

**Your Guide to Benefit describes the benefit in effect as of January 1, 2026. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.**

## Auto Rental Collision Damage Waiver

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No cardholder wants to incur the expense of repairing or replacing a rented car. But accidents do happen, and vehicles do get stolen. No matter what happens to Your rental car, You can be covered with Auto Rental Collision Damage Waiver. Auto Rental Collision Damage Waiver reimburses You for damages caused by theft or collision -- up to the Actual Cash Value of most rented cars. Auto Rental Collision Damage Waiver covers no other type of loss. For example, in the event of a collision involving Your rented vehicle, damage to any other driver's car or the injury of anyone or anything is not covered. Rental periods of fifteen (15) consecutive days within Your country of residence, and thirty-one (31) consecutive days outside it, are both covered. (Longer rental periods, however, are **not** covered.)

You are eligible for this benefit if Your name is embossed on an eligible card issued in the United States and You use it to initiate and complete Your entire car rental transaction. Only You as the primary car renter and any additional drivers permitted by the Rental Car Agreement are covered.

### **How Auto Rental Collision Damage Waiver works with other insurance**

Auto Rental Collision Damage Waiver covers theft, damage, valid loss-of-use charges imposed and substantiated by the auto rental company, administrative fees and reasonable and customary towing charges, due to a covered theft or damage to the nearest qualified repair facility.

If You **do** have personal automobile insurance or other insurance that covers theft or damage, this benefit reimburses You for the deductible portion of Your car insurance or other insurance, along with any unreimbursed portion of administrative and loss-of-use charges imposed by the car rental company, as well as reasonable towing charges while the car was Your responsibility.

If You **do not** have personal automobile insurance or any other insurance, the benefit reimburses You for covered theft, damage, or administrative and loss-of-use charges imposed by the rental company, as well as reasonable towing charges that occur while You are responsible for the vehicle.

If You are renting outside of Your country of residence, the coverage provided under this benefit is primary and reimburses You for covered theft, damage, or administrative and loss-of-use charges imposed by the rental company, as well as reasonable towing charges that occur while You are responsible for the vehicle.

### **How to use Auto Rental Collision Damage Waiver**

1. Use Your card to initiate and complete Your entire car rental transaction.
2. Review the auto rental agreement and decline the rental company's collision damage waiver (CDW/LDW) option, or a similar provision, **as accepting this coverage will cancel out Your benefit.** If the rental company insists that You purchase their insurance or collision damage waiver, **call the Benefit Administrator for assistance at 1-800-348-8472. Outside the United States, call collect at 1-804-673-1164.**

**Before You leave the lot, be sure to check the car for any prior damage.**

This benefit is in effect during the time the rental car is in Your (or an authorized driver's) control, and it terminates when the rental company reassumes control of their vehicle.

This benefit is available in the United States and most foreign countries (**with the exception of Israel, Jamaica, the Republic of Ireland or Northern Ireland**). However, this benefit is not available where precluded by law, or where it's in violation of the territory terms of the auto rental agreement, or when prohibited

by individual merchants. **Because regulations vary outside the United States, check with Your auto rental company and the Benefit Administrator before You travel, to be sure that Auto Rental Collision Damage Waiver will apply.**

### **Vehicles not covered**

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

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

An antique car is defined as one that is over twenty (20) years old, or one that has not been manufactured for ten (10) years or more.

Vans are not covered. But those designed as small-group transportation vehicles (seating up to nine (9) people, including the driver) **are** covered.

**If You have questions about a specific vehicle's coverage or organization where the vehicle is being reserved, call the Benefit Administrator at 1-800-348-8472, or call collect outside the United States at 1-804-673-1164.**

### **Related instances & losses not covered**

- Any obligation You assume under any agreement (other than the deductible on Your personal auto policy)
- Any violation of the auto rental agreement or this benefit
- Injury of anyone, or damage to anything, inside or outside the Rental Vehicle
- Loss or theft of personal belongings
- Personal liability
- Expenses assumed, waived, or paid by the auto rental company, or its insurer
- The cost of any insurance, or collision damage waiver, offered by or purchased through the auto rental company

- Depreciation of the Rental Vehicle caused by the incident including, but not limited to, "diminished value"
- Expenses reimbursable by Your insurer, employer, or employer's insurance
- Theft or damage due to intentional acts, or due to the driver(s) being under the influence of alcohol, intoxicants, or drugs, or due to contraband, or illegal activities
- Wear and tear, gradual deterioration, or mechanical breakdown
- Items not installed by the original manufacturer
- Damage due to off-road operation of the Rental Vehicle
- Theft or damage due to hostility of any kind (including, but not limited to, war, invasion, rebellion, insurrection, or terrorist activities)
- Confiscation by authorities
- Vehicles that do not meet the definition of covered vehicles
- Rental periods that either exceed, or are intended to exceed, fifteen (15) consecutive days, within Your country of residence, or thirty-one (31) days outside Your country of residence
- Leases and mini leases
- Theft or damage as a result of the authorized driver's and/or cardholder's lack of reasonable care in protecting the Rental Vehicle before and/or after damage or theft occurs (for example, leaving the car running and unattended)
- Theft or damage reported more than forty-five (45) days\* after the date of the incident
- Theft or damage for which a claim form has not been received within ninety (90) days\* from the date of the incident
- Theft or damage for which all required documentation has not been received within three hundred and sixty-five (365) days after the date of the incident
- Theft or damage from rental transactions that originated in Israel, Jamaica, the Republic of Ireland, or Northern Ireland
- Losses caused by or resulting from a Cyber Incident

**\*Not applicable to residents in certain states**

### **Filing a claim**

It is Your responsibility as a cardholder to make every effort to protect Your Rental Vehicle from damage or theft. If You have an accident, or Your

Rental Vehicle has been stolen, immediately call the Benefit Administrator at **1-800-348-8472** to report the incident, regardless of whether Your liability has been established. Outside the United States, call collect at **1-804-673-1164**.

You should report the theft or damage as soon as possible but no later **than forty-five (45) days** from the date of the incident.

The Benefit Administrator reserves the right to deny any claim containing charges that would not have been included, if notification occurred before the expenses were incurred. Thus, it's in Your best interest to notify the Benefit Administrator immediately after an incident. Reporting to any other person will not fulfill this obligation.

### **What You must submit to file a claim**

At the time of the theft or damage, or when You return the Rental Vehicle, ask Your car rental company for the following documents:

- A copy of the accident report form
- A copy of the initial and final auto rental agreements (front and back)
- A copy of the repair estimate and itemized repair bill
- Two (2) photographs of the damaged vehicle, if available
- A police report, if obtainable
- A copy of the demand letter which indicates the costs You are responsible for and any amounts that have been paid toward the claim

Submit all of the above documents from the rental company, along with the following documents, to the Benefit Administrator:

- The completed and signed Auto Rental Collision Damage Waiver claim form (Important: This must be postmarked within ninety (90) days\* of the theft or damage date, even if all other required documentation is not yet available – **or Your claim may be denied**).
- A copy of Your monthly billing statement (showing the last 4 digits of the Account number) demonstrating that the entire rental transaction was made on Your eligible Account.
- A statement from Your insurance carrier (and/or Your employer or employer's insurance carrier, if applicable), or other reimbursement showing the costs for which

You are responsible, and any amounts that have been paid toward the claim. Or, if You have no applicable insurance or reimbursement, a statement of no insurance or reimbursement is required.

- A copy of Your primary insurance policy's Declarations Page (if applicable) to confirm Your deductible (This means the document(s) in Your insurance policy that lists names, coverages, limits, effective dates, and deductibles).
- Any other documentation required by the Benefit Administrator to substantiate the claim.

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

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

***For faster filing, or to learn more about Auto Rental Collision Damage Waiver, visit [www.eclaimsline.com](http://www.eclaimsline.com)***

### **Finalizing Your claim**

Your claim will typically be finalized within 15 (fifteen) days, after the Benefit Administrator has received all the documentation needed to substantiate Your claim.

### **Transference of claims**

Once Your claim has been paid, all Your rights and remedies against any party in regard to this theft or damage will be transferred to the Benefit Administrator, to the extent of the cost of payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

### **Definitions**

**Account** means Your credit or debit card Accounts.

**Actual Cash Value** means the amount a Rental Vehicle is determined to be worth based on its market value, age and condition at the time of loss.

**Computer Programs** means a set of related electronic instructions which direct the

operations and functions of a computer or device connected to it, which enable the computer or device to receive, process, store, retrieve or send data.

**Cyber Incident** means any of the following acts:

- a) unauthorized access to or use of Your Digital Data or Rental Vehicle;
- b) alteration, corruption, damage, reduction in functionality, manipulation, misappropriation, theft, deletion, erasure, loss of use or destruction of Your Digital Data or Rental Vehicle;
- c) transmission or introduction of a computer virus or harmful code, including ransomware, into or directed against Your Digital Data or Rental Vehicle;
- d) restriction or inhibition of access to or directed against Your Digital Data or Rental Vehicle;
- e) computer errors, including human operating error or omission; power failure, surge, or diminution of electronic systems; or mistakes in legitimate electronic code or damage from code installed on a Rental Vehicle during the manufacturing process, upgrade process, or normal maintenance

**Digital Data** means information, concepts, knowledge, facts, images, sounds, instructions, or Computer Programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. Digital Data shall include the capacity of a Rental Vehicle to store information, process information, and transmit information over the Internet.

**Eligible Person** means a cardholder who pays for their auto rental by using their eligible Account.

**Rental Car Agreement** means the entire contract an eligible renter receives when renting a Rental Vehicle from a rental car agency which describes in full all of the terms and conditions of the rental, as well as the responsibilities of all parties under the contract.

**Rental Vehicle** means a land motor vehicle with four or more wheels as described in the participating organization's disclosure statement

which the eligible renter has rented for the period of time shown on the Rental Car Agreement and does not have a manufacturer's suggested retail price exceeding the amount shown on the participating organization's disclosure statement

**You or Your** means an Eligible Person who uses their eligible card to initiate and complete the rental car transaction.

### **Additional provisions for Auto Rental Collision Damage Waiver**

- Signed or pinned transactions are covered as long as You use Your eligible Account to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.
- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notification. The benefits described in this Guide to Benefits will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance.

Indemnity Insurance Company of North America (“Provider”) is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.

- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

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

FORM #ARCDW – 2021 (Stand 04/21)  
ARCDW-O

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## Lost Luggage Reimbursement

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

Fortunately, Lost Luggage Reimbursement is here to help. With Lost Luggage Reimbursement, You can be reimbursed for the difference between the “value of the amount claimed” and the Common Carrier’s payment up to **one thousand two hundred and fifty dollars (\$1,250.00)** per Covered Trip, provided the Checked Luggage and/or its contents was lost due to theft or misdirection by the Common Carrier. “Value of the amount claimed” is the lesser of the following three amounts: the original purchase price of the item(s), the actual cash value of the item(s) at the time of theft or misdirection (with appropriate deduction for depreciation), and the cost to replace the item(s).

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

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

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

### **What is not covered?**

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

- Automobiles, automobile accessories and/or equipment, motorcycles, motors, bicycles (except when checked with the Common Carrier), boats, or other vehicles or conveyances
- Contact lenses, eyeglasses, sunglasses, hearing aids, artificial teeth, dental bridges, and prosthetic limbs
- Money, securities, credit or debit cards, checks, and travelers’ checks
- Tickets, documents (travel or otherwise), keys, coins, deeds, bullion, stamps, perishables, consumables, perfume, cosmetics, rugs and carpets, animals, cameras, sporting equipment, and household furniture
- Property shipped as freight or shipped prior to Covered Trip departure date
- Items specifically identified or described in and insured under any other insurance policy
- Losses arising from confiscation or expropriation by any government or public

authority or detention by customs or other officials

- Losses resulting from abuse, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, or insurrection)
- Business items (items that are used in the purchase, sale, production, promotion, or distribution of goods or services including but not limited to, manuals, computers and their accessories, software, data, facsimile, samples, collateral materials, etc.), cellular telephones, or art objects

### **How to file a Lost Luggage Reimbursement claim**

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

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

Within ninety (90) days of the date Your luggage was lost or stolen, return Your claim form and the requested documentation below to the address provided by the Benefit Administrator:

- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming the Common Carrier ticket was charged to the covered Account and/or rewards program associated with Your covered Account
- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized
- A copy of ticketing by the Common Carrier, including but not limited to itinerary, boarding pass, or used ticket stub
- A copy of any check, settlement, denial or explanation of coverage issued by the Common Carrier together with a copy of the

Common Carrier's completed claim form, a list of the items lost and their value, and a copy of the luggage claim check (if applicable)

- A copy of Your insurance policy's Declarations Page (if applicable) to confirm Your deductible. Declarations Page means the document(s) in Your insurance policy that lists names, coverages, limits, effective dates and deductibles.
- A copy of any settlement of the loss or theft from Your primary insurance
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the loss or theft

***For faster filing, or to learn more about Lost Luggage Reimbursement visit [www.eclaimsline.com](http://www.eclaimsline.com)***

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

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

### **Transference of claims**

After the Benefit Administrator has paid Your claim of loss or theft under this reimbursement benefit, all Your rights and remedies against any party in respect of this loss or damage will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

### **Definitions**

**Account** means Your credit or debit card Accounts.

**Checked Luggage** means suitcases or other containers specifically designed for carrying personal belongings, for which a claim check has been issued to You by a Common Carrier.

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

**Covered Trip** means a trip while the Eligible Person is riding on a Common Carrier as a passenger and not as a pilot, operator or crew member, for which the expense has been charged to Your eligible Account and/or rewards program associated with Your covered Account, and which is not less than five (5) consecutive days but does not exceed sixty (60) consecutive days in duration.

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

**Immediate Family Member** means Your Spouse or legally dependent children under age eighteen (18), [twenty-five (25) if enrolled as a full-time student at an accredited university].

**Spouse** includes domestic partner which is a person who is at least 18 years of age and who during the last twelve months: (1) has been in a committed relationship with the cardholder; (2) has been the cardholder's sole spousal equivalent; (3) has resided in the same household as the cardholder; and (4) has been jointly responsible with the cardholder for each other's financial obligations and who intends to continue the relationship as stated above indefinitely.

**You or Your** means an Eligible Person or Your Immediate Family Members who charged a portion of their Covered Trip to Your eligible Account and/or rewards program associated with Your covered Account.

### **Additional provisions for Lost Luggage Reimbursement**

- Signed or pinned transactions are covered as long as You use Your eligible card to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit.

This provision will not be unreasonably applied to avoid claims.

- If you make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notification. The benefits described in this Guide will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Indemnity Insurance Company of North America ("Provider") is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims

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

FORM #LUGOPT – 2017 (04/17) LL-1250-O

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## Travel Accident Insurance Description of Coverage

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**Principal Sum: \$250,000**

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

*This Description of Coverage is provided to all eligible **VacationLand Federal Credit Union Visa Rewards** cardholders and replaces any and all Descriptions of Coverage previously issued to the insured with respect to insurance described herein.*

### **Eligibility and Period of Coverage**

As a **VacationLand Federal Credit Union Visa Rewards** cardholder, you are covered beginning on **January 1, 2026**, or the date your credit card is issued, whichever is later.

You and your dependents\* become covered automatically when the entire Common Carrier fare is charged to your covered **VacationLand Federal Credit Union Visa Rewards** card account (“Covered Person”). It is not necessary to notify the financial institution, the Insurance Company, or the Plan Administrator when tickets are purchased. Coverage ends when the policy is terminated.

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

### **Benefits**

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

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

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

### **Definitions**

**Loss** means actual severance through or above the wrist or ankle joints with regard to hands and feet; entire and irrevocable loss of sight, speech or hearing; actual severance through or above the metacarpophalangeal joints with regard to thumb and index fingers. The life benefit provides coverage in the event of a Covered Person’s death. If a Covered Person’s body has not been found within one (1) year of disappearance, stranding, sinking, or wreckage of any Common Carrier in which the Covered Person was covered as a passenger, then it shall be presumed, subject to all other provisions and conditions of this coverage, the Covered Person suffered loss of life.

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

**Covered Trip** means a trip (a) while the Covered Person is riding on a Common Carrier as a passenger and not as a pilot, operator, or

crew member and (b) charged to your **VacationLand Federal Credit Union Visa Rewards** card; and (c) that begins and ends at the places designated on the ticket purchased for the trip. Covered Trip will also include travel on a Common Carrier (excluding aircraft), directly to, from, or at any Common Carrier terminal, which travel immediately precedes departure to or follows arrival at the destination designated on the ticket purchased for the Covered Trip.

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

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

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

**Notice of Claim:** Written notice of claim, including your name and reference to **VacationLand Federal Credit Union Visa Rewards** should be mailed to the Plan Administrator within twenty (20) days of a covered Loss or as soon as reasonably possible. The Plan Administrator will send the claimant forms for filing proof of Loss.

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

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

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

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

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

### **Additional Provisions for Travel Accident Insurance**

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

The financial institution or the Company can cancel or choose not to renew the Insurance coverages for all Insureds. If this happens, the financial institution will notify the accountholder at least 30 days in advance of the expiration of the policy. Such notices need not be given if substantially similar replacement coverage takes effect without interruption and is provided by the same insurer. Insurance benefits will still apply to Covered Trips commenced prior to the date of such cancellation or non-renewal, provided all other terms and conditions of coverage are met. Travel Accident Insurance does not apply if your **VacationLand Federal Credit Union Visa Rewards** privileges have been suspended or cancelled. However, insurance benefits will still apply to Covered Trips commenced prior to the date that your account is suspended or cancelled provided all other terms and conditions of coverage are met.

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

proceeds and/or damages under or arising out of this coverage.

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

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

### **State Amendments**

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

ADD (10/07)

## **Trip Cancellation and Interruption**

*Sometimes the unexpected happens and Your travel arrangements don't go as planned.*

You've done a great job preparing for Your Trip. But what if You have to cancel Your trip because of the death of an Immediate Family Member? What if the airline You booked Your flight through declares bankruptcy? Fortunately, Trip Cancellation and Interruption benefits are available to help You with these unforeseen circumstances that could disrupt Your travel plans.

Trip Cancellation and Interruption benefits pay up to \$2,000 per Insured Person for the non-refundable Common Carrier ticket(s) that You paid for with Your covered Account and/or rewards programs associated with Your covered Account. You, Your spouse (or Domestic Partner) and Your Dependent Children are eligible for coverage if You charge the entire cost of the Trip using Your Account, less redeemable certificates, vouchers, or coupons, or rewards program associated with Your covered Account.

### **The Trip Cancellation or Interruption must be caused by or result from:**

1. The death, Accidental Bodily Injury, disease or physical illness of You or an Immediate Family Member of the Insured person; or
2. Default of the Common Carrier resulting from financial insolvency.

The death, Accidental injury, disease or physical illness must be verified by a Physician and must prevent You from traveling on the trip.

Note: Common Carriers may issue a credit voucher for the value of the unused ticket. A fee may be associated with changing or cancelling the ticket. Reimbursement of fee may be eligible at time of Loss. Most Common Carrier credit vouchers expire in one year. Proof of unused credit voucher can be submitted for reimbursement after expiration. Payment will not exceed either the actual Non-Refundable amount paid by the Insured Person for a Common Carrier passenger(s) fare(s), or up to \$2,000.

### **The following exclusions apply to financial services Common Carrier Trip Cancellation/Trip Interruption only**

No Trip Cancellation or Interruption benefits will be paid for Loss caused by or resulting from:

- A Pre-existing Condition
- Accidental Bodily Injuries arising from participation in interscholastic or professional sports events, racing or speed contests, or uncertified scuba diving
- Cosmetic surgery, unless such cosmetic surgery is rendered necessary as a result of a Loss covered under this policy
- The Insured Person or an Immediate Family Member being under the influence of drugs

(except those prescribed and used as directed by a Physician) or alcohol

- The Insured Person or an Immediate Family Member: a) traveling against the advice of a Physician; or b) traveling while on a waiting list for specified medical treatment; or c) traveling for the purpose of obtaining medical treatment; or d) traveling in the third trimester (seventh month or after) of pregnancy
- Suicide, attempted suicide, or intentionally self-inflicted injuries
- Declared or undeclared war, but war does not include acts of terrorism
- An Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions, except physical illness or disease which prevent the **Insured Person** from traveling on a **Covered Trip**. This Exclusion does not apply to **Loss** resulting from an **Insured Person's** bacterial infection caused by an **Accident** or from **Accidental** consumption of a substance contaminated by bacteria.

### **How to file a Trip Cancellation or Interruption claim**

Within twenty (20) days of the Trip Cancellation or interruption or as soon as reasonably possible, contact the Benefit Administrator at [1-866-390-9735](tel:1-866-390-9735). If you are outside the United States, call collect at 1-804-673-1164. The Benefit Administrator will ask You for some preliminary information and send You the appropriate claim forms. **Failure to give notice within twenty (20) days will not invalidate or reduce any otherwise valid claim, if notice is given as soon as reasonably possible.**

When the Benefit Administrator receives notice of a claim, the Benefit Administrator will send You forms for giving proof of Loss within fifteen (15) days. If You do not receive the forms, You should contact the Benefit Administrator again.

### **Please return Your completed and signed claim form and the documents listed below as soon as possible to the Benefit Administrator:**

- A copy of Your monthly billing statement or the travel itinerary (showing the last four [4] digits of the Account number) confirming

the Common Carrier ticket was purchased using the covered Account and/or rewards programs associated with Your covered Account.

- If more than one method of payment was used, please provide documentation as to additional currency, voucher, points or any other payment method utilized.
- Confirmation of the non-refundable amounts for the unused Common Carrier tickets and/or travel vouchers
- Confirmation that the tickets were cancelled with the Common Carrier
- A copy of the travel itinerary showing the passenger names and ticket cost
- Confirmation of the reason for the Trip Cancellation; (completed attached physician statement, confirmation of death of Immediate Family Member or documentation confirming any other cause of Loss)
- A copy of the cancellation or refund policies of the Common Carrier, Tour Operator or Travel Supplier

**Answers to specific questions can be obtained by contacting the Benefit Administrator at [1-866-390-9735](tel:1-866-390-9735). Outside the United States, call collect at [1-804-673-1164](tel:1-804-673-1164).**

***To learn more about Trip Cancellation/Trip Interruption or for faster filing visit [www.eclaimline.com](http://www.eclaimline.com)***

### **Travel Accident benefit**

As a cardholder, You, Your spouse (or Domestic Partner), and unmarried Dependent Children will be automatically insured up to one thousand dollars (\$1,000) for Accidental Loss of life, limb, sight, speech, or hearing. This benefit applies while:

1. Riding as a passenger in or entering or exiting any Common Carrier; or
2. Riding as a passenger in, entering, or exiting any conveyance licensed to carry the public for a fee and while traveling to or from the airport:
  - a. Immediately preceding the departure of a Common Carrier on which the Insured Person has purchased passage; and
  - b. Immediately following the arrival of a Common Carrier on which the Insured Person was a passenger; or

- At the airport, terminal or station, at the beginning or end of the Common Carrier Covered Trip.

Covered Loss	Benefit Maximum
Accidental Loss of Life, two or more Members, sight of both eyes, speech and hearing or any combination thereof	\$1,000.00
Accidental Loss of one Member, sight of one eye, speech or hearing	\$500.00
Accidental Loss of the thumb and index finger of the same hand	\$250.00

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

In order to be eligible for this additional coverage, the entire cost of the Common Carrier passenger fare(s), less redeemable certificates, vouchers, or coupons, must be charged to Your covered Account and/or rewards programs associated with Your covered Account during the policy period. If the purchase is not made prior to the Insured Person's arrival at the airport, coverage begins at the time the entire cost of the Common Carrier passenger fare is purchased.

This travel accident benefit is provided to eligible cardholders. Your financial institution pays the cardholder's premium as a benefit of the card membership.

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.

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 following exclusions apply to the Travel Accident benefit**

Loss caused by or resulting from:

- An Insured Person's emotional trauma, mental or physical illness, disease, normal pregnancy, normal childbirth or elective abortion, bacterial or viral infection, or bodily malfunctions. This exclusion does not apply to **Loss** resulting from an **Insured Person's** bacterial infection caused by an **Accident** or from **Accidental** consumption of a substance contaminated by bacteria
- Suicide, attempted suicide, or intentionally self-inflicted injuries
- Declared or undeclared war, but war does not include acts of terrorism
- An Accident occurring while You are in, entering, or exiting any aircraft while acting or training as a pilot or crew member (does not apply if You temporarily perform pilot or crew functions in a life-threatening emergency)

**How to file a Travel Accident benefit claim**

Within twenty (20) days of the accident or as soon as reasonably possible, contact the Benefit Administrator at [1-866-390-9735](tel:1-866-390-9735). If you are outside the United States, call collect at 1-804-673-1164. The Benefit Administrator will ask You for some preliminary information and send You the appropriate claim forms. **Failure to give notice within twenty (20) days will not invalidate or reduce any otherwise valid claim, if notice is given as soon as reasonably possible.**

When the Benefit Administrator receives notice of a claim, the Benefit Administrator will send You forms for giving proof of Loss within fifteen

(15) days. If You do not receive the forms, You should contact the Benefit Administrator again.

**Please return Your completed and signed claim form and the documents listed below as soon as possible to the Benefit Administrator:**

- A completed medical authorization form for each treating medical facility
- Copy of the certificate of death, if applicable
- A copy of the travel itinerary
- A copy of the credit card statement reflecting the purchase, verification of the cardholder's name and the first six digits of the credit card number.

**Answers to specific questions can be obtained by contacting the Benefit Administrator at 1-866-390-9735. Outside the United States, call collect at 1-804-673-1164.**

**Definitions**

**Accident** or **Accidental** means a sudden, unforeseen, and unexpected event which happens by chance; is independent of illness and disease and is the direct source of Loss.

**Accidental Bodily Injury** means Bodily Injury, which: 1) is Accidental; 2) is the direct cause of a Loss; and 3) occurs while the Insured Person is insured under this policy, which is in force.

**Account** means Your credit or debit card Accounts.

**Benefit Amount** means the Loss amount at the time the entire cost of the passenger fare is purchased with an eligible Account and/or rewards programs associated with Your covered Account.

**Common Carrier** means any licensed land, water or air conveyance operated by those whose occupation or business is the transportation of persons or things 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 purchased with an Insured Person's covered card Account and/or rewards programs

associated with Your covered Account issued by the Policyholder.

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

**Domestic Partner** means a person who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction, or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least twelve (12) consecutive months. 4) is not legally married or separated; and 5) has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution.

**Immediate Family Member** means the Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's 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.

**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 or Domestic Partner and Dependent Children.

**Member** means hand or foot.

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

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

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

**You or Yours** means an Insured Person who purchase their trip to the Insured person's covered Account and/or rewards programs associated with the Insured Person's covered Account.

### **Additional Provisions for Trip Cancellation and Interruption**

- As a handy reference guide, please read this and keep it in a safe place with Your other insurance documents.
- This description of coverage is not a contract of insurance but is simply an informative statement of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy, on file with the Policyholder: BNY Midwest Trust Company as trustee of the Chubb Financial Institution Group Insurance Trust for the Account of participating financial institutions.
- Signed or pinned transactions are covered as long as You use Your eligible Account to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit.

This provision will not be unreasonably applied to avoid claims.

- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notification. The benefits described in this Guide will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Federal Insurance Company ("Provider") is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

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**For more information about the benefit described in this guide, contact the Benefit Administrator at [1-866-390-9735](tel:1-866-390-9735). If you are outside the United States, call collect at 1-804-673-1164.**