



## Guide to Benefits for Mastercard® Cardholders

### Worldwide Automatic Travel Accident & Baggage Delay

#### Important Definitions

**Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance. Accident includes unavoidable exposure to elements arising from a covered hazard.

**Baggage Delay** means a delay or misdirection of the Insured Person's baggage by a Common Carrier for more than four (4) hours from the time the Insured Person arrives at the destination on the Insured Person's ticket.

**Benefit Amount** means the Loss amount applicable at the time the entire cost of the passenger fare is charged to a [Insert name of FI] [Insert name of card, for example "Mastercard"] account.

**Common Carrier** means any licensed land, water or air 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. Covered Trip also means travel on a Common Carrier when free flights have been awarded from frequent flier or points programs provided that all of the miles or points were accumulated from charges on that card.

**Dependent Child(ren)** means those children, including adopted children and those children placed for adoption, who are primarily dependent upon the Insured Person for maintenance and support and are:

1. under the age of twenty-five (25) and reside with the Insured Person; or
2. under the age of twenty-five (25) and classified as full-time students at an institution of higher learning.

Dependent Children also means children beyond the age of twenty-five (25) who are permanently mentally and physically challenged and incapable of self-support.

**Domestic Partner** means a person designated in writing by the cardholder who is at least eighteen (18) years of age and who during the past twelve (12) months:

1. has been in a committed relationship with the cardholder;
2. has been the cardholder's sole spousal equivalent;

3. has resided in the same household as the cardholder; and
4. has been jointly responsible with the cardholder for each other's financial obligation, and who intends to continue the relationship indefinitely.

**Insured Person** means the [Insert name of card, for example "Mastercard"] cardholder of [Insert name of FI]. Insured Person also means the cardholder's spouse/Domestic Partner and Dependent Children.

**Loss** means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; with respect to a foot, complete severance through or above the ankle joint.

**Member** means hand or foot.

#### The Plan

As a [Insert name of card, for example "Mastercard"] cardholder, of [Insert name of FI], you, your spouse or Domestic Partner and Dependent Children will be automatically insured 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 [Insert name of FI] Card account. If the entire cost of the passenger fare has been charged to your [Insert name of card, for example "Mastercard"] 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) immediately

- a) 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 entire cost of the travel passenger fare is charged to your [Insert name of card, for example "Mastercard"] account.



## The Benefits

The full Benefit Amount of [Insert \$ benefit amount, for example "\$100,000"] is payable for accidental:

1. loss of life;
2. speech and hearing; or
3. a combination of speech or hearing and one member or sight of one eye.

One half of the Benefit Amount is payable for accidental loss of:

1. both or a combination of members or sight of eyes; or
2. speech or hearing.

One quarter of the Benefit Amount is payable for accidental loss of thumb and index finger of the same hand. The Company will consider it a loss of hand or foot even if they are later reattached. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount. If an Insured Person is eligible for insurance under multiple credit card accounts, the Insured Person will only be insured under the account which provides the largest benefit amount for the loss that occurred. 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 three (3) times the Benefit Amount for loss of life. Benefits will be proportionately divided among the Insured Persons up to the maximum limit of insurance. If the Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, wrecking or breakdown of any conveyance in which the Insured Person was covered as an occupant, it will be assumed that the Insured Person has suffered loss of life.

### BAGGAGE DELAY:

The Company will reimburse the Insured Person up to the Daily Benefit Amount of [Insert \$ benefit amount, for example "\$100"] per day for three (3) days in the event of a Baggage Delay. Our payment is limited to expenses incurred for the emergency purchase of essential items needed by the Insured Person while on a Covered Trip and at a destination other than the Insured Person's primary residence. 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, traveler's checks and valuable papers;
4. business samples;
5. jewelry and watches; or
6. cameras, video recorders and other electronic equipment.

The Baggage Delay Benefit Amount is excess over any other insurance (including homeowners) or indemnity (including any reimbursements by the airline, cruise line, railroad, station authority, occupancy provider) available to the Insured Person.

### ELIGIBILITY:

This travel insurance plan is provided to [Insert name of card, for example "Mastercard"] cardholders, of [Insert name of FI], automatically when the entire cost of the passenger fare(s) are charged to a [Insert name of card, for example "Mastercard"] account while the insurance is effective. It is not necessary for you to notify [Insert name of FI], the administrator or the Company when tickets are purchased.

### THE COST:

This travel insurance plan is provided at no additional cost to eligible [Insert name of card, for example "Mastercard"] cardholders of [Insert name of FI]. [Insert name of FI] pays the premium for this insurance.

### BENEFICIARY:

The loss of life benefit will be paid to the beneficiary designated by the

Insured Person. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order:

- a) the Insured Person's spouse
- b) the Insured Person's children
- c) the Insured Person's parents
- d) the Insured Person's brothers and sisters
- e) the Insured Person's estate.

All other indemnities will be paid to the Insured Person.

### EXCLUSIONS:

This insurance does not cover loss resulting from:

1. an Insured Person's 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;
3. declared or undeclared war, but war does not include acts of terrorism; or
4. travel between the Insured Person's residence and regular place of employment.

This insurance also does not apply to an accident occurring while an Insured Person is acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

### CLAIM NOTICE:

Written claim notice must be given to the Company within 20 days after the occurrence of any loss covered by this policy or as soon as reasonably possible. Failure to give notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

### CLAIM FORMS:

When the Company receives notice of a claim, the Company will send you forms for giving proof of loss to us within 15 days. If you do not receive the forms, you should send the Company a written description of the loss.

### CLAIM PROOF OF LOSS:

Complete proof of loss must be given to us within 90 days after the date of loss, or as soon as reasonably possible. Failure to give complete proof of loss within these time frames will not invalidate any otherwise valid claim if notice is given as soon as reasonably possible and in no event later than 1 year after the deadline to submit complete proof of loss.

### CLAIM PAYMENT:

For all benefits, the Company will pay you or your beneficiary the applicable benefit amount within 60 days after complete proof of loss is received and if you, the Policyholder and/or the beneficiary have complied with all the terms of this policy.

### HOW TO FILE A CLAIM:

To file a claim please call **1-800-MC-Assist**. Claims are processed by 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, Fax Number 855-830-3728. Once a claim number is assigned, supporting documentation for the claim can also be submitted through [myclaimsagent.com](http://myclaimsagent.com).

### EFFECTIVE DATE:

This insurance is effective on the date that you become an eligible cardholder; and will cease on the date the Master Policy 6477-44-67 is terminated or on the date your account ceases to be eligible, whichever occurs first.



As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. If a statement in this description of coverage and any provision in the policy differ, the policy will govern.

Answers to specific questions can be obtained by writing the Plan Administrator: Direct Marketing Group 13265 Bedford Avenue, Omaha, NE 68164

Plan Underwritten by Federal Insurance Company a member insurer of the Chubb Group of Insurance Companies

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