



## Travel Accident Insurance Coverage

**THE PLAN:** As an eligible University Federal Credit Union Visa Credit cardholder, **You, Your Spouse, Your dependent children\*** as well as authorized users of the credit card account as on file with University Federal Credit Union will be automatically insured up to \$250,000 against **Accidental** loss of life, limb, sight, speech or hearing while riding as a passenger in, entering or exiting any licensed **Common Carrier**, provided the entire cost of the passenger fare(s), less redeemable certificates, vouchers, or coupons, has been charged to **Your** credit card account. If the entire cost of the passenger fare has been charged to **Your** credit card account prior to departure for the airport, terminal, or station, coverage is also provided for **Common Carrier** travel (including taxi, bus, train or airport limousine, but not including courtesy transportation provided without a specific charge: a) immediately preceding **Your** departure, directly to the airport, terminal or station b) while at the airport, terminal or station, and c) immediately following **Your** arrival at the airport, terminal or station of **Your** destination. If the entire cost of the passenger fare has not been charged prior to **Your** arrival at the airport, terminal or station, coverage begins at the time the full passenger fare is charged to **Your** credit card account.

**EXTENSIONS OF INSURANCE:** If **You** have not been found within one (1) year of the disappearance, stranding, sinking, wrecking or breakdown of any conveyance in which **You** were covered as an occupant, it will be assumed, subject to all other terms of the policy, that **You** suffered Loss of Life covered under this policy. Coverage also includes unavoidable exposure to elements resulting in a Loss arising from a covered event.

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

**Common Carrier** means any land, water or air conveyance operated by those whose occupation or business is the transportation of persons without discrimination and for hire.

**ELIGIBILITY:** This travel insurance plan is provided to VISA Credit card of The University Federal Credit Union automatically when the full passenger fare(s) is charged to **Your** VISA Credit card account while this insurance is effective. It is not necessary for **you** to notify University Federal Credit Union, the administrator or the Insurance Company when tickets are purchased

**THE COST:** This travel insurance plan is provided at no additional cost to eligible University Federal Credit Union VISA Credit cardholders. The Credit Union pays the insurance premium.

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

**THE BENEFITS:** The full Benefit Amount is payable for **Accidental** loss of life, two or more members, sight of both eyes, speech and hearing or any combination thereof. 50% of the Benefit Amount is payable for **Accidental** loss of: one member, sight of one eye, speech or hearing. "Member" means hand or foot. 25% of the Benefit Amount is payable for the **Accidental** loss of the thumb and index finger of the same hand. "Loss" means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand or at least 3 fingers and the thumb on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if the fingers, thumb or foot is later reattached. "Benefit Amount" means the Loss amount applicable

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

**DEFINITIONS: Accident or Accidental** means a sudden, unforeseen, and unexpected event happening by chance. **Accidental Bodily Injury** means bodily injury, which is **Accidental**, the direct cause of a loss, is independent of disease, illness or other cause and occurs while the policy is in force. **Common Carrier** means any licensed land, air or water conveyance operated by those whose occupation or business is the transportation of persons without discrimination and for hire. **Covered Trip** means travel on a **Common Carrier** when the entire cost of the passenger fare for such transportation, less redeemable certificates, vouchers or coupons, has been charged to an **Insured Person's Account** issued by the **Policyholder**. **Insured Person** means the individual or entity to whom the **Policyholder** has issued an **Account**, as well as authorized users of the **Account** registered with the **Policyholder**. **Insured Person** also means the **Insured Person's** spouse and **Dependent Children**. **You or Yours** means eligible cardholder.

**EXCLUSIONS:** This insurance does not cover loss resulting from: 1) **Your** emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (except bacterial infection caused by an **Accident** or from **Accidental** consumption of a substance contaminated by bacteria), or bodily malfunctions; 2) suicide, attempted suicide or intentionally self inflicted injuries; or 3) declared or undeclared war, but war does not include acts of terrorism.. This insurance also does not apply to an **Accident** occurring while **You** are in, entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply if **You** temporarily perform pilot or crew functions in a life threatening emergency.

**CLAIM NOTICE:** Written Notice of Claim must be given to us or any of our appointed agents or brokers 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 Policyholder. Failure to give Notice of Claim within twenty (20) days will not invalidate or reduce any claim if notice is given as soon as reasonably possible.

**CLAIM FORMS:** When we receive notice of a claim we will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving us Proof of Loss. If the Insured Person or the Insured Person's designee does not receive the forms, the Insured Person or the Insured Person's designee should send us a written description of the Loss. This written description should include information covering the occurrence, character and extent of the Loss for which claim is made.

**CLAIM PROOF OF LOSS:** For claims involving disability, written Proof of Loss must be given to us within thirty (30) days after commencement of the period for which we are liable. Subsequent written proof of the continuance of such disability must be given to us at such intervals as we may reasonably require. Failure to give written Proof of Loss within these time frames will not invalidate or reduce any claim if notice is given as soon as reasonably possible, and in no event, except in cases where the claimant lacks legal capacity, later than one (1) year after the deadline to submit written Proof of Loss. For all claims except those involving disability, written Proof of Loss must be given to us within ninety (90) days after the date of Loss, or as soon as reasonably possible.

**CLAIM PAYMENT:** For benefits payable involving disability, we will pay the Insured Person or beneficiary the applicable Benefit Amount no less frequently than monthly during the continuance of the period for which we are liable. At the end of this period, we will immediately pay any remaining balance of the Benefit Amount. All payments by us are subject to receipt of written Proof of Loss. For all benefits payable under this policy except those for disability, we will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after we receive a complete Proof of Loss, if the Insured Person and Policyholder have complied with all the terms of this policy.

**EFFECTIVE DATE:** This insurance is effective on the date you become an eligible credit card account holder with University Federal Credit Union and will cease on the date the master Policy Number 6404-65-66 is terminated or on the date **Your** VISA Credit Card account ceases to be in good standing, whichever occurs first.

Answers to specific questions can be obtained by writing the Plan Administrator.

Direct Marketing Group  
13265 Bedford Ave  
Omaha, NE 68164

**HOW TO FILE A CLAIM:** To obtain a claim form contact the Claim Administrator, Crawford and Company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: Crawford and Company, P.O. Box 4090, Atlanta, GA 30302, PHONE NUMBER 855-830-3719 Fax Number 855-830-3728.



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

As a handy reference guide, please read this and keep it in a safe place with **Your** other insurance documents. This description of coverage is not a contract of insurance but is simply an informative statement of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy, #6404-65-66, on file with the Policyholder: University Federal Credit Union. If this plan does not conform to **Your** state statutes, it will be amended to comply with such laws. If a statement in this description of coverage and any provision in the policy differ, the policy will govern.