



2355 W. Pinnacle Peak Rd., Phoenix, AZ 85027
1.844.663.2928 | OneAZcu.com

Description of Coverage

Master Disclosure for All Travel Insurance Provisions Worldwide Automatic Travel Accident & Baggage Delay Insurance

1. THE PLAN. As an eligible Cardholder of OneAZ Credit Union, you, your spouse, domestic partner, and your dependent children will be automatically insured up to the benefit amount associated with your Card against accidental loss of life, limb, sight, speech, or hearing occurring on a Common Carrier Covered Trip while:

- Riding as a passenger in, entering or exiting any Common Carrier on which the Insured Person has purchased passage.
- Riding as a passenger in, entering or exiting any Conveyance licensed to carry the public for hire or any Curtesy 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 the Insured Person was a passenger
 - b. Immediately following the arrival of the scheduled Common Carrier on which the Insured Person was a passenger
- At the airport, terminal or station at the beginning or end of the Common Carrier covered trip.

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

Eligible Cards	Benefit Amount
Visa Choice Rewards & State FortyEight	\$200,000
Visa Platinum	\$1,000,000
Visa Signature	\$1,000,000
Visa Business Cash Rewards	\$100,000

2. ELIGIBILITY. This insurance plan is provided to eligible Cardholders of OneAZ Credit Union, automatically when the entire cost of the passenger fare(s) are charged to an eligible Card Account while the insurance is effective. It is not necessary for you to notify your financial institution, the Administrator, or the Company when tickets are purchased.

3. THE COST. This insurance plan is provided at no additional cost to eligible Cardholders. Your financial institution pays the full cost of the insurance.

4. 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:

- Your spouse
- Your children
- Your parents
- Your brothers and sisters
- Your estate

All other indemnities will be paid to you.



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5. THE BENEFITS.

The full benefit amount is payable as the result of accidental:

- Loss of life
- Loss of speech and loss of hearing
- Loss of speech and one of loss of hand, foot, or sight of one eye
- Loss of hearing and one of loss of hand, foot, or sight of one eye
- Loss of both hands, both feet, loss of sight or any combination thereof

Fifty percent (50%) of the Principal Sum is payable for accidental:

- Loss of hand, foot, or sight on one (1) eye (any one (1) of each)
- Loss of speech or loss of hearing

Twenty-five percent (25%) of the Principal Sum 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 Company will pay the single largest applicable Benefit Amount.

- 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; with respect to a foot, complete severance through or above the ankle joint.
- Benefit Amount** means the Loss amount at the time the entire cost of the passenger fare is charged to an eligible Card Account.

6. ACCOUNT AGGREGATE LIMIT OF INSURANCE. If more than one (1) Insured Person insured under the same Account suffers a loss in the same accident, Federal Insurance Company (the Company) will not pay more than three (3) times the applicable benefit amount (the aggregate limit of insurance). If an accident results in benefit amounts becoming payable, which when totaled, exceed three (3) 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.

Additional Benefits

7. BAGGAGE DELAY. We will reimburse the Insured Person up to the Daily Benefit Amount of one-hundred dollars (\$100.00) per day, in the event of a Baggage Delay.

- 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.

Our payment is limited to expenses incurred for the emergency purchase of essential items needed by the Insured Person while on a Common Carrier Covered Trip and at a destination other than the Insured Person's primary residence. The Baggage Delay Daily Benefit amount will be payable up to three (3) days.

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

- Contact lenses, eyeglasses, or hearing aides
- Artificial teeth, dental bridges, or prosthetic devices
- Tickets, documents, money, securities, checks, traveler's checks, and valuable papers



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- Business samples
- Jewelry and watches
- 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.

8. DEFINITIONS

- Accident or Accidental.** A sudden, unforeseen, and unexpected event happening by chance.
- Accidental Bodily Injury.** Bodily injury, which is accidental, the direct cause of a loss, is independent of disease, illness or other cause and occurs while you are insured under this policy, which is in force.
- Account.** Credit card accounts, debit card accounts, central bill accounts, checking accounts, and saving accounts as set forth in the policy.
- Accountholder.** Any individual who is named on an open and active account with the policyholder.
- Cardholder.** An individual who is named on the account card issued by the policyholder.
- Common Carrier.** Any motorized land, water, or air conveyance 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 the full fare for transportation has been charged to your account issued by the policyholder.
- 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. Credit card does not include a debit card.
- Debit Card.** A payment medium that takes the form of a card, plate, or other identification card or device issued to you as an owner of a deposit account maintained by the issuer. You may use the debit card to purchase, hire, rent or lease property or services. Debit card does not include a credit card.
- Dependent Child.** The primary insured person's unmarried child, dependent on the primary insured person for maintenance and support, under the age of twenty-five (25), or classified as an incapacitated dependent child.
- Domestic Partner.** A person designated by the primary insured person who is registered as a domestic partner or legal equivalent under the laws of the governing jurisdiction or who is at least eighteen (18) years of age and competent to enter into a contract; is not related to the primary insured person by blood; has exclusively lived with the primary insured person for at least twelve (12) consecutive months; is not legally married or separated and has with the primary insured person at least two (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
 - A Joint credit card account with a financial institution.



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Neither the primary insured person nor domestic partner can be married to, nor in a civil union with anyone else.

- l. Immediate Family Member.** The insured person's spouse or domestic partner, 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, and nephews.
- m. Injury.** Bodily injury, which is accidental, is the direct source of a loss, is independent of illness, disease or other cause and occurs while you are insured under this policy which is in force.
- n. Loss.** Accidental loss of foot, loss of hand, loss of hearing, loss of life, loss of sight, loss of sight of one eye, loss of speech, uniplegia, loss of thumb and index finger.
- o. Loss of Foot.** The complete severance of a foot through or above the ankle joint.
- p. Loss of Hand.** A 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.
- q. Loss of Hearing.** Permanent, irrecoverable, and total deafness, as determined by a physician, with an auditory threshold of more than ninety (90) decibels in each ear. The deafness cannot be corrected by any aid or device.
- r. Loss of Property.** Baggage delay, trip cancellation or trip interruption, and trip delay.
- s. 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.
- t. 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.
- u. 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.
- v. Loss of Thumb and index Finger.** Complete severance, thorough the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a physician.
- w. 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 jurisdictions in which medical treatment is provided. Physician does not include you, an immediate family member, your employer, business partner, or the policyholder.
- x. Policyholder.** Means PSCU Services.
- y. Proof of Loss.** Written evidence acceptable to us that an accident, accident bodily injury of loss has occurred.
- z. Specialized Aviation Activity.** Use of a properly certified aircraft for flight on a rocket propelled or rocket launched aircraft. Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether such permit or waiver is granted.
- aa. Spouse.** Your husband or wife who is recognized as such by the laws of the jurisdiction in which the primary insured person resides.



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bb. We, Us and Our. Federal Insurance Company.

9. EXCLUSIONS.

This insurance does not apply to any Accident, Accidental Bodily Injury, Loss, Covered Loss, or Loss of Property when:

- a. The United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury, Loss, Covered Loss, or Loss of Property.
- b. There is any other legal prohibition against providing insurance for any Accident, Accidental Bodily Injury, Loss, Covered Loss, or Loss of Property.

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

- c. 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.
- d. 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 infections caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.

- e. The Insured Person's commission or attempted commission of any illegal act including but not limited to any felony.
- f. Any occurrence while the Insured Person is incarcerated.
- g. The Insured Person participating in parachute jumping from an aircraft.
- h. Participating in military action while in active military service with the armed forces of any country or established international authority.

This exclusion does not apply to the first (1st) sixty (60) consecutive days of active military service with the armed forces or any country or established international authority.

- i. Traveling or flying on any aircraft engaged in Specialized Aviation Activities.
- j. Suicide, attempted suicide, or intentionally self-inflicted injury.
- k. A declared or undeclared War.

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



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

Plan Administrator
The Direct Marketing Group, Inc.
9931 South 136th Street
Suite 100
Omaha, NE 68138

12. CLAIM PROOF OF LOSS. Complete proof of loss must be given to us 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 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.

13. TIME PAYMENT OF CLAIMS. The Company will pay you or your beneficiary the applicable benefit amount as soon as complete proof of loss is received if you, the policyholder and/or the beneficiary have complied with all the terms of this policy. If a claim is contested by us, we will notify you or your beneficiary the reasons for contesting the claim within forty-five (45) days of receipt of complete Proof of Loss. If we request additional information from you or your beneficiary, upon receipt of requested information we will pay or deny the claim within sixty (60) days. All overdue claim payments will bear simple interest at the rate of ten percent (10%) per year.

14. EFFECTIVE DATE. Your insurance becomes effective on the latest of:

- The effective date of this policy
- The date on which you first meet the eligibility criteria as the Insured Person
- The beginning of the period for which required premium is paid for you

Insurance for you automatically terminates on the earliest of:

- The termination date of this 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 the Insured Person
- The date on which the Company pays out one hundred percent (100%) of the principal sum

FOR CUSTOMER SERVICE INQUIREIES PLEASE CALL THE NUMBER ON THE BACK OF YOUR CARD.

For claim related matters ONLY, please contact eh Claims Administrator:

Broadspire, A Crawford Company
PO Box 459084
Sunrise, FL. 33345
Phone # 844-245-2503
Fax # 855-830-3728

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Complete policy provisions are contained in the Master Policy 9907-84-82, which is on file with the Policyholder. 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. Chubb NA is the U.S. based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE: CB) Insurance products and services are provided by Chubb Insurance Underwriting Companies and not by the parent company itself.