

## **\$1,000,000 Worldwide Automatic Travel Accident Insurance**

*This benefit is provided at no extra cost for U.S. Bank FlexPerks Travel Rewards American Express Cardmembers of U.S. Bank National Association.*

### **The Plan:**

As a U.S. Bank FlexPerks Travel Rewards American Express Cardmember of U.S. Bank National Association "U.S. Bank", you, your spouse and unmarried dependent child(ren)\* 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 FlexPerks Travel Rewards Card issued by U.S. Bank. If the entire cost of the passenger fare has been charged to your FlexPerks Travel Rewards Card issued by U.S. Bank 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), 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 FlexPerks Travel Rewards Card issued by U.S. Bank. Common Carrier means by 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 U.S. Bank FlexPerks Travel Rewards American Express Cardmembers by U.S. Bank, automatically when the entire cost of the passenger fare(s) are charged to your Card issued by U.S. Bank while the insurance is effective. It is not necessary for you to notify U.S. Bank, the administrator or the Insurance Company when tickets are purchased.

### **The Cost:**

This travel insurance plan is provided at no additional cost to eligible U.S. Bank FlexPerks Travel Rewards American Express Cardmembers by U.S. Bank. U.S. Bank pays the accountholders premium.

### **Beneficiary:**

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

### **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. One half of the Benefit Amount is payable for accidental loss of: one member, sight of one eye, speech or hearing. "Member" means hand or foot. One quarter 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 throughout or above the knuckle joints of at least four fingers 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 they are later reattached. "Benefit Amount" means the Loss amount applicable at the time the entire cost of the passenger fare(s) is charged to your credit card issued by U.S. Bank. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount. In no event will duplicate request forms or multiple charge cards obligate the Insurance Company in excess of the stated Benefit Amount for any loss sustained by any one individual insured as the result of any one accident.\*\*

### **Exclusions:**

This insurance does not cover loss resulting from: 1) an Insured'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; 4) travel between the Insured's residence and regular place of employment. This insurance also does not apply to an accident occurring while an Insured is in, entering, or exiting any aircraft owned, leased or operated by the

Policyholder, or any aircraft while acting or training as a pilot crew member, but this exclusion does not apply to passengers who temporarily perform pilot 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:**

For claims involving disability, complete proof of loss must be given to us within 30 days after commencement of the period for which the Company is liable. Subsequent written proof of the continuance of such disability must be given to the Company at intervals we may reasonably require. For all other claims, 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 benefits payable involving disability, the Company will pay you the applicable benefit amount no less frequently than monthly during the period for which the company is liable, subject to our receipt of complete proof of loss. For all other 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.

**Effective Date:**

This insurance is effective on the policy effective date or on the date that you become an eligible cardholder, whichever is latest; and will cease on the date the Master Policy Number 6477-08-43 is terminated or on the date your U.S. Bank FlexPerks Travel Rewards American Express Card account issued by U.S. Bank is suspended or cancelled, whichever occurs first.

**HOW TO FILE A CLAIM:**

To obtain a claim form contact the Claim Administrator, Broadspire, a Crawford company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: Broadspire, a Crawford company, P.O. Box 459084, Sunrise, FL 33345, PHONE NUMBER 855-307-9247 Fax Number 855-830-3728.

**Questions:**

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

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

PLAN UNDERWRITTEN BY  
Federal Insurance Company  
A member insurer of the  
Chubb Group of Insurance Companies  
202 Halls Mill Road  
Whitehouse Station, NJ 08889

\*Dependent Child(ren) means those children, including adopted children and children placed for adoption, who are primarily dependent upon the Insured for maintenance and support and who are: 1) under the age of 19 and reside

with the Insured; 2) beyond the age of 19, permanently mentally or physically challenged, and incapable of self support; or 3) under the age of 25 and classified as a full-time student at an institute of higher learning.

\*\*In the event of multiple accidental deaths per credit card 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.

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: U.S. Bank. 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.