicants, or drugs, or due to transportation of contraband or engagement in illegal activities

- Loss due to off-road operation of the rental vehicle
- Loss or damage as a result of the Cardholder's lack of reasonable care in protecting the rental vehicle before or after damage occurs (for example, leaving the vehicle unattended and running)
- Loss or theft of personal belongings
- Losses for which a claim form has not been received within **one hundred (100) days[†]** from the date of the loss
- Losses for which all required documentation has not been received within **three hundred and sixty-five (365) days** from the date of loss
- Losses reported more than **sixty (60) days[†]** from the date of loss
- Personal liability
- Rental periods that exceed or are intended to exceed **thirty-one (31) consecutive days** within your country of residence or **thirty-one (31) consecutive days** outside your country of residence.
- Vehicles that do not meet the definitions of covered vehicles
- Wear and tear, gradual deterioration, or mechanical breakdown

Claim Information

What do I do if I have an accident or the rental vehicle is stolen?

Call the Benefit Administrator immediately to report theft or damage, regardless of whether your liability has been established. The Benefit Administrator will answer any questions you or the rental agency may have and will then send you a claim form.

Is there a time period during which I must report any incident?

It's important to report all incidents as soon as possible following the incident. You must report the incident no later than **sixty (60) days[†]** following the date of the theft or damage. We reserve the right to deny any claim containing charges that the Benefit Administrator would not have included had it been notified of those expenses before they were incurred. It's important that you notify us as soon as possible after any loss. You must make every reasonable effort to protect the rental vehicle from damage or theft.

How do I file a claim?

Please remember that you, the Cardholder, are responsible for reporting your claim to the Benefit Administrator within sixty (60) days[†] of the date of theft or damage. If the claim is reported after this time frame, your claim may be denied. Please note that reporting the claim to another party will not fulfill your responsibility to report it to the Benefit Administrator.

What documentation do I need to provide to the Benefit Administrator?

- The completed and signed Auto Rental Collision Damage Waiver Claim Form: **Your completed claim form must be postmarked within one hundred (100) days[†] of the date of theft or damage, even if all other required documentation is not yet available. If your claim form is not postmarked within this time frame, your claim may be denied.**
- A copy of your receipt or monthly billing statement showing that the entire vehicle rental was charged to and paid for with your eligible card.

Also, enclose all the documents you received from the car rental company. You should ask the rental company for these documents immediately at the time of the theft or damage or when you return the vehicle to the company:

- A copy of the Accident Report Form and claim document: this should indicate the costs you are responsible for and any amounts that have been paid toward the claim.
- A copy of the entire auto rental agreement(s)
- A copy of the repair estimate or itemized repair bill
- Two (2) photographs of the damaged vehicle, if available
- A police report, if obtainable
- Any other documentation deemed necessary, in the Benefit Administrator's sole discretion, to substantiate the claim

If you experience difficulty in obtaining all the required documents within one hundred (100) days[†] of the date of theft or damage, just submit the claim form and any documentation you have available.

Note: All remaining documents not submitted with the claim form must be postmarked within three hundred and sixty-five (365) days of the date of theft or damage.

Do I have to do anything else?

Usually, there is nothing else you need to do. Generally, the claim will be paid within **fifteen (15) days** after the Auto Rental CDW Benefit Administrator has received all documentation needed to fully substantiate your claim. After the Benefit Administrator has paid your claim, all of your rights and remedies against any party regarding the theft or damage to the vehicle 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 these rights and remedies.

[†] Not applicable to residents of certain states.

Additional Provisions for Auto Rental CDW: You must make every effort that would be made by a reasonable and prudent person to protect the Rental Vehicle from damage or theft. This provision will not be applied unreasonably to avoid claims.

If you make any claim knowing it to be false or fraudulent in any respect—including, but not limited to, the cost of repair services—you will not be covered for the claim and your benefits may be canceled. You and any other Authorized Person permitted to operate the vehicle under the terms of your rental agreement agree that all 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.

Once you report an occurrence, a claim file will be opened and it will remain open for **six (6) months** from the date of the damage or theft. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefits Administrator within **twelve (12) months** of the date of damage or theft.

No legal action for a claim may be brought against the Provider until **sixty (60) days** after the Provider receives proof of loss. After the expiration of **three (3) years** from the time written proof of loss was to be provided, no action shall be brought to recover on this coverage. Further, no legal action may be brought against the Provider unless all of the terms in this Guide to Benefits have been complied with fully.

This benefit is provided to you as an eligible Cardholder at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to these terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages, or email or other secure portal messaging vehicles. The benefits described in this Guide will not apply to Cardholders whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify you at least **thirty (30) days** in advance.

This information is a description of the benefit provided to you as an eligible Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

V-ARCDW (04-13) FORM # CCDW041116 con prim 75K

Purchase Protection

Benefit Information

What is Purchase Protection?

- Purchase Protection covers eligible items of personal property you purchase using your Account in the event of theft, damage or involuntary and accidental parting with property.*
- If you buy an eligible item in the United States using your Account or rewards points earned on your Account and experience theft, damage, or involuntary and accidental parting with property within **one hundred and twenty (120) days** from the date of your purchase, Purchase Protection will replace, repair, or reimburse you up to a maximum of **ten thousand (\$10,000.00) dollars** for each claim and up to **fifty thousand (\$50,000.00) dollars** for each year. The decision to replace, repair, or reimburse you will be made at the Benefit Administrator's discretion.
- To be eligible for coverage, you must charge some portion of the price of the purchased item to your Account. You will only be reimbursed up to the dollar amount to replace or repair the item or the program limit, whichever is less.
- Purchase Protection provides coverage in excess of any valid and collectible insurance or indemnity. This includes but is not limited to homeowner, rental, automobile, and employer insurance policies.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder") and to whomever receives gifts purchased with your Chase credit card account ("Account").

What is covered?

- Certain personal items are covered when you purchase them using your Account or rewards points earned on your Account. The conditions for coverage are theft, damage, or involuntary and accidental parting with property. Involuntary and accidental parting with property means the unintended separation from an item of personal property in which the item's location is known but recovery is impractical to complete.
- Items purchased outside of the U.S. are covered as long as they are purchased with your Account and the purchase meets the terms and conditions of Purchase Protection.
- Gifts are covered as long as they are purchased with your Account and the purchase meets the terms and conditions of Purchase Protection.

What is *not* covered?

- Animals and living plants
- Antiques and collectible items
- Boats, aircraft, automobiles, and any other motorized vehicles and their motors, equipment or accessories, including trailers and other items that can be towed by or attached to any motorized vehicle

- Computer software
- Items purchased for resale, professional, or commercial use
- Items that mysteriously disappear. "Mysterious disappearance" means the vanishing of an item in an unexplained manner when there is an absence of evidence of a wrongful act by a person or persons.
- Items under the care and control of a common carrier (including U.S. Postal Service, airplanes, or delivery service)
- Items including but not limited to, jewelry and watches from your baggage unless it is hand-carried and under your personal supervision, or under the supervision of your traveling companion who is previously known to you.
- Losses resulting from abuse, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, insurrection, or terrorist activities), confiscation by the authorities, risks of contraband, illegal activities, normal wear and tear, flood, earthquake, radioactive contamination, or damage from inherent product defects.
- Losses resulting from misdelivery or voluntary parting with property
- Medical equipment
- Perishables, consumables, including but not limited to perfumes, cosmetics, and limited-life items such as rechargeable batteries
- Traveler's checks, cash, tickets, credit or debit cards, and any other negotiable instruments
- Used or pre-owned items

Claim Information

How do I file a claim?

1. Call the Benefit Administrator within **ninety (90) days** after the loss, damage, or theft. The customer service representative will ask you for some preliminary claim information and send you the appropriate claim form. ***Please note: If you do not contact the Benefit Administrator within ninety (90) days of the loss, your claim may be denied.***
2. Complete the claim form you receive from the Benefit Administrator. Be sure to provide all of the information requested and return the information within **one hundred and twenty (120) days** from the date of loss, theft, or damage.

Gift recipients of eligible items are also covered by the claims process. However, a gift recipient must provide all the documents necessary to fully substantiate the claim.

What documents do I need to submit with my claim?

- Your completed and signed claim form
- A copy of your card receipt
- A copy of the itemized store receipt
- If more than one method of payment was used, documentation linking the purchase back to the Account must be included
- A copy of the police report (**made within forty-eight [48] hours of the occurrence in the case of theft**), fire report, insurance claim, loss report or other report sufficient to determine your eligibility for Purchase Protection
- A copy of your insurance declaration page, when applicable
- Documentation (if available) of any other settlement of the loss
- Any other documentation deemed necessary, in the Benefit Administrator's sole discretion, to substantiate the claim

If the claim is for a damaged item:

Please be sure to retain the damaged item. To substantiate your claim, you will most likely be asked to send the damaged item to the Benefit Administrator at your expense.

Please note that all claims must be fully substantiated as to the time, place, cause, and amount of damage or theft.

How will I be reimbursed?

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 item may be repaired, rebuilt, or replaced wholly or in part. A stolen 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 proof-of-theft/damage documentation.
2. You may be reimbursed for the covered item. The reimbursement will be for no more than the original purchase price of the covered item as shown on your Account receipt, less shipping and handling charges, up to a maximum of **ten thousand (\$10,000.00) dollars** per claim and **fifty thousand (\$50,000.00) dollars** per year.*

You will only be reimbursed up to the amount charged to your Account or the program limit whichever is less. Additionally, any purchases made using rewards points associated with the Account are eligible for this benefit and you will only be reimbursed up to the dollar amount to replace or repair the item or the program limit, whichever is less.

Under normal circumstances, reimbursement will take place within **five (5) business days** of receipt and approval of all required documents.

In either case, the Benefit Administrator's payment, replacement, or repair made in good faith will fulfill the obligation under the benefit.

Do I have to file a claim with my insurance company?

Yes. If you have personal (i.e. homeowner's, renter's, or automobile) insurance, you are required to file a claim with your insurance company and to submit a copy of any claims settlement from your insurance company along with your claim form.*

At the discretion of the Benefit Administrator, a copy of your personal declaration page may be sufficient when the claim amount is within your personal insurance deductible.

*** Note: Purchase Protection provides coverage on an "excess" coverage basis. That means it does not duplicate, but pays in excess of, valid and collectible insurance or indemnity (including, but not limited to, homeowner, renter, automobile, or employer insurance policies).** After all insurance or indemnity has been exhausted, Purchase Protection will cover the loss up to the amount charged to your Account, and subject to the terms, exclusions, and limits of liability of the benefit. Purchase Protection will also pay for the outstanding deductible portion of your insurance or indemnity for eligible claims. The maximum limit of liability is **ten thousand (\$10,000.00) dollars** per claim occurrence, and **fifty thousand (\$50,000.00) dollars** per year. You will receive no more than the purchase price as recorded. Where a protected item is part of a pair or set, you will receive no more than the value (as described herein) of the particular part or parts, stolen or damaged, regardless of any special value that the item may have as part of such a pair or set, nor more than the proportionate part of an aggregate purchase price of such pair or set. Purchase Protection is not "contributing" insurance, and this "non-contribution" provision shall take precedence over "non-contribution" provisions found in insurance or indemnity descriptions, policies, or contracts.

Additional Provisions for Purchase Protection: This protection provides benefits only to you, the eligible Cardholder, and to whomever receives the eligible gifts you purchase with your Account.

You shall use due diligence and do all things reasonable to avoid or diminish any loss or damage to property protected 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 including, but not limited to, the cost of repair services, no coverage shall exist for such claim and your benefits may be canceled. Each Cardholder agrees that any 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 by the Cardholder.

Once you report an occurrence, a claim file will be opened and shall remain open for **six (6) months** from the date of the damage or theft. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within **six (6) months** of the date of damage or theft.

After the Benefit Administrator has paid your claim of loss or damage, 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.

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 this Guide to Benefit 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 Benefit 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 email or other secure portal messaging vehicles. The benefit described in this Guide to Benefit will not apply to Cardholders whose Accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify you at least **thirty (30) days** in advance.

This information is a description of the benefit provided to you as an eligible Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

V-PS-EP (04-13) FORM# PURPRO010712 yr

Extended Warranty Protection

Benefit Information

What is Extended Warranty Protection?

Extended Warranty Protection extends the time period of the original manufacturer's written U.S. repair warranty by **one (1) additional year** on eligible warranties of **three (3) years** or less, up to a maximum of **ten thousand (\$10,000.00) dollars** per claim, and a **fifty thousand (\$50,000.00) dollars** maximum per Account.

To be eligible for coverage, you must charge some portion of the item's purchase price to your Account or use reward points earned on your Account toward the purchase. This benefit is secondary to any service contract or Extended Warranty you have purchased or received.

Extended Warranty Protection's registration service

Although registration is not required for Extended Warranty Protection benefits, you are encouraged to consider registration to help you take full advantage of your warranties. When your warranties are registered, you have access to key information about your coverage with a single toll-free call to the Benefit Administrator. And if you send copies of your sales receipts and warranty information to the Benefit Administrator, it will be kept on file. Call the Benefit Administrator for information regarding the security of registering your purchases.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder"), and to whomever receives gifts purchased with your Chase credit card account ("Account").

What is covered?

- Eligible items with a valid original manufacturer-written U.S. repair warranty of **three (3) years** or less
- Gifts purchased with your Account and meet the terms and conditions of the benefit
- Items purchased outside the United States are covered as long as they are purchased with your Account and the eligible item has either a valid original manufacturer-written U.S. repair warranty of **three (3) years** or less, a store-purchased dealer warranty, or an assembler warranty.

What items are *not* covered?

- Boats, automobiles, aircraft, and any other motorized vehicles and their motors, equipment, or accessories, including trailers and other items that can be towed by or attached to any motorized vehicle
- Any costs other than those specifically covered under the terms of the original manufacturer-written U.S. repair warranty, as supplied by the original manufacturer, or other eligible warranty
- Items purchased for resale, professional, or commercial use
- Rented or leased items or items purchased on an installment plan and for which the entire purchase price was not paid in full at the time of the occurrence
- Computer software
- Medical equipment
- Used or pre-owned items

Claim Information

How do I file a claim?

- Call the Benefit Administrator as soon as possible upon learning of a product failure. Please note that if you do not notify the Benefit Administrator within **ninety (90) days** after the product failure, your claim may be denied.
- The Benefit Administrator will ask you for some preliminary claim information, direct you to the appropriate repair facility, and send you the appropriate claim form.
- To file a claim, you need to provide copies of your card receipt, store receipt, the original manufacturer-written U.S. warranty, and any other applicable warranty unless the purchase is registered. **This claim form must be completed, signed, and returned with all the requested documentation within one hundred and twenty (120) days of the product failure.** Unless otherwise noted, the date of loss shall be the date you first notified the Benefit Administrator.

Gift recipients of eligible items are also covered by the claims process, if desired. However, a gift recipient must provide all the documents necessary to fully substantiate the claim.

What documents do I need to submit with my claim?

- Your completed and signed claim form
- A copy of your card receipt
- The itemized store receipt (if more than one method of payment was used, documentation linking the purchase back to the Account must be included)
- A copy of the original manufacturer - written U.S. warranty and any other applicable warranty
- A description and serial number of the item, and any other documentation deemed necessary to substantiate your claim. This includes bills and, if necessary, a copy of the maintenance record and receipts
- The original repair order

Please note that all claims must be fully substantiated.

How will I be reimbursed?

- Once your claim has been verified, the item will be repaired or replaced **at the Benefit Administrator's discretion. The replacement or repair will be for** no more than the original purchase price of the covered item less shipping and handling fees, up to a maximum of **ten thousand (\$10,000.00) dollars**, as recorded on your card receipt, and **fifty thousand (\$50,000.00) dollars** maximum per Account.
- Extended Warranty Protection will pay the facility directly for repairs, if possible, or you may go to an authorized repair facility and file a claim for reimbursement. **Only valid and reasonable repairs made at the manufacturer's authorized repair facility are covered.** In either case, the Benefit Administrator's payment, replacement, or repair made in good faith will fulfill the obligation under the benefit.
- You will only be reimbursed up to the amount charged to your Account or the program limit, whichever is less. Additionally, any purchases made using rewards points associated with the Account are eligible for this benefit and you will only be reimbursed up to the dollar amount to replace or repair the item or the program limit, whichever is less.

Under normal circumstances, reimbursement will take place within **five (5) business days** of receipt and approval of all required documents.

Do I have to file with my insurance company?

No. However, if you have purchased or received a service contract or Extended Warranty, Extended Warranty Protection is secondary to that coverage.

Additional Provisions for Extended Warranty Protection: This protection provides benefits only to you, the eligible Cardholder, and to whoever receives the eligible gifts you purchase with your eligible card.

You shall use due diligence and do all things reasonable to avoid or diminish any loss or damage to property protected 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 including, but not limited to, the cost of repair services, no coverage shall exist for such claim and your benefits may be canceled. Each Cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the Cardholder.

Once you report an occurrence, a claim file will be opened and shall remain open for **six (6) months** from the date of the damage or theft. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within **six (6) months** of the date of product failure.

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.

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 Benefit 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 Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, statement messages or email or other secure portal messaging vehicles. The benefit described in this Guide to Benefit will not apply to Cardholders whose Accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify you at least **thirty (30) days** in advance.

This information is a description of the benefit provided to you as an eligible Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

V-PS-EP (04-13) FORM # CEWP010712 acct con

Trip Cancellation and Trip Interruption

Benefit Information for Trip Cancellation

Who is covered?

You, the Primary Insured Person, and your Immediate Family Members are automatically covered. Immediate Family Member means your Spouse or Domestic Partner and their children, including adopted children or step-children; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

What is Trip Cancellation insurance?

Trip Cancellation insurance reimburses you or your Immediate Family Members for up to **ten thousand (\$10,000.00) dollars** for each Covered Trip if a Covered Loss prevents you or your Immediate Family Members from traveling on or before the departure date and results in cancellation of the travel arrangements.

If any or all of the Covered Trip was paid for using redeemable Rewards, the Company will reimburse the Insured Person for Rewards used. The Company's reimbursement shall equal the monetary value of the redemption through the Common Carrier, Tour Operator, Travel Agency, or Travel Supplier up to the Benefit Amount. If the monetary value of the redemption does not appear on the Insured Person's itinerary or redemption confirmation issued by the Common Carrier, Rewards program manager, Tour Operator, Travel Agency, or Travel Supplier the Company will reimburse the Insured Person **(\$01)** per point redeemed up to the Insured Person's Benefit Amount.

Covered Trip means any pre-paid tour, trip or vacation when some portion of the cost for such travel arrangements less any redeemable frequent flyer miles, points, coupons or certificates, or other types of redeemable Rewards has been charged to your Account:

- while the insurance is in effect
- to a destination of greater than **one (1) mile** from your primary residence
- and is for a time period that doesn't exceed **sixty (60) days** in duration

Rewards means points, miles, cash Rewards, or any other type of redeemable Rewards, provided that all Rewards have been accumulated through use of a Rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates.

Covered Loss means one of the following events that occur when you or an Immediate Family Member is insured under the policy and the event causes cancellation of the travel arrangements:

- Accidental Bodily Injury, Loss of Life, or Sickness experienced by you, a Traveling Companion, or an Immediate Family Member of you or a Traveling Companion
- Severe weather, which prevents a reasonable and prudent person from beginning or continuing on a Covered Trip
- Change in military orders for you, your Spouse, or your Domestic Partner
- A terrorist action or hijacking
- A call to jury duty or receiving a subpoena from the courts, neither of which can be postponed or waived
- Finding your or your Traveling Companion's dwelling to be uninhabitable
- Quarantine imposed by a Physician for health reasons
- Financial insolvency of the Travel Agency, Tour Operator, or Travel Supplier whose services you booked

If a trip cancellation occurs, the Company will reimburse you or an Immediate Family Member for the non-refundable amounts paid up to Trip Cancellation & Trip Interruption Maximum limit of Insurance per Occurrence of **ten thousand (\$10,000.00) dollars** for each claim on a Covered Trip. Reimbursement is subject to the following:

- Cancellation provisions in effect at the time the Travel Supplier is notified of a cancellation.
- If a Physician has advised that making the Covered Trip is medically inadvisable, you must immediately notify the appropriate Travel Supplier that you are cancelling your travel arrangements. If you don't notify the supplier, the Company's reimbursement will not exceed the cancellation penalties imposed during the period by the supplier and in effect **forty-eight (48) hours** immediately following your receipt of advice from your Physician that travel is not advisable.

What is **not** covered by Trip Cancellation insurance?

It does not apply to a Covered Loss caused directly or indirectly from:

- travel arrangements canceled or changed by a Common Carrier, Tour Operator, or any Travel Agency *unless* the cancellation is the result of severe weather or an organized strike affecting public transportation
- change in plans, financial circumstances, and any business or contractual obligations applying to you, your Traveling Companion, your Immediate Family Member, an Immediate Family Member of your Traveling Companion
- a Pre-existing Condition
- Additionally, this insurance does not apply to any Accident, Accidental Bodily Injury or loss caused by or resulting from, directly or indirectly: the commission or attempted commission of any illegal act including but not limited to any felony

- any occurrence during incarceration
- being engaged in or participating in a motorized vehicular race or speed contest
- participating in any professional sporting activity for which a salary or prize money is received
- traveling or flying on any aircraft engaged in flight on a rocket propelled or rocket launched aircraft
- suicide, attempted suicide or intentionally self-inflicted injury
- when: a) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or loss; or b) there is any other legal prohibition against providing insurance for any Accident, Accidental Bodily Injury or loss
- a declared or undeclared War

The Trip Cancellation benefit is excess over any travel insurance purchased by the Insured Person for the same Covered Trip or other indemnity by the airline, cruise line, railroad, station authority, occupancy provider available to the Insured Person

Benefit Information for Trip Interruption

Who is covered?

You, the Primary Insured Person, and your Immediate Family Members are automatically covered. Immediate Family Member, means your Spouse or Domestic Partner and their children, including adopted children or step-children; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

What is the Trip Interruption insurance?

Trip Interruption insurance reimburses you or your Immediate Family Members for up to **ten thousand (\$10,000.00) dollars** for each Covered Trip if a Covered Loss causes interruption of the Covered Trip on the way to the point of departure or after the departure of the Covered Trip.

Covered Trip means any pre-paid tour, trip or vacation when some portion of the cost for such travel arrangements less any redeemable frequent flyer miles, points, coupons or certificates, or other types of redeemable Rewards has been charged to your Account:

- while the insurance is in effect
- to a destination of greater than **one (1) mile** from your primary residence
- and is for a time period that doesn't exceed **sixty (60) days** in duration

A Covered Loss is one of the following events that occur when you or an Immediate Family Member is covered under the policy while it is in effect:

- Accidental Bodily Injury, Loss of Life, or Sickness experienced by you, a Traveling Companion, or an Immediate Family Member of you or a Traveling Companion
- Severe weather, which prevents a reasonable and prudent person from beginning or continuing on a Covered Trip
- Change in military orders for you, your Spouse, or your Domestic Partner
- A terrorist action or hijacking
- A call to jury duty or receiving a subpoena from the courts, neither of which can be postponed or waived
- Finding your or your Traveling Companion's dwelling to be uninhabitable

- Quarantine imposed by a Physician for health reasons
- Financial insolvency of the Travel Agency, Tour Operator, or Travel Supplier whose services you booked

What types of Trip Interruption expenses are eligible for reimbursement?

If a Trip Interruption occurs, the Company will reimburse you for up to the maximum Benefit Amount of **ten thousand (\$10,000.00) dollars** for:

- the forfeited, non-refundable pre-paid land, air and/or sea transportation arrangements that were missed

If you or an Immediate Family Member are forced to temporarily postpone a Covered Trip due to a Covered Loss and a new departure date is set, the Company will reimburse:

- for the unused Non-Refundable land, air and/or sea arrangements
- Change Fees

However, in no event will the Company pay more than the Trip Interruption Benefit Amount for each interruption claim. Additionally, in no event will the Company pay more than the maximum Benefit Amount per **twelve (12) month** period.

What is *not* covered by Trip Interruption insurance?

This benefit does not apply to a Covered Loss caused directly or indirectly from the Insured Person or Traveling Companion:

- traveling against the advice of a Physician
- traveling while on a waiting list for specified medical treatment
- traveling for the purpose of obtaining medical treatment; or traveling in the third trimester (seventh month or after) of pregnancy
- traveling with a Pre-Existing Condition
- commission or attempted commission of any illegal act including but not limited to any felony
- being engaged in or participating in a motorized vehicular race or speed contest
- participating in any professional sporting activity for which the Insured Person received a salary or prize money
- traveling or flying on any aircraft engaged in flight on a rocket propelled or rocket launched aircraft
- suicide, attempted suicide or intentionally self-inflicted injury

Additionally, this insurance does not apply to any Accident, Accidental Bodily Injury or loss caused by or resulting from, directly or indirectly:

- 1) Common Carrier caused delays, unless they are as a result of an organized strike that affects public transportation;
- 2) travel arrangements canceled or changed by a Common Carrier, Tour Operator, or any travel agent unless the cancellation is the result of severe weather or an organized strike affecting public transportation;
- 3) change in plans, financial circumstances and any business or contractual obligations of the Insured Person, Traveling Companion, Immediate Family Member of the Insured Person or Immediate Family Member of the Traveling Companion;
- 4) any occurrence while the Insured Person is incarcerated;
- 5) when: a) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or loss; or b) there is any other legal prohibition against providing insurance for any Accident, Accidental Bodily Injury or loss; or
- 6) a declared or undeclared War

The Trip Interruption benefit is excess over any travel insurance purchased by the Insured Person for the same Covered Trip or other indemnity by the airline, cruise line, railroad, station authority, occupancy provider available to the Insured Person

Claim Information

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

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

What types of documentation may be requested when a claim is submitted?

Some of the documentation the Company may request includes, but is not limited to:

- completed claim form
- copy of the travel itinerary
- confirmation of the reason for the Trip Cancellation or Trip Interruption—i.e. medical documents, death certificate, or other documentation supporting a Covered Loss
- copy of the Credit Card statement that shows the charge for prepaid travel arrangements for Trip Cancellation
- proof of expenses incurred due to a Trip Interruption
- a copy of the cancellation or refund policies of the Common Carrier, Tour Operator, or Travel Supplier

How long do I have to file a claim after the event occurs?

You must provide a written claim notice within **twenty (20) days** after the occurrence or commencement of any Loss covered by this policy or as soon as reasonably possible. The notice must include enough information to identify you, and Chase Bank USA, N.A. and/or its affiliates. Please note that failure to provide a claim notice within **twenty (20) days** *will not* invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible

What happens after I send a claim notice to you?

- Within **fifteen (15) days** of the Company's receipt of your claim notice, the Company will send you or your designee forms to complete that provides the Company with Proof of Loss.
- If you or your designee do not receive the forms, please send the Company a written description of the Loss. This written description should include information detailing the occurrence, type, and extent of the Loss for which the claim is made

How long do I have to provide you with Proof of Loss?

You need to send the Company complete Proof of Loss within **ninety (90) days** from the date of loss or as soon as reasonably possible. Please note that failure to provide Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible, and in no event later than **one (1) year** after the **ninety (90) day** deadline to submit Proof of Loss, except in cases where the claimant lacks legal capacity.

How soon after I provide Proof of Loss will I receive payment for my claim?

You will receive payment for your claim for all losses covered under the plan within **sixty (60) days** after the Company receives the complete Proof of Loss if you, Chase Bank USA, N.A. and/or its affiliates and beneficiary, where applicable, have complied with all the terms of the policy.

Will the benefits be payable to me?

Yes, Trip Cancellation and Trip Interruption benefits are payable to you.

General questions that apply to Trip Cancellation and Trip Interruption insurance

Do I need to notify anyone that I’ve booked travel arrangements to obtain this insurance?

No, it’s not necessary for you to notify Chase Bank USA, N.A. and/or its affiliates, the administrator, or the Company when travel arrangements are purchased.

What types of prepaid travel arrangements are eligible for reimbursement?

Some of the prepaid travel arrangements that are eligible for reimbursement include, but are not limited to, airline tickets, train tickets, bus tickets, prepaid tours, hotels, and rental cars. You will need to relinquish to the Company any unused vouchers, tickets, coupons or travel privileges for which you have been reimbursed.

If I charge multiple travel arrangements for myself and Immediate Family Members, do the benefits apply to each person?

Yes, each traveler is eligible to receive the primary benefit up to the Trip Cancellation & Trip Interruption Maximum Limit of Insurance per Occurrence

What is the Trip Cancellation & Trip Interruption Maximum Limit of Insurance per Occurrence?

If more than one person insured under the same Account suffers a Covered Loss for the same Covered Trip, the Company will not pay more than:

Benefit	Trip Cancellation & Trip Interruption Maximum Limit of Insurance Per Occurrence	Maximum Benefit Amount per Twelve (12) Month Period
Trip Cancellation	Twenty Thousand (\$20,000.00) Dollars	Forty Thousand (\$40,000.00) Dollars
Trip Interruption	Twenty Thousand (\$20,000.00) Dollars	Forty Thousand (\$40,000.00) Dollars

If a Covered Loss results in Benefit Amounts becoming payable, which when totaled, exceed the applicable Trip Cancellation & Trip Interruption Maximum Limit of Insurance per Occurrence, then the Trip Cancellation & Trip Interruption Maximum Limit of Insurance per Occurrence will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

Are my Immediate Family Members covered if I am not traveling with them?

Yes. As long as you have charged the travel arrangements to your card, the Company will pay the corresponding benefit regardless of whether you are traveling with them, as subject to the terms and conditions of this description of coverage.

Definitions:

Accident or Accidental – a sudden, unforeseen, and unexpected event which:

- happens by chance
- arises from a source external to an Insured Person
- is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof

- occurs while you are insured under the benefit while it is in effect
- is the direct cause of loss

Accidental Bodily Injury – bodily injury, which:

- is Accidental
- is the direct cause of a loss
- occurs while the Insured Person is insured under this policy, which is in effect
- 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 Osgood-Schlatter's Disease, bursitis, Chondromalacia, shin splints, stress fractures, tendinitis, and Carpal Tunnel Syndrome

Account – Credit Card Accounts

Cardholder – an individual to whom a Credit Card has been issued by Chase Bank USA, N.A. and/or its affiliates

Change Fees – means any fee imposed by a Travel Supplier to change the date and/or time of prescheduled travel arrangements of a Covered Trip. Change fees also includes fees charged by a Rewards administrator to redeposit Rewards used to book a Covered Trip into a Rewards account. Change fees do not include a change in Common Carrier fare, occupancy provider rate, or new Common Carrier fares.

Common Carrier – any motorized land, water or air Conveyance, operated by an organization other than Chase Bank USA, N.A. and/or its affiliates, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract

Company – Federal Insurance Company, also referred to as We, Us, or Our

Covered Trip – any pre-paid tour, trip or vacation when some portion of the cost for such travel arrangements less any redeemable frequent flyer miles, points, coupons or certificates, or other types of redeemable Rewards has been charged to your Account:

- while the insurance is in effect
- to a destination of greater than **one (1) mile** from your primary residence
- and is for a time period that doesn't exceed **sixty (60) days** in duration

Covered Trip also includes covered trips awarded from frequent flier or points programs provided that all of the miles or points were accumulated from charges on the Insured Person's Account.

Credit Card – a payment medium that takes the form of a Credit Card, credit plate, charge plate, courtesy card or other identification card or device issued to you. You may use the Credit Card to purchase, hire, rent or lease property or services

Dependent – your Dependent Child, Spouse or Domestic Partner

Dependent Child – your unmarried child, Dependent on you for maintenance and support, under the age of 24, under the age of 25 if enrolled as a full-time student at an Institution of Higher Learning or classified as an Incapacitated Dependent Child

Domestic Partner – a person designated by you who is registered as a Domestic Partner or legal equivalent under the laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to you by blood; has exclusively lived with you for at least 12 consecutive months prior to the date of enrollment; is not legally married or separated and as of the date of enrollment has with you at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank Account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or a joint Credit Card Account with a financial institution. Neither you nor Your Domestic Partner can be married to, nor in a civil union with, anyone else

Financial Insolvency – the inability of an entity to provide travel services because it has ceased operations either following the filing of a petition

for bankruptcy, whether voluntary or involuntary, or because it has ceased operations as a result of a denial of credit or the inability to meet financial obligations

Immediate Family Member – your or your Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephew

Incapacitated Dependent Child – a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently Dependent on you for support and maintenance. The incapacity must have occurred while the child was either under the age of 24 or under the age of twenty-five (25) if the child had been enrolled as a full-time student at an Institution of Higher Learning

Institution of Higher Learning – any accredited public or private college, university, professional trade or vocational school beyond the 12th grade

Insured Person – you, as the Primary Insured Person, and Immediate Family Members traveling with you on a Covered Trip

Loss of Life: death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident

Non-Refundable – money paid by you or your Spouse or Domestic Partner, if covered under the policy, for a Covered Trip:

- in which will be forfeited under the terms of the agreement made with the Travel Supplier for unused travel arrangements
- for which the Travel Agency or Travel Supplier will not provide any other form of compensation

Physician – a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include you, your Immediate Family Member, your employer or business partner or Chase Bank USA, N.A. and/or its affiliates

Pre-Existing Condition – illness, disease or Accidental injury of you, your Traveling Companion, your Immediate Family Member or the Immediate Family Member of the Traveling Companion, for which medical advice, diagnosis, care or treatment was recommended or received within the 60-day period immediately prior to the purchase of a Covered Trip. The taking of prescription drugs or medication for a controlled condition throughout this 60-day period will not be considered to be a treatment of illness or disease

Primary Insured Person – the Cardholder

Proof of Loss – written evidence acceptable to Us that an Accident, Accidental Bodily Injury or loss has occurred

Rewards – means points, miles, cash Rewards, or any other type of redeemable Rewards, provided that all Rewards have been accumulated through use of Chase Bank USA, N.A. and/or its affiliates sponsored Rewards program

Sickness – means an illness or disease which is diagnosed or treated by a Physician after an Insured Person's effective date of coverage under the Policy.

Spouse – your husband or wife who is recognized as such by the laws of the jurisdiction in which you reside

Travel Agency – an entity with whom travel arrangements were made for an Insured Person and purchased by you using your Account

Tour Operator – an entity which organizes travel components into packaged arrangements for sale directly to the travelling public

Travel Supplier – a Tour Operator, occupancy provider, cruise line, airline, railroad or other Common Carriers

Traveling Companion: an individual who has made advanced arrangements with you to travel together for all or part of the Covered Trip

War – hostilities following a formal declaration of war by a governmental authority; in the absence of a formal declaration of war by a governmental authority, armed, open and continuous hostilities between two countries or armed, open and continuous hostilities between two factions, each in control of territory or claiming jurisdiction over the geographic area of hostility

General Provisions: The terms We, Us and Our below refer to Federal Insurance Company. The following provisions apply to the Insured Persons:

Legal Actions: No legal action may be brought before **sixty (60) days** after written Proof of Loss has been furnished as required by the Policy. No such action may be brought after **three (3) years** from the time written Proof of Loss is required to be furnished.

Physical Examination and Autopsy: While a claim is pending We have the right, at Our expense to: 1) have the person who has a loss examined by a Physician when and as often as We feel is necessary; and 2) make an autopsy in case of death where it is not forbidden by law.

Examination under Oath: We have a right to examine under oath, as often as We may reasonably require, the Insured Person or the beneficiary. We may also require the Insured Person or the beneficiary to provide a signed description of the circumstances surrounding the Loss and their interest in the Loss. The Insured Person and the beneficiary will also produce all records and documents requested by Us and will permit Us to make copies of such records or documents. In the event of a claim under this policy, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. Chase Bank USA, N.A. and/or its affiliates, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

Concealment or Fraud: Insurance under the policy is void if any Insured Person has intentionally concealed or misrepresented any material fact relating to this policy before or after a loss or any Insured Person files a false report of a Loss.

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions Apply. Chubb, Box 1615, Warren, N.J. 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 a summary of the principal provisions of the insurance while in effect.

Policy # 9907-28-44

Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, is the underwriter of this insurance policy and is solely responsible for its administration and claims.

Price Protection

Benefit Information

What is Price Protection?

- Price Protection provides reimbursement for the difference in price on products you buy with your Account or by using rewards points earned on that Account.

- If you purchase an eligible item with your Account in the United States and see a Printed Advertisement at any retail store or Non-auction Internet Advertisement for less within **ninety (90) days** of the original purchase date, simply file a valid claim and the Benefit Administrator will reimburse you the difference up to **five hundred (\$500.00) dollars** for each item. Price Protection is limited to **twenty-five hundred (\$2,500.00) dollars** a year for each Account.
- Price Protection is limited to **fifty (\$50.00) dollars** for each item and **one hundred and fifty (\$150.00) dollars** a year for each Account for advertisements of cash only, close-out, liquidation and going-out-of-business sales.
- Price Protection is secondary to and in excess of store policies offering a lowest-price guarantee or any other form of refund for price differences, and any other valid and collectible avenue of recovery for which you are eligible.
- To be eligible for coverage, you must charge some portion of the item's purchase price to your Account or use rewards points earned on your Account toward the purchase. **You will only be reimbursed up to the amount charged to your Account or the program limit.**

What documentation should I obtain at the time of purchase so that I can file a claim if necessary?

- Use your Account to purchase the eligible item. Save all original receipts, paperwork related to your Account and an itemized store receipt.
- The Printed Advertisement or Non-Auction Internet Advertisement must include a description of an item identical to the one purchased, along with the sale price, the store or dealer's name, and the date(s) the sale is in effect. The sale date must be within **ninety (90) days** after the original purchase date.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder") and has made purchases with your Chase credit card account ("Account").

What printed advertisements are *not* covered under Price Protection?

Price Protection does not apply to:

- Advertisements for flea markets, fire sales, limited quantity promotions, seasonal sales or Auctions
- Advertisements of sales of seasonal or discontinued items including, but not limited to, holiday decorations, clothes, or costumes

What is *not* covered?

Price Protection does not cover the following items:

- Animals and living plants
- Boats, automobiles, and any other motorized vehicles and their motors, equipment, and accessories
- Cell phone service agreements and cell phone contracts
- Items advertised or shown as price quotes, and bids or final sale amounts from a non-auction Internet site
- Items returned to any store and layaway items
- Items previously owned, sold "as is," and refurbished items
- Items purchased for resale, professional, or commercial use
- Items purchased outside of the United States
- Jewelry, antiques, collectible items, rare or one-of-a-kind items, special order items, custom items, and tailored items

- Manufacturer or merchant rebates
- Perishables, services, consumables, and limited-life items including, but not limited to, rechargeable batteries
- Price differences involving manufacturer and/or merchant rebates, shipping and handling fees, and sales tax, if any, are not covered by the Price Protection benefit
- Traveler's checks, cash, tickets, credit or debit cards, and any other negotiable instruments

Claim Information

How do I file a claim?

1. Call the Benefit Administrator within **twenty-one (21) days** of the date of the advertisement.
2. Complete the claim form you receive from the Benefit Administrator. Be sure to provide all information requested and **return the documentation within forty-five (45) days after your request for a claim form**. You can always call the Benefit Administrator if you have any questions.
3. Include the following documentation with your claim form:
 - The original itemized sales receipt
 - The original card receipt demonstrating that the purchase was made on your Account. If more than one method of payment was used, include documentation that shows a portion of the purchase was made with your Account
 - The original Printed or non-Auction Internet site advertisement showing the item, sale date and/or date of the advertisement, lower advertised price, and advertising store name
 - Any other documentation deemed necessary, in the Benefit Administrator's sole discretion, to substantiate the claim
4. Send all information to the **Benefit Administrator**:
Card Benefit Services
P.O. Box 72034
Richmond, VA 23255

How will I be reimbursed if my claim is approved?

- You will be reimbursed the difference in the price, up to a maximum of **five hundred (\$500.00) dollars** for each item and **twenty-five hundred (\$2,500.00) dollars** a year for each Account.
- For advertisements of cash only, close-out, liquidation and going-out-of-business sales, you will be reimbursed for the difference in price up to a maximum of **fifty (\$50.00) dollars** for each item and **one hundred and fifty (\$150.00) dollars** a year for each Account.
- If your documentation is not complete, the Benefit Administrator will request additional information, which must be supplied within **sixty (60) days** of the request.
- You will only be reimbursed up to the amount charged to your Account or the program limit, whichever is less. Additionally, any purchases made using rewards points associated with the Account are eligible for this benefit.

Definitions

Printed Advertisements – advertisements appearing in a newspaper, magazine, store circular, or catalog that state the authorized dealer or store name, item (including make and model number), and sale price distributed in the United States to the general public and placed by a manufacturer or authorized dealer of the consumer product in the United States. The advertisement must provide information stating the same manufacturer and model number of the item purchased.

Any advertisement that is cut down or altered in any manner will not be sufficient documentation of loss. Therefore, any advertisements, catalogs, etc. must be submitted in whole with date verification. The only exception will be magazines and newspapers. In this case, you do not need to send the whole publication, but you will be required to send the whole page or pages in which the advertisement is found, with the date and name of the publication.

Non-Auction Internet Advertisements – advertisements posted on the Internet, by a non-Auction Internet merchant with a valid tax identification number. The advertisement must provide information stating the same manufacturer and model number of the item purchased. The printed version of the Non-Auction Internet advertisement must include the merchant's Internet address and customer service telephone number, as well as the item, including manufacturer, model number, sale price, and date of publication.

Auction (online or live) – a place or Internet site where items are sold through bidding or price quotes; or where prices fluctuate based on the number of people interested in purchasing or attempting to purchase a product. (Examples include, but are not limited to, eBay, Ubid, Yahoo, and public or private live auctions.)

Date of Purchase – the date you paid for and received the item, or the date of delivery and personal acceptance of the item, whichever is later.

Additional Provisions for Price Protection: The Price Protection benefit is secondary to and excess of any valid and collectible avenue of recovery which is available to you, the eligible Cardholder. The Provider will reimburse the excess amount once all other coverage has been exhausted up to the limit of liability.

This benefit is available only to you, the eligible Cardholder. If you make any claim knowing it to be false or fraudulent, no coverage shall exist for such claim and your benefits may be canceled. Each Cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the Cardholder.

Once you report a claim, a claim file will be opened and shall remain open for **sixty (60) days** from the date you reported the claim. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within **eighty-one (81) days** of the date of the printed advertisement.

After the Benefit Administrator has paid your claim, all rights and remedies against any party in respect of this loss 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.

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 this 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, or statement messages, or email or other secure portal messaging vehicles. The benefit described in this Guide to Benefits will not apply to Cardholders whose Accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify you at least **thirty (30) days** in advance.

This information is a description of the benefit provided to you as a Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

V-PS-EP (04-13) FORM # CPRIPRO010712

Return Protection

Benefit Information

What is Return Protection?

- If you are dissatisfied with an item of personal property that you purchased entirely using your Account or rewards points earned on the card and the merchant will not accept the return, Return Protection will reimburse you for the cost of the item within **ninety (90) days** of the date it was purchased.
- This benefit is limited to **five hundred (\$500.00) dollars** for each eligible item and up to **one thousand (\$1,000.00) dollars** annual maximum per Account. Please note that the Benefit Administrator must receive the item in like-new/good working condition.
- Return Protection provides this coverage in excess of any applicable store guarantees.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder") and has made purchases with your Chase credit card account ("Account").

What is *not* covered?

- Animals and living plants
- Boats, automobiles, aircraft, and any other motorized vehicles and their motors, equipment, or accessories, including trailers and other items that can be towed by or attached to any motorized vehicle
- Cash, bullion, travelers checks, tickets, credit or debit cards, and any other negotiable instruments
- Computer software
- Damaged/non-working items
- Formal attire including, but not limited to, cocktail dresses, tuxedos, gowns, and formal accessories
- Items purchased for resale, professional, or commercial use
- Items purchased outside of the United States
- Items upon which alterations have been made
- Jewelry, art objects, rare or precious coins or stamps, antiques, and collectible items
- Medical equipment
- Perishables, consumables, and limited-life items including, but not limited to, rechargeable batteries
- Real estate and items which are intended to become part of real estate, including, but not limited to, items that are hard-wired or hard-plumbed, garage doors, garage door openers, and ceiling fans
- Seasonal items including, but not limited to, holiday decorations

Claim Information

How do I file a claim?

1. Call the Benefit Administrator within **ninety (90) days** of the date of purchase. The customer service representative will ask you for some preliminary claim information and send you the appropriate claim form.
2. Return the completed claim form within **thirty (30) days** of the date of your call. Be sure to include the original itemized sales receipt and your original card receipt. If more than one method of payment was used, documentation linking the entire payment to the Account must be included.
3. Customers who file a claim within **thirty (30) days** of the date of the purchase may be asked to submit proof of the store's return policy.
4. Please send all information to the **Benefit Administrator**:
Card Benefit Services
P.O. Box 2894
Great Falls, MT 59403

What happens after I submit my claim?

- When your claim is received a customer service representative will contact you. If additional documentation is needed, in the Benefit Administrator's sole discretion, to substantiate the claim, you will have an additional **sixty (60) days** to provide that information.
- When the claim information is complete, the customer service representative will give you instructions for shipping the item with its original packaging, plus any manuals and warranties to the Benefit Administrator. The cost of shipping is at your expense. The Benefit Administrator must receive the item in like-new/good working condition before the claim can be approved.

How will I be reimbursed?

- Once your claim has been approved and the item is received, the Benefit Administrator will issue reimbursement for the purchase price of the item up to a maximum of **five hundred (\$500.00) dollars** for each eligible item, **one thousand (\$1,000.00) dollars** annual maximum for each Account less any applicable shipping and handling fees.
- Additionally, eligible purchases made using rewards points associated with the Account are eligible for this benefit.

Additional Provisions for Return Protection: The Return Protection benefit is secondary to and excess of any valid and collectible avenue of recovery which is available to you, the eligible Cardholder. The Benefit Administrator will reimburse the excess amount once all other coverage has been exhausted up to the limit of liability.

This benefit is available only to you, the eligible Cardholder. If you make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim and your benefits may be canceled. Each Cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentations of material fact by the Cardholder.

After the Benefit Administrator has paid your claim, all rights and remedies against any party in respect of this loss 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.

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 this 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 terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, or statement messages, or email or other secure portal messaging vehicles. The benefit described in this Guide to Benefits will not apply to Cardholders whose Accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify you at least **thirty (30) days** in advance.

This information is a description of the benefit provided to you as an eligible Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

V-PS-EP (04-13) FORM# CRETPRO010712

Lost Luggage

Benefit Information

What is the Lost Luggage benefit?

- The benefit reimburses you for costs you incur to repair or replace Checked Baggage and/or Carry-On Baggage and personal property contained within due to physical loss or damage, if the loss (including theft) or damage occurs during a Common Carrier Covered Trip.
- The Company's liability will be the actual cash value (replacement cost less depreciation) of the articles at the time of loss up to the maximum benefit amount. The Lost Luggage benefit is in excess of any travel insurance purchased by the Insured Person for the same Covered Trip or indemnity or reimbursements by the airline, cruise line, railroad, station authority, occupancy provider available to you.
- The plan is automatically provided to you as a Cardholder and your Immediate Family Members at no cost to you. Chase Bank USA, N.A. and/or its affiliates pays the full cost of the insurance.
- **To be eligible for this benefit, you must report the loss or damage to the Common Carrier immediately as soon as you exit the Carrier. You will need to provide proof that you submitted a report to the Common Carrier, so be sure to keep a copy of the report for your records.**

What is a Common Carrier Covered Trip?

- It's travel on a Common Carrier (*see definitions section*) when some portion of the fare for transportation has been charged to your Account issued by Chase Bank USA, N.A. and/or its affiliates.
- It's also travel on a Common Carrier when free flights have been awarded from frequent flier or Rewards programs, provided that all of the miles or Rewards points were accumulated from a Rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates.

Coverage Information

Who is covered?

You, the Primary Insured Person and your Immediate Family Members are covered. Immediate Family Members means your Spouse or Domestic Partner and their children, including adopted children or step-children; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

If I charge multiple Common Carrier fares on my Account for myself and Immediate Family Members, does this benefit apply separately to each person?

Yes, each Insured Person is eligible to receive the benefit.

Are my Immediate Family Members covered if I am not traveling with them?

Yes. The Company will pay the corresponding benefit regardless of whether you are traveling with them, as long as you have charged some portion of a Common Carrier fare for the Immediate Family Members (minus any redeemable frequent flyer miles, points, coupons or certificates, or other types of redeemable Rewards) to your Account (subject to the terms and conditions of this description of coverage).

What is covered?

The benefit covers physical loss or damage of Checked Baggage and/or Carry-On Baggage and personal property in the baggage belonging to you or an Immediate Family Member. The benefit amounts are: up to **three thousand (\$3,000.00) dollars** for each Insured Person (you and your Immediate Family Members) for each Common Carrier Covered Trip; up to **five hundred (\$500.00) dollars** for each Insured Person for each Common Carrier Covered Trip for jewelry, watches, cameras, video recorders, and other electronic equipment.

The benefit amounts for jewelry, watches, cameras, video recorders, and other electronic equipment are part of and not in addition to the maximum benefit amount for Lost Luggage. Payment of these benefit amounts *reduces and does not increase* the maximum benefit amount for Lost Luggage.

What is *not* covered?

- loss of documents or valuable papers, money, securities, tickets, checks, traveler's checks or furs.
- any loss of property caused by or resulting from, directly or indirectly, you or an Immediate Family Member committing or attempting to commit any illegal act or international act, including but not limited to any felony.
- any loss of property occurring when 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any loss of property; 2) there is any other legal prohibition against providing insurance for any loss of property; or 3) in the event of a declared or undeclared War.

When does my coverage become effective?

Your insurance becomes effective on the latest of the following:

- the date on which you first meet the eligibility criteria as an Insured Person
- the date for which the premium for your insurance is paid by Chase Bank USA, N.A. and/or its affiliates

Your Immediate Family Members, as Insured Persons, are also covered while the insurance is in effect for the benefits described in this description of coverage.

When does my coverage terminate?

Your insurance automatically terminates on the earliest of the following:

- the termination date of the policy
- the expiration of the period for which required premium has been paid for you
- the date on which you no longer meet the eligibility criteria as an Insured Person
- the date on which the Company pays out 100% of the benefit amount

Do I need to notify anyone that I've booked a Common Carrier fare to obtain this insurance?

No, it is not necessary for you to notify Chase Bank USA, N.A. and/or its affiliates, the administrator, or the Company when you purchase your tickets.

Claim Information

Specific questions and request for claims forms may be submitted to the **Plan Administrator** at the following address:

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

What types of documentation may be requested when a claim is submitted?

Some of the documentation the Company may request includes, but is not limited to:

- a completed claim form
- a copy of the travel itinerary
- written confirmation that the claim was filed with the Common Carrier
- a copy of the credit card statement that shows the charge for the Common Carrier fare
- a copy of the settlement or denial from the Common Carrier
- copies of receipts for the purchase of replacement items over **twenty-five (\$25.00) dollars**
- copies of original receipts

How long do I have to file a claim after the damage or loss occurs?

You must provide a written claim notice within **twenty (20) days** after the occurrence or commencement of any loss or damage covered by this policy or as soon as reasonably possible. The notice must include enough information to identify you, and Chase Bank USA, N.A. and/or its affiliates. Please note that failure to provide a claim notice within **twenty (20) days** *will not* invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible.

What happens after I send a claim notice to you?

- Within **fifteen (15) days** of the Company's receipt of your claim notice, the Company will send you or your designee forms to complete that provides the Company with Proof of Loss.
- If you or your designee does not receive the forms, please send the Company a written description of the loss. This written description should include information detailing the occurrence, type, and extent of the loss for which the claim is made.

How long do I have to provide you with Proof of Loss?

You need to send the Company complete Proof of Loss within **ninety (90) days** from the date of loss or as soon as reasonably possible. Please note that failure to provide Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible, and in no event later than **one (1) year** after the **ninety (90) day** deadline to submit Proof of Loss, except in cases where the claimant lacks legal capacity.

How soon after I provide Proof of Loss will I receive payment for my claim?

You will receive payment for your claim for all losses covered under the plan within **sixty (60) days** after the Company receives the complete Proof of Loss if you, Chase Bank USA, N.A. and/or its affiliates and beneficiary, where applicable, have complied with all the terms of the policy.

Will the benefits be payable to me?

Yes, the benefits for lost luggage are payable to you.

Definitions

Account – credit card Accounts.

Cardholder – an individual to whom a credit card has been issued by Chase Bank USA, N.A. and/or its affiliates.

Carry-On Baggage – suitcases or other containers specifically designated for carrying personal property, which are carried on board a Common Carrier by an Insured Person.

Checked Baggage – suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to an Insured Person by a Common Carrier.

Common Carrier – any motorized land, water or air Conveyance, operated by an organization other than Chase Bank USA, N.A. and/or its affiliates, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract.

Company – Federal Insurance Company, also referred to as We, Us, or Our.

Credit Card – a payment medium that takes the form of a Credit Card, credit plate, charge plate, courtesy card or other identification card or device issued to you. You may use the Credit Card to purchase, hire, rent or lease property or services.

Dependent – your Dependent child, Spouse or Domestic Partner.

Dependent Child – your unmarried child, dependent on you for maintenance and support, under the age of 24, under the age of 25 if enrolled as a full-time student at an Institution of Higher Learning or classified as an Incapacitated Dependent Child.

Domestic Partner – a person designated by you who is registered as a Domestic Partner or legal equivalent under the laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to you by blood; has exclusively lived with you for at least 12 consecutive months prior to the date of enrollment; is not legally married or separated and as of the date of enrollment has with you at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank Account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or a joint Credit Card Account with a financial institution. Neither you nor your Domestic Partner can be married to, nor in a civil union with, anyone else.

Incapacitated Dependent Child – a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on you for support and maintenance. The incapacity must have occurred while the child was either under the age of 24 or under the age of twenty-five (25) if the child had been enrolled as a full-time student at an Institution of Higher Learning.

Institution of Higher Learning – any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

Insured Person – you, as the Primary Insured Person, and Immediate Family Members traveling with You on a Covered Trip.

Primary Insured Person – the Cardholder.

Proof of Loss – written evidence acceptable to Us that an Accident, Accidental Bodily Injury or loss has occurred.

Rewards – means points, miles, cash Rewards, or any other type of redeemable Rewards, provided that all Rewards have been accumulated through use of a Chase Bank USA, N.A. and/or its affiliates sponsored Rewards program.

Spouse – your husband or wife who is recognized as such by the laws of the jurisdiction in which you reside.

War – hostilities following a formal declaration of war by a governmental authority; in the absence of a formal declaration of war by a governmental authority, armed, open and continuous hostilities between two countries or armed, open and continuous hostilities between two factions, each in control of territory or claiming jurisdiction over the geographic area of hostility.

General Provisions: The terms We, Us and Our below refer to Federal Insurance Company. The following provisions apply to the Insured Persons:

Legal Actions: No legal action may be brought before **sixty (60) days** after written Proof of Loss has been furnished as required by the policy. No such action may be brought after **three (3) years** from the time written Proof of Loss is required to be furnished.

Physical Examination and Autopsy: While a claim is pending We have the right, at Our expense to: 1) have the person who has a loss examined by a Physician when and as often as We feel is necessary; and 2) make an autopsy in case of death where it is not forbidden by law.

Examination under Oath: We have a right to examine under oath, as often as We may reasonably require, the Insured Person or the beneficiary. We may also require the Insured Person or the beneficiary to provide a signed description of the circumstances surrounding the loss and their interest in the loss. The Insured Person and the beneficiary will also produce all records and documents requested by Us and will permit Us to make copies of such records or documents. In the event of a claim under this policy, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. Chase Bank USA, N.A. and/or its affiliates, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

Concealment or Fraud: Insurance under the policy is void if any Insured Person has intentionally concealed or misrepresented any material fact relating to this policy before or after a loss or any Insured Person files a false report of a loss.

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions Apply. Chubb, Box 1615, Warren, N.J. 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 a summary of the principal provisions of the insurance while in effect.

Policy # 9907-28-44

Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, is the underwriter of this insurance policy and is solely responsible for its administration and claims.

Benefit Information

What is Trip Delay Reimbursement?

Trip Delay Reimbursement covers up to a maximum of **five hundred (\$500.00) dollars** for each purchased ticket for reasonable expenses, on a one-time-basis, incurred if your Covered Trip is delayed by a Covered Hazard for more than **six (6) hours** or requires an overnight stay. 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. Coverage is in excess of any expenses paid by any other party, including applicable insurance.

Definitions

A Covered Trip is a period of round-trip travel (meaning departing from and eventually returning to your primary residence) that doesn't exceed **three hundred and sixty- five (365) days** away from your residence to a destination other than your city of residence.

A Covered Hazard includes equipment failure, inclement weather, labor strikes, and hijacking or skyjacking.

A Common Carrier is any land, water, or air conveyance that operates under a valid license to transport passengers for hire and requires purchasing a ticket before travel begins. It does not include taxis, limousine services, commuter rail or bus lines, or rental vehicles.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder"), your spouse, and your dependent children under twenty-two (22) years of age are automatically covered when a portion or the entire cost of the Common Carrier fare, is purchased with your Chase credit card account ("Account").

What is covered?

You are covered for reasonable additional expenses, including but not limited to meals, lodging, toiletries, medication and other personal use items that you encounter due to a Covered Hazard delay, as long as the services were not provided free of charge by the Common Carrier or any other party.

What is *not* covered?

You are not covered for any Covered Hazard delay that was made public or known to you prior to the departure for the Covered Trip. Also, prepaid expenses are not covered.

Claim Information

How do I file a claim?

You need to call the Benefit Administrator within **sixty (60) days** following the date of the delay. The Benefit Administrator will ask you for some preliminary claim information and send you a claim form.

The completed claim form and requested documentation must be returned within one hundred (100) days of the date of the trip delay to the Benefit Administrator:

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

Failure to do so could result in the denial of your claim.

What documents do I need to submit with my claim?

- Your completed and signed claim form
- Your Account receipt showing that the travel fare was charged to your eligible card. If more than one method of payment was used, include documentation that shows a portion of the purchase was made with your Account.
- A copy of the Common Carrier ticket
- A statement from the Common Carrier indicating the reasons that the Covered Trip was delayed
- Copies of receipts for the claimed expenses
- Any other documentation deemed necessary, in the Benefit Administrator's sole discretion, to substantiate the claim

Additional Provisions for Trip Delay Reimbursement: Trip Delay Reimbursement is supplemental to, and excess of any valid and collectible avenue or recovery which is available to you, the eligible Cardholder. The Benefit Administrator will reimburse the excess amount once all other coverage has been exhausted up to the limit of liability.

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 benefits may be canceled. Each Cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the Cardholder.

Once you report an occurrence, a claim file will be opened and shall remain open for **one hundred (100) days** from the date of the trip delay. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within **one hundred (100) days** of the occurrence.

After the Benefit Administrator has paid your claim, all your rights and remedies against any party in respect of the 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.

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 of the terms of the Guide to Benefits and policy 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, or statement messages, or email or other secure portal messaging vehicles. The benefit described in this Guide to Benefits will not apply to Cardholders whose Accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify you at least **thirty (30) days** in advance.

This information is a description of the benefit provided to you as an eligible Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

Trip Delay-G-(04-13) FORM # CTRIDEL041116 6H

Benefit Information

What is the Baggage Delay benefit?

- The Baggage Delay benefit is an insurance plan that provides reimbursement of the emergency purchase of essential items if an Insured Person's baggage is delayed or misdirected by a Common Carrier for more than **six (6) hours** while on a Common Carrier Covered Trip.
- The plan is automatically provided to you as a Chase Cardholder and your Immediate Family Members at no additional cost to you.

What is a Common Carrier Covered Trip?

- It's travel on a Common Carrier (*see definitions section*) when some portion of the fare for transportation has been charged to your Account issued by Chase Bank USA, N.A. and/or its affiliates.
- It's also travel on a Common Carrier when free flights have been awarded from frequent flier or Rewards programs, provided that all of the miles or Rewards points were accumulated from a Rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates.

The Baggage Delay benefit amount is in excess of any travel insurance purchased by the Insured Person for the same Covered Trip or indemnity or reimbursement from the airline, cruise line, railroad, station authority, or occupancy provider available to you or your Immediate Family Member.

Coverage Information

Who is covered?

You, the Primary Insured Person, and your Immediate Family Members are covered. Immediate Family Members means your Spouse or Domestic Partner and their children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

If I charge multiple Common Carrier fares on my Account for myself and Immediate Family Members, does this benefit apply separately to each person?

Yes, each Insured Person is eligible to receive the benefit.

Are my Immediate Family Members covered if I am not traveling with them?

Yes. The Company will pay the corresponding benefit regardless of whether you are traveling with them, as long as you have charged some portion of a Common Carrier fare for the Immediate Family Members (minus any redeemable frequent flyer miles, Rewards points, coupons or certificates, or other types of redeemable Rewards) to your Account (subject to the terms and conditions of this description of coverage).

What is covered?

The benefit covers up to **one hundred (\$100.00) dollars** per day for a maximum of **five (5) days** and is limited to emergency purchases of essential items needed as a result of the delay including but not limited to: clothing, toiletries, and charging cables for cellular telephones, however, only **one (1)** cellular telephone charging cable shall be covered per Baggage Delay claim.

What is *not* covered?

Essential items not covered by Baggage Delay include, but are not limited to:

- 1) contact lenses, eyeglasses or hearing aids

- 2) artificial teeth, dental bridges or prosthetic devices
- 3) tickets, documents, money, securities, checks, travelers checks and valuable papers
- 4) business samples
- 5) jewelry and watches
- 6) cameras, video recorders, cellular telephones and other electronic equipment and their accessories other than charging cables for cellular telephones

In addition, this insurance does not apply to:

- any loss of property caused by or resulting from, directly or indirectly, the commission or attempted commission of any illegal act by you or intentional act including but not limited to any felony.
- any loss of property occurring when 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any loss of property; 2) there is any other legal prohibition against providing insurance for any loss of property; or 3) in the event of a declared or undeclared War.

When does my coverage become effective?

Your insurance becomes effective on the latest of the following:

- the date on which you first meet the eligibility criteria as an Insured Person
- the date for which the premium for your insurance is paid by Chase Bank USA, N.A. and/or its affiliates

When does my coverage terminate?

Your insurance automatically terminates on the earliest of the following:

- the termination date of the policy
- the expiration of the period for which the required premium has been paid for you
- the date on which you no longer meet the eligibility criteria as an Insured Person
- the date on which the Company pays out 100% of the benefit amount

Do I need to notify anyone that I've booked a Common Carrier fare to obtain this insurance?

No, it is not necessary for you to notify Chase Bank USA, N.A. and/or its affiliates, the administrator, or the Company when you purchase your tickets.

Claim Information

Specific questions and request for claims forms may be submitted to the **Plan Administrator** at the following address:

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

What types of documentation may be requested when a claim is submitted?

Some of the documentation the Company may request includes, but is not limited to:

- a completed claim form
- a copy of the travel itinerary
- written confirmation of the Baggage Delay from the Common Carrier
- a copy of the credit card statement that shows the charge for the Common Carrier fare

- a copy of the settlement or denial from the Common Carrier
- copies of receipts for the purchase of essential items over **twenty-five (\$25.00) dollars**

How long do I have to file a claim after the baggage delay occurs?

You must provide a written claim notice within **twenty (20) days** after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. The notice must include enough information to identify you, and Chase Bank USA, N.A. and/or its affiliates. Please note that failure to provide a claim notice within **twenty (20) days** *will not* invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible.

What happens after I send a claim notice to you?

- Within **fifteen (15) days** of the Company's receipt of your claim notice, the Company will send you or your designee forms to complete that provides the Company with Proof of Loss.
- If you or your designee does not receive the forms, please send the Company a written description of the loss. This written description should include information detailing the occurrence, type, and extent of the loss for which the claim is made.

How long do I have to provide you with Proof of Loss?

You need to send the Company complete Proof of Loss within **ninety (90) days** from the date of loss or as soon as reasonably possible. Please note that failure to provide Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible, and in no event later than **one (1) year** after the **ninety (90) day** deadline to submit Proof of Loss, except in cases where the claimant lacks legal capacity.

How soon after I provide Proof of Loss will I receive payment for my claim?

You will receive payment for your claim for all losses covered under the plan within **sixty (60) days** after the Company receives the complete Proof of Loss if you, Chase Bank USA, N.A. and/or its affiliates and beneficiary, where applicable, have complied with all the terms of the policy.

Will the benefits be payable to me?

Yes, benefits for Baggage Delay are payable to you.

Definitions

Account – credit card Accounts.

Baggage – suitcases and the containers specifically designated for carrying personal property, and the personal property contained therein.

Baggage Delay – a delay or misdirection of an Insured Person's Baggage by a Common Carrier for more than six (6) hours from the time he or she arrives at the destination as shown on the Insured Person's ticket.

Cardholder – an individual to whom a credit card has been issued by Chase Bank USA, N.A. and/or its affiliates.

Common Carrier – any motorized land, water or air Conveyance, operated by an organization other than Chase Bank USA, N.A. and/or its affiliates, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract.

Common Carrier Covered Trip – travel on a Common Carrier when some portion of the fare for such transportation has been charged to

Your Account issued by Chase Bank USA, N.A. and/or its affiliates. Common Carrier Covered Trip also means travel on a Common Carrier when free flights have been awarded from frequent flier or Rewards programs provided that all of the miles or Rewards were accumulated from a Rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates.

Company – Federal Insurance Company, also referred to as We, Us, or Our.

Credit Card – a payment medium that takes the form of a Credit Card, credit plate, charge plate, courtesy card or other identification card or device issued to you. You may use the Credit Card to purchase, hire, rent or lease property or services.

Dependent – your Dependent child, Spouse or Domestic Partner.

Dependent Child – your unmarried child, dependent on you for maintenance and support, under the age of 24, under the age of 25 if enrolled as a full-time student at an Institution of Higher Learning or classified as an Incapacitated Dependent Child.

Domestic Partner – a person designated by you who is registered as a Domestic Partner or legal equivalent under the laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to you by blood; has exclusively lived with you for at least 12 consecutive months prior to the date of enrollment; is not legally married or separated and as of the date of enrollment has with you at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank Account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or a joint Credit Card Account with a financial institution. Neither you nor your Domestic Partner can be married to, nor in a civil union with, anyone else.

Incapacitated Dependent Child – a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on you for support and maintenance. The incapacity must have occurred while the child was either under the age of 24 or under the age of twenty-five (25) if the child had been enrolled as a full-time student at an Institution of Higher Learning.

Institution of Higher Learning – any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

Insured Person – You, as the Primary Insured Person, and Immediate Family Members traveling with you on a Covered Trip.

Primary Insured Person – the Cardholder.

Proof of Loss – written evidence acceptable to Us that an Accident, Accidental Bodily Injury or loss has occurred.

Rewards – means points, miles, cash Rewards, or any other type of redeemable Rewards, provided that all Rewards have been accumulated through use of a Chase Bank USA, N.A. and/or its affiliates sponsored Rewards program.

Spouse – Your husband or wife who is recognized as such by the laws of the jurisdiction in which you reside.

War – hostilities following a formal declaration of war by a governmental authority; in the absence of a formal declaration of war by a governmental authority, armed, open and continuous hostilities between two countries or armed, open and continuous hostilities between two factions, each in control of territory or claiming jurisdiction over the geographic area of hostility.

General Provisions: The terms We, Us and Our below refer to Federal Insurance Company. The following provisions apply to the Insured Persons:

Legal Actions: No legal action may be brought before **sixty (60) days** after written Proof of Loss has been furnished as required by the policy. No such action may be brought after **three (3) years** from the time written Proof of Loss is required to be furnished.

Physical Examination and Autopsy: While a claim is pending We have the right, at Our expense to: 1) have the person who has a loss examined by a Physician when and as often as We feel is necessary; and 2) make an autopsy in case of death where it is not forbidden by law.

Examination under Oath: We have a right to examine under oath, as often as We may reasonably require, the Insured Person or the beneficiary. We may also require the Insured Person or the beneficiary to provide a signed description of the circumstances surrounding the loss and their interest in the loss. The Insured Person and the beneficiary will also produce all records and documents requested by Us and will permit Us to make copies of such records or documents. In the event of a claim under this policy, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. Chase Bank USA, N.A. and/or its affiliates, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

Concealment or Fraud: Insurance under the policy is void if any Insured Person has intentionally concealed or misrepresented any material fact relating to this policy before or after a loss or any Insured Person files a false report of a loss.

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions Apply. Chubb, Box 1615, Warren, N.J. 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 a summary of the principal provisions of the insurance while in effect.

Policy # 9907-28-44

Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, is the underwriter of this insurance policy and is solely responsible for its administration and claims.

Travel Accident Insurance

Benefit Information for Common Carrier Travel Accident Insurance

Who is covered?

This insurance is provided automatically to Cardholders and your Immediate Family Members. Immediate Family Member means Your or Your Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

What is the Common Carrier Travel Accident benefit and what is covered?

Common Carrier means any motorized land, water or air Conveyance, operated by an organization, structured and licensed for the transportation of passengers for hire and operated by an employee of such organization or an individual under contract.

If You charge some portion of a Common Carrier fare (less any redeemable frequent flyer miles, points, coupons or certificates, or other types of redeemable rewards) to Your Account (subject to the terms and conditions of this description of coverage), the Company will pay the benefit for a Covered Loss while an Insured Person is:

- 1) riding as a passenger in, entering or exiting any Common Carrier on which You have purchased passage; or
- 2) riding as a passenger in, entering or exiting any Conveyance licensed to carry the public for hire or any Courtesy Transportation provided without a specific charge and while traveling to or from the airport, terminal or station:
 - a) immediately preceding the departure of the scheduled Common Carrier on which You have purchased passage; or
 - b) immediately following the arrival of the scheduled Common Carrier on which the Insured Person was a passenger; or
- 3) at the airport, terminal or station at the beginning or end of the Common Carrier Covered Trip

Coverage shall also be provided when free flights have been awarded from frequent flier or rewards programs provided that all of the miles or rewards points were accumulated from a rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates.

If the purchase of the Common Carrier passenger fare is not made prior to Your arrival at the airport, terminal or station, coverage will begin at the time some portion of the cost of the Common Carrier passenger fare is charged to Your Account.

Benefit Information for 24 Hour Travel Accident Insurance

Who is covered?

This insurance is provided automatically to Cardholders and your Immediate Family Members. Immediate Family Member means Your or Your Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

What is the 24 Hour Travel Accident benefit and what is covered?

If You charge Scheduled Airline costs (less any redeemable frequent flyer miles, points, coupons or certificates, or other types of redeemable rewards) to Your Account, the Company will provide Accidental Death, Dismemberment and Loss of Speech, Sight, and Hearing Benefits to an Insured Person on a **twenty-four (24) hour** basis. **Twenty-four (24) hour** coverage is activated when travel begins on the departure date printed on the Scheduled Airline ticket and ends on the return date printed on the Scheduled Airline ticket. For Scheduled Air Covered Trips more than **thirty (30) days** in length, coverage remains in effect until **12:01 a.m. on the thirty-first (31st) day** of the Covered Trip and then terminates. The insurance will be reactivated only for Your return trip while an Insured Person is:

- 1) on a Scheduled Airline; or
- 2) riding as a passenger in, entering or exiting any Conveyance licensed to carry the public for hire or any Courtesy Transportation provided without a specific charge and while traveling to or from the airport:
 - a) immediately preceding the departure of the Scheduled Airline on which You have purchased passage; or
 - b) immediately following the arrival of the Scheduled Airline on which the Insured Person was a passenger; or

3) at the airport at the beginning or end of the Scheduled Air Covered Trip

Coverage shall also be provided when free flights have been awarded from frequent flier or rewards programs provided that all of the miles or rewards points were accumulated from a rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates.

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

Information applicable to both Common Carrier Travel Accident Insurance and 24 Hour Travel Accident Insurance

Disappearance: If, due to an Accident, You have not been found within **one (1) year** of the disappearance, stranding, sinking, or wrecking of any Conveyance in which You were an occupant at the time of the Accident, then it will be assumed You have suffered Loss of Life while insured under the policy.

Exposure: If, due to an Accident, You are unavoidably exposed to the elements and as a result of such exposure suffers a Covered Loss as described above, the Company will pay the benefit shown.

Loss must occur within **one (1) year** after the Accident.

Do I need to notify anyone that I've booked a fare, to obtain this insurance?

It is not necessary for You to notify Chase Bank USA, N.A. and/or its affiliates, the Plan Administrator, or the Company when tickets are purchased.

If I charge multiple tickets for myself and Immediate Family Members does the Common Carrier Travel Accident Benefit and the 24 Hour Travel Accident Benefit apply per person?

Yes. Each traveler is eligible to receive the primary Cardholder benefit amount, subject to the Aggregate Limit of Insurance.

Is an Immediate Family Member Covered if the Primary Cardholder is not traveling with them?

Yes. As long as the primary Cardholder has charged some portion of a fare, for an Immediate Family Member (less any redeemable frequent flyer miles, points, coupons or certificates, or other types of redeemable rewards) to their Account (subject to the terms and conditions of this description of coverage), the Company will pay the corresponding benefit regardless of whether the primary Cardholder is traveling with such Insured Person.

How much insurance is provided?

The Loss of Life Benefit Amount is per Insured Person up to the **Aggregate Limit of Insurance**.

Common Carrier Loss of Life Benefit Amount	One Million (\$1,000,000.00) Dollars
24 Hour Loss of Life Benefit Amount	One Hundred Thousand (\$100,000.00) Dollars

The following are losses insured and the corresponding Benefit Amount expressed as a percentage of the Loss of Life Benefit Amount:

Covered Loss Due to an Accident	(Percentage of Loss of Life Benefit Amount)
Loss of Speech and Loss of Hearing	100%
Loss of Speech and one of Loss of Hand, Loss of Foot, or Loss of Sight	100%
Loss of Hearing and one of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100%
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100%
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (any one of each)	50%
Loss of Speech or Loss of Hearing	50%
Loss of Thumb and Index Finger of the same hand	25%

In the event of a loss are both the Common Carrier Travel Accident Benefit Amount and the 24 Hour Travel Accident Benefit Amount payable?

No. If, subject to all the terms and conditions, the Insured Person suffers multiple covered losses as the result of **one (1) Accident**, then the Company will only pay the single largest Benefit Amount applicable to all such covered losses.

What is the Aggregate Limit of Insurance?

If more than one Insured Person insured under the same Account suffers a loss in the same Accident, the Company will not pay more than **two (2) times** the applicable Benefit Amount (the Aggregate Limit of Insurance). If an Accident results in Benefit Amounts becoming payable, which when totaled, exceed **two (2) times** the applicable Benefit Amount, then the Aggregate Limit of Insurance will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

What is *not* covered?

Accidental Death & Dismemberment Exclusions: This insurance does not apply to any Accident, Accidental Bodily Injury or loss caused by or resulting from, directly or indirectly:

- the Insured Person entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency
- the Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment or diagnosis thereof. This exclusion does not apply to the Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria
- the Insured Person's commission or attempted commission of any illegal act including but not limited to any felony
- any occurrence while the Insured Person is incarcerated
- the Insured Person participating in parachute jumping from an aircraft

- the Insured Person being engaged in or participating in a motorized vehicular race or speed contest
- the Insured Person participating in any professional sporting activity for which the Insured Person received a salary or prize money
- the Insured Person traveling or flying on any aircraft engaged in flight on a rocket propelled or rocket launched aircraft
- the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury
- when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or loss; or 2) there is any other legal prohibition against providing insurance for any Accident, Accidental bodily injury or loss
- a declared or undeclared War

What is the cost for this insurance?

This insurance plan is provided at no cost to eligible Cardholders. Chase Bank USA, N.A. and/or its affiliates pays the full cost of the insurance.

When does my coverage become effective and when does it terminate?

Your insurance becomes effective on the latest of: 1) The date on which You first meet the eligibility criteria as an Insured Person; or 2) the date for which the premium for your insurance is paid by Chase Bank USA, N.A. and/or its affiliates. Insurance for You automatically terminates on the earliest of: 1) the termination date of the policy; 2) the expiration of the period for which required premium has been paid for You; 3) the date on which You no longer meet the eligibility criteria as an Insured Person; or 4) the date on which the Company pays out 100% of the Loss of Life Benefit Amount. Also covered while Your insurance is in effect are your Immediate Family Members, as Insured Persons, for the benefits described in this description of coverage.

Claim Information

Specific questions, beneficiary designations, and request for claims forms may be submitted to the **Plan Administrator** at the following address:

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

What types of documentation may be requested when a claim is submitted?

Some of the documentation that may be requested by the Company includes but is not limited to:

- a completed claim form
- a copy of the travel itinerary
- a police report confirming the claimed Accident
- a copy of the credit card statement that shows the charge for the Common Carrier or Scheduled Airline fare
- a copy of the death certificate

Notice of Claim

Written Claim Notice must be given within **twenty (20) days** after the occurrence or commencement of any loss covered by this policy or as

soon as reasonably possible. Notice must include enough information to identify the Insured Person and Chase Bank USA, N.A. and/or its affiliates. Failure to give Claim 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 the Insured Person or the Insured Person's designee, within **fifteen (15) days**, forms for giving Proof of Loss to the Company. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or the Insured Person's designee should send the Company a written description of the loss. This written description should include information detailing the occurrence, type and extent of the loss for which the claim is made.

Proof of Loss

Complete Proof of Loss must be given to the Company within **ninety (90) days** after the date of loss, or as soon as reasonably possible. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than **one (1) year** after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity.

Time of Payment of Claims

The Company will pay claims for all losses covered under the policy within **sixty (60) days** after the Company receives complete Proof of Loss if the Insured Person, Chase Bank USA, N.A. and/or its affiliates and beneficiary, where applicable, have complied with all the terms of the policy.

Payment of Claims and Beneficiary

All benefits except for Loss of Life are paid to You. Loss of Life benefits are paid to the beneficiary at the time of death. If the Insured Person has not chosen a beneficiary or if there is no beneficiary alive when the Insured Person dies, then the Company will pay the benefit to the Insured Person's survivors in the following order: 1) Your Spouse or Domestic Partner; 2) Your child(ren); 3) Your parents; 4) Your brothers and sisters; and 5) Your estate. You have the right to name a beneficiary. Beneficiary designations must be submitted in writing to the Plan Administrator. If any beneficiary has not reached the legal age of majority, then the Company will pay such beneficiary's legal guardian.

Definitions

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

Account – credit card Account

Cardholder – an individual to whom a credit card has been issued by Chase Bank USA, N.A. and/or its affiliates

Common Carrier Covered Trip – travel on a Common Carrier when some portion of the fare for such transportation has been charged to Your Account issued by Chase Bank USA, N.A. and/or its affiliates. Common Carrier Covered Trip also means travel on a Common Carrier when free flights have been awarded from frequent flier or rewards programs provided that all of the miles or rewards were accumulated from a rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates

Company – Federal Insurance Company, also referred to as We, Us, or Our

Conveyance - any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction

Courtesy Transportation – transportation provided without a specific charge by a rental car agency, airport or hotel which transports an Insured Person from the airport or station to the rental car agency or hotel, or from the rental car agency or hotel to the airport or station

Credit Card – a payment medium that takes the form of a Credit Card, credit plate, charge plate, courtesy card or other identification card or device issued to you. You may use the Credit Card to purchase, hire, rent or lease property or services

Dependent – Your Dependent child, Spouse or Domestic Partner

Dependent Child – Your unmarried child, Dependent on You for maintenance and support, under the age of 24, under the age of 25 if enrolled as a full-time student at an Institution of Higher Learning or classified as an Incapacitated Dependent Child

Domestic Partner – a person designated by You who is registered as a Domestic Partner or legal equivalent under the laws of the governing jurisdiction or who is at least 18 years of age and competent to enter into a contract; is not related to You by blood; has exclusively lived with You for at least 12 consecutive months prior to the date of enrollment; is not legally married or separated and as of the date of enrollment has with You at least 2 of the following financial arrangements: a joint mortgage or lease, a joint bank Account, joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease or a joint Credit Card Account with a financial institution. Neither You nor Your Domestic Partner can be married to, nor in a civil union with, anyone else

Incapacitated Dependent Child – a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently Dependent on You for support and maintenance. The incapacity must have occurred while the child was either under the age of 24 or under the age of twenty-five (25) if the child had been enrolled as a full-time student at an Institution of Higher Learning

Institution of Higher Learning – any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade

Insured Person – You, as the Primary Insured Person, and Immediate Family Members traveling with You on a Covered Trip

Loss of Foot – the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation

Loss of Hand – complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation

Loss of Hearing – permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician

Loss of Life – death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident

Loss of Sight – permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician

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

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

Loss of Thumb and Index Finger – complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation

Physician – a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include You, an Immediate Family Member; Your employer or business partner, or Chase Bank USA, N.A. and/or its affiliates

Primary Insured Person – the Cardholder

Proof of Loss – written evidence acceptable to Us that an Accident, Accidental Bodily Injury or loss has occurred

Scheduled Air Covered Trip – travel on a Scheduled Airline when some portion of the fare for such transportation has been charged to Your Account issued by Chase Bank USA, N.A. and/or its affiliates. Scheduled Air Covered Trip also means travel on a Scheduled Airline when free flights have been awarded from frequent flier or points programs provided that all of the miles or rewards were accumulated from a rewards program sponsored by Chase Bank USA, N.A. and/or its affiliates. The trip must: 1) occur while the insurance is in-force; 2) be to a destination that is more than 1 mile from Your primary residence; and 3) not exceed **thirty-one (31) days** in duration

Rewards – points, miles, cash Rewards, or any other type of redeemable rewards, provided that all Rewards have been accumulated through use of a Chase Bank USA, N.A. and/or its affiliates sponsored Rewards program

Spouse – Your husband or wife who is recognized as such by the laws of the jurisdiction in which You reside

War – hostilities following a formal declaration of war by a governmental authority; in the absence of a formal declaration of war by a governmental authority, armed, open and continuous hostilities between two countries or armed, open and continuous hostilities between two factions, each in control of territory or claiming jurisdiction over the geographic area of hostility

General Provisions: The terms We, Us and Our below refer to Federal Insurance Company. The following provisions apply to the Insured Persons:

Legal Actions: No legal action may be brought before **sixty (60) days** after written Proof of Loss has been furnished as required by the policy. No such action may be brought after **three (3) years** from the time written Proof of Loss is required to be furnished.

Physical Examination and Autopsy: While a claim is pending We have the right, at Our expense to: 1) have the person who has a loss examined by a Physician when and as often as We feel is necessary; and 2) make an autopsy in case of death where it is not forbidden by law.

Examination under Oath: We have a right to examine under oath, as often as We may reasonably require, the Insured Person or the beneficiary. We may also require the Insured Person or the beneficiary to provide a signed description of the circumstances surrounding the loss and their interest in the loss. The Insured Person and the beneficiary will also produce all records and documents requested by Us and will permit Us to make copies of such records or documents. In the event of a claim under this policy, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. Chase Bank USA, N.A. and/or its affiliates, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

Concealment or Fraud: Insurance under the policy is void if any Insured Person has intentionally concealed or misrepresented any material fact relating to this policy before or after a loss or any Insured Person files a false report of a loss.

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions Apply. Chubb, Box 1615, Warren, N.J. 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 a summary of the principal provisions of the insurance while in effect.

Policy # 9907-28-44

Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, is the underwriter of this insurance policy and is solely responsible for its administration and claims.

Emergency Evacuation and Transportation

Benefit Information

Emergency Evacuation and Transportation benefits limit up to one hundred thousand (\$100,000.00) dollars

What is Emergency Evacuation and Transportation coverage?

This benefit provides emergency evacuation and transportation if You are injured or become ill during Your Trip and it results in a necessary emergency evacuation. The Benefit Administrator must make the actual medical transportation arrangements.

- You are eligible for the coverage when You charge a portion of the cost, or the entire cost of a Trip, made via a Common Carrier, to Your Account.
- The duration of the Trip cannot be less than **five (5) days** or exceed **sixty (60) days**, and it must be in excess of **one hundred (100) miles*** from Your place of Residence.
- You will be eligible to receive coverage for expenses not paid or payable by Your medical insurance or other reimbursement up to **one hundred thousand (\$100,000.00) dollars**.
- The evacuation must be pre-approved by the Benefit Administrator in consultation with a legally licensed Physician who certified that emergency evacuation is warranted due to the severity of the injury or sickness.

Please note: this benefit is supplemental to and excess of any valid and collectible insurance or other reimbursement.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder"), and Your Immediate Family Members when a portion or the entire cost of the Trip, is purchased with Your Chase credit card account ("Account").

What are the conditions for emergency evacuation?

- a) Your medical condition warrants immediate transportation from the place where You are injured or ill to the nearest Hospital where You can obtain appropriate medical treatment; or
- b) If, after being treated at a local Hospital, Your medical condition warrants transportation to Your Residence to obtain further medical treatment or to recover; or
- c) Both a) and b) above.

What expenses are covered?

Covered expenses are those for transportation, medical services, and medical supplies that are necessarily incurred in connection with Your emergency evacuation. All transportation arrangements must be:

- a) recommended by the attending Physician; or
- b) required by the standard regulations of the conveyance transporting You; and
- c) arranged and approved in advance by the Benefit Administrator. Expenses for medical services and supplies must be recommended by the attending physician.

What types of transportation may be used for an emergency evacuation?

Transportation includes any land, water, or air conveyance required to transport You during an emergency evacuation. This transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles.

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

What is Emergency Transportation coverage?

- If You are hospitalized for more than **eight (8) days**, the Benefit Administrator can arrange to bring a relative or friend to Your bedside by paying the cost of any economy-class round trip ticket.
- You are eligible to receive reimbursement for the cost of an economy airfare ticket, if the original ticket(s) cannot be used, or the ticket is used to return an accompanying minor to his/her Residence, if applicable. In exchange for this service, the return tickets must be turned over to the Benefit Administrator whenever possible, or the Benefit Administrator must be reimbursed the amount equivalent to the value of the unused ticket.

What is covered under Repatriation of Remains?

If You die during the course of the covered Trip, the Benefit Administrator will pay the reasonable covered expenses incurred—up to **one thousand (\$1,000.00) dollars** – to return Your body to Your home country of Residence.

Covered expenses include, but are not limited to, expenses for embalming, cremation, the 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
- Services, supplies, or charges rendered by Your Immediate Family Member
- Care not medically necessary as determined by the Benefit Administrator
- 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 benefits or compensation are available, in whole or in part, under the provisions of any legislation of any governmental unit. This exclusion applies whether or not You claim the 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 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 a felonious act or attempt thereof; skydiving, scuba, skin, or deep sea diving; hang gliding; parachuting; rock climbing; and contests of speed.
- Care received for which You would have no legal obligation to pay in the absence of this or any similar coverage.
- Care received in Afghanistan, Burma, El Salvador, Iran, Iraq, Kampuchea, Laos, Lebanon, Nicaragua, North Korea, Yemen, Vietnam, and any other countries which may be determined by the U.S. Government from time to time to be unsafe for travel.

Claim Information

What should I do if I have an accident/illness or any other type of loss?

Call the Benefit Administrator immediately. The representative will answer any questions You have and send a special claim form to You.

How do I file a claim?

- Complete the claim form You receive from Your call to the Benefit Administrator
- Depending on the nature of the claim—Emergency Evacuation and Transportation or Repatriation of Remains—include the items requested below.
- Mail all information within **one hundred and eighty (180) days** of the date of occurrence to the **Benefit Administrator**:
Card Benefit Services
P.O. Box 72034
Richmond, VA 23255

For Emergency Evacuation and Transportation:

1. The completed, signed claim form
2. A copy of Your receipt, as proof that the Trip was charged and paid for with Your eligible account (if more than one method of payment was used, documentation linking a portion of the purchase back to the covered account must be included).

3. A statement from Your insurance carrier (and/or Your employer, or employer's insurance carrier) or other reimbursement showing any amounts that have been paid toward the costs claimed. If You have no other applicable insurance or reimbursement, please provide a notarized statement to that effect.
4. Copy of medical bills
5. Copy of transportation, medical services, and medical supply bills incurred in connection with the emergency evacuation
6. Copy of physician's statement describing the need for emergency evacuation

For Repatriation of Remains:

1. The completed, signed claim form
2. A copy of Your receipt, as proof that the Trip was charged and paid for with Your Account (if more than one method of payment was used, documentation linking a portion of the purchase back to the Account must be included).
3. Copy of death certificate.
4. Receipts for embalming, cremation, coffin, and transportation.
5. Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim.

Definitions

Hospital: 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 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.

Immediate Family Member: Your spouse or legally dependent children under age 18 (25 if enrolled as a full-time student at an accredited institution).

Physician: 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: Your home address as listed in the respective card issuer's file or address reflected on Cardholder's billing statement. The home address from the card issuer's records will take precedence over billing statement address in determining the eligibility of coverage.

Trip: arrangements that are made by a commercial licensed travel establishment consisting of travel agencies and/or common carrier organizations.

You or Your: a Cardholder or Your Immediate Family Members who purchased their Trip via Your Account.

* 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.

Additional Provisions for Emergency Evacuation and Transportation Coverage:

You shall use due diligence and do all things reasonable to avoid or diminish any injury or illness for which coverage is provided under this benefit. This provision will not be unreasonably applied to avoid claims.

If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim and Your benefit may be canceled. Each Cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions

shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the Cardholder.

No legal action for a claim may be brought against the Provider until **sixty (60) days** after the Provider receives proof of loss. After the expiration of **two (2) years** from the time written proof of loss was to be provided, no action shall be brought to recover on this coverage. Further, no legal action may be brought against the Provider unless all the terms of this Guide to Benefit 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 Benefit 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 email or other secure portal messaging vehicles. The benefit described in this Guide to Benefit will not apply to Cardholders whose Accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify You at least **thirty (30) days** in advance.

This information is a description of the benefit provided to You as an eligible Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

REPAT-G-(04-13) FORM #VEVAC-100K (04/10)

Emergency Medical and Dental Benefit

Benefit Information

What is the Emergency Medical and Dental Benefit?

- The Emergency Medical and Dental Benefit provides reimbursement for certain medical expenses incurred when Emergency Treatment for sickness or accidental injury is required during the course of a Common Carrier covered Trip. It covers only the medical expenses that are not covered by Your medical insurance and is supplemental to and in excess of any valid and collectible insurance or reimbursement.
- You must receive the treatment during the course of the Trip and upon the recommendation of the attending physician.

Coverage Information

Who is eligible for coverage?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder"), and Your Immediate Family Members when a portion or the entire cost of the Trip, is purchased with Your Chase credit card account ("Account").

This benefit applies when You use Your Account to pay for a Trip via a Common Carrier that is greater than **five (5) consecutive days** but less than **sixty (60) consecutive days**, and is in excess of **one hundred (100) miles*** from Your place of Residence. You will be eligible to receive up to a maximum of **two thousand five hundred (\$2,500.00) dollars** (subject to a **fifty (\$50.00) dollar** deductible) for medical expenses not paid or payable by Your medical insurance or other reimbursement incurred as a result of Emergency Treatment of a sickness or accidental injury occurring during the course of Your Trip.

What is covered?

Covered Medical Expenses are necessary services and supplies that are recommended by the attending physician. 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.

Benefits will not be paid in excess of the Reasonable and Customary Charges. Reasonable and Customary Charges mean charges commonly used by providers of medical care in the locality in which care is furnished.

Hotel Convalescence

If You require hospitalization as a result of a covered accident or illness during a Trip paid for with Your Account:

- You will be eligible to receive a daily benefit of **seventy-five (\$75.00) dollars**, per day up to a maximum of **five (5) days**.
- The benefit is specifically for the cost of a hotel room if the attending physician determines that immediately upon Your release from the hospital You should convalesce in a hotel before Your return home.

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.
- Services, supplies, or charges rendered by Your Immediate 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 other than hospitals and physicians or dentists.
- Care that is experimental/investigative in nature.
- Care for any illness or bodily injury that occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of any legislation of any governmental unit.

This exclusion applies whether or not You claim the 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 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 a felonious act or attempt thereof, skydiving, scuba, skin, or deep sea diving, hang gliding, parachuting, rock climbing, and contests of speed.
- 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, Yemen, Vietnam, and any other countries which may be determined by the U.S. Government from time to time to be unsafe for travel.

Claim Information

If I have an accident/illness or any other type of loss related to the benefit coverage, how soon do I need to contact the Benefit Administrator?

Immediately call the Benefit Administrator. You must notify the Benefit Administrator within **ninety (90) days** from the date of occurrence. The customer service representative will answer any questions You may have and send You a special claim form.

How do I file a claim?

Complete the claim form You receive from Your call to the **Benefit Administrator**. Mail the following items within **one hundred and eighty (180) days** from the date of occurrence to the **Benefit Administrator**:

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

1. The completed and signed claim form.
2. A copy of Your receipt as proof that You charged and paid for a round trip ticket for the Trip via a Common Carrier with Your Account (if more than one method of payment was used, documentation linking a portion of the purchase back to the Account must be included).
3. A statement from Your insurance carrier (and/or Your employer, or employer's insurance carrier) or any reimbursement showing any amounts they may have paid toward the claim cost. Or, if You have no other applicable insurance or reimbursement, please provide a notarized statement to that effect.
4. A copy of any other valid and collectible insurance or reimbursement available to You.
5. Receipts for expenses for which You are seeking reimbursement.
6. Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim.

Transference of Claims

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

Definitions:

Common Carrier: any land, water, or air conveyance that operates under a valid license to transport passengers for hire and requires purchasing a ticket before travel begins. It does not include taxis, limousine services, commuter rail or bus lines, or rental vehicles.

Emergency Accident or Sickness: any injury, disease, or illness occurring suddenly and unexpectedly, that requires immediate medical treatment due to its serious and acute nature.

Emergency Treatment: necessary medical treatment that must be performed immediately due to the serious and acute nature of the bodily injuries, disease, or illness.

Immediate Family Member: Your spouse or legally dependent children under age 18 (25 if enrolled as a full-time student at an accredited institution).

Residence: the Cardholder's home address as listed in the respective card issuer's file or address reflected on Cardholder's billing statement. The home address from the card issuer's records will take precedence over billing statement address in determining the eligibility for benefit.

Trip: arrangements that are made by a commercial licensed travel establishment consisting of travel agencies and/or common carrier organizations.

You or Your: a Cardholder or Your Immediate Family Members who charged their Trip to Your Account.

* 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.

Additional Provisions for Emergency Medical/Dental Benefit:

You must use due diligence and do all things reasonable to avoid or diminish any injury or illness for which coverage is provided under 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 benefits may be canceled. You agree 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.

No legal action for a claim may be brought against the Provider until **sixty (60) days** after the Provider receives proof of loss. After the expiration of **two (2) years** from the time written proof of loss was to be provided, no action shall be brought to recover on this benefit. Further, no legal action may be brought against the Provider unless all the terms of this 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, or statement messages. The benefit described in this Guide to Benefits will not apply to Cardholders whose Accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Chase can cancel or non-renew the benefit for Cardholders, and if they do, they will notify You at least **thirty (30) days** in advance.

This information is a description of the benefit provided to You as an eligible Cardholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of this insurance policy and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

MED-v (04/13) FORM #VOPTMEDDENT – 2010 (04/11)

Travel and Emergency Assistance Services

What are Travel and Emergency Assistance Services?

Help when you don't know where to turn. Travel and Emergency Assistance provides a wide range of emergency services available **twenty-four (24) hours a day, three hundred and sixty-five (365) days** a year.

The Benefit Administrator will make every reasonable effort to respond when you have an emergency—even if you need assistance beyond the services listed here. Please understand that, due to occasional problems 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 service.

Please note: 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.

Who is eligible?

You, a person to whom a United States (U.S.) credit card has been issued ("Cardholder"), your spouse, and your children (provided the children are dependents under 22 years old) may all take advantage of these special emergency services.

How do I get these services?

They're as close as the nearest phone. You simply call the Benefit Administrator any hour of the day or night.

Is there a charge for these services?

No. Travel and Emergency Assistance Services are available to eligible Cardholders at no additional charge. Cardholders are responsible for the cost of any actual medical, legal, transportation, cash advance, or other services or goods provided, as indicated below.

What are the specific services and what do they provide?

Travel and Emergency Assistance Services will put you in touch with the appropriate emergency services should the need arise. Here are some of the ways the Benefit Administrator can help:

- **Emergency Message Service** can record and relay emergency messages for travelers, immediate family members, or business associates. **Note: 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.**
- **Medical Referral Assistance** provides medical referral, monitoring, and follow-up. The Benefit Administrator can give you names of English-speaking doctors, dentists, and hospitals; assign a doctor to consult by phone with local medical personnel, keep in contact with your family, and provide continuing liaison; and help you arrange medical payments from your personal account. **Note: All costs are your responsibility.**
- **Legal Referral Assistance** can arrange contact with English-speaking attorneys and with U.S. embassies or 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. **Note: 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 even includes arranging to bring your young children home and helping you stay in contact with family members or employers. In the case of a death, the Benefit Administrator can make arrangements for returning the remains of the deceased home. **Note: All costs are your responsibility.**
- **Emergency Ticket Replacement** helps you with the carrier's lost ticket reimbursement procedures if you should lose your ticket and can arrange delivery of a replacement ticket to you. **Note: 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. The Benefit Administrator can also arrange a cash advance with your issuing bank. **However, you are responsible for the cost of any replacement items and shipping costs.**
- **Emergency Translation Service** provides telephone assistance in all major languages and helps find local interpreters, if available, when you need more extensive assistance. **Note: All costs are your responsibility.**

- **Prescription Assistance and Valuable Document Delivery Arrangements** can help you get prescriptions filled or replaced, subject to local laws, and can even arrange pickup and delivery of prescriptions filled for you at a pharmacy near your location. It can also help transport critical documents which you may have left at home or elsewhere. **Note: All costs are your responsibility.**
- **Pre-Trip Assistance** can give you information on your destination before you leave—information such as ATM locations, currency exchange rates, weather reports, health precautions, immunizations, and required passport visas.

Additional Provisions for Travel and Emergency Assistance

Services: The benefit described in this Guide to Benefit will not apply to Cardholders whose accounts have been suspended or canceled. The terms and conditions contained in this Guide to Benefit 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 email or other secure portal messaging vehicles. Allianz Global Assistance (“Benefit Administrator”) is solely responsible for provision of the Travel and Emergency Assistance benefit.

FORM #VTEA (04/10)

Roadside Assistance

You, a person to whom a United States (U.S.) credit card has been issued (“Cardholder”) have access to Roadside Assistance which entitles you to a variety of roadside services.

If you are ever stranded away from home with a roadside emergency such as a flat tire, dead battery or mechanical breakdown, help is available by calling Cross Country Motor Club at **1-866-860-7978**, toll-free, 24 hours a day, 365 days a year.

Who is covered?

You, the Cardholder is covered by Roadside Assistance when you drive any vehicle you own or lease, and when you drive a vehicle that is furnished to you by the owner, while traveling away from home.

What types of vehicles are covered?

All self-propelled, four-wheel vehicles designed, licensed, and used for private on-road transportation, with trucks limited to a carrying capacity of up to 2,000 pounds, are covered as subject to the guidelines section. Commercial vehicles are not eligible for coverage.

What is covered?

Road service events, such as flat tires, dead batteries, running out of gas, and lockouts are covered through Cross Country Motor Club. You are covered up to a maximum of **\$50** for each service event, up to four events each year. Assistance will be provided for one service event for the same cause during any consecutive 7-day period. Coverage is provided while traveling in the U.S. and Canada and includes:

- **Battery Boost** – If your vehicle won’t start due to a dead or weak battery.
- **Flat Tire Service** – If you have a flat tire, we’ll install your inflated spare.
- **Fuel Delivery** – If you run out of gas, an emergency supply will be delivered to you. The cost of fuel is covered for up to 2 gallons.

- **24 Hour Towing Assistance** – In the event of a vehicle breakdown that requires a tow, a call to the toll-free assistance line will put you in contact with a customer service representative who will contact one of more than 25,000, 24-hour preferred service providers across the U.S. and Canada. The representative will arrange to transport the vehicle to the nearest repair facility or location of the motorist's choice. Services will be covered up to **\$50** for each event.
- **24 Hour Lockout Assistance** – Should you accidentally lock yourself out of your vehicle, a qualified locksmith will be dispatched to remedy the situation. Proper identification is required at the time of service. Members are covered for locksmith services up to **\$50** for each event. (Replacement key costs are the responsibility of the Cardholder.)

What information will be required?

When calling for service, please be prepared to provide the customer service representative with the following information:

- Your name and address
- VIN (vehicle identification number) OR make, model, and year of vehicle
- Vehicle location (must be away from your primary residence)
- Phone number where you can be reached

“Sign and Drive” Service

In most instances, services will require no cash outlay (up to the covered limit). You must sign the provider's service acknowledgement. Excess charges (if any) can be applied to your Chase card or other payment choice.

All services are provided by and/or through, Cross Country Motor Club, Inc., Medford, MA 02155, except in Alaska, California, Hawaii, Oregon, Wisconsin and Wyoming where services are provided by and/or through Cross Country Motor Club of California, Inc., Thousand Oaks, CA 91360.

The benefits summarized above do not apply to Cardholders whose accounts have been suspended or canceled. The roadside benefits are provided to eligible Cardholders on a complimentary basis. For the terms that apply to the program, and the state provisions, please see the following website: www.crosscountry-auto.com/assist24-terms. In the event your financial institution elects to modify or cancel this benefit, you will be provided with **thirty (30) days** advance written notice.

FORM#AST24 (04/10) \$50

