

**Worldwide Travel Accident Insurance:** Worldwide Travel Accident Insurance provides accidental death or dismemberment insurance while traveling on a common carrier, (plane, trip, ship or bus) when the entire fare is charged to your Card. Worldwide Travel Accident Insurance provides coverage up to \$250,000. Certain exclusions, restrictions and limitations apply.

For 24 Hour Benefit Information:

Toll Free: 855-327-1434

Worldwide Collect: 630-694-9787

For 24 hour Claim Information:

855-231-2871; fax: 855-830-3728

**\$250,000 Worldwide Travel Accident Insurance Program Provided to Cardmembers  
at no extra cost by  
First National Bank of Omaha and American Express  
Policy #9907-50-43**

**Description of Coverage:**

**THE PLAN:** As an eligible First National Bank of Omaha American Express Cardmember, you your spouse, or domestic partner and your unmarried dependent children will be automatically insured 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 you have purchased passage, or riding as a passenger in, entering or exiting any conveyance licensed to carry the public for hire or any courtesy transportation provided without a specific charge and while traveling to or from the airport, terminal or station immediately preceding the departure of the scheduled common carrier on which you have purchased passage or immediately following the arrival of the scheduled common carrier on which you were a passenger, or while 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 your arrival at the airport, terminal or station, coverage will begin at the time the cost of the common carrier passenger fare is charged to your account. Coverage does not include travel on a cruise ship that extends beyond 48 hours. Coverage does not include commutation.

**ELIGIBILITY:** This insurance plan is provided to Cardmembers who's First National Bank of Omaha American Express card contains the following BIN number: 377486. This insurance plan is provided 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 First National Bank of Omaha, the administrator or the Company when tickets are purchased.

**THE COST:** This insurance plan is provided at no additional cost to eligible Cardmembers. First National Bank of Omaha pays the full cost of the insurance.

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

**THE BENEFITS:** The full Benefit Amount is payable for accidental loss of life; 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. 50% of the Principal Sum is payable for accidental loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing. 25% of the Principal Sum is payable of loss of thumb and index finger of the same hand. "Loss" means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; 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 at the time the entire cost of the passenger fare is charged to an eligible Card account. The loss must occur within one year of the accident. The Company will pay the single largest applicable Benefit Amount.

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

**POLICY AGGREGATE LIMIT OF INSURANCE:** If more than one (1) insured person suffers a loss in the same Accident, then we will not pay more than \$5,000,000. If an accident results in Benefit Amounts becoming payable, which when totaled, exceed \$5,000,000 then the Policy Aggregate Limit of Insurance will be divided proportionally among all insured persons, based on each applicable benefit amount.

**DEFINITIONS:** **Accident or Accidental** means a sudden, unforeseen and unexpected event which happens by chance, is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof, occurs while you are insured under this policy which is in force and is the direct cause of the loss. **Accidental Bodily Injury** means bodily injury which is accidental, the direct cause of a loss and occurs while you are insured under this policy, which is in force. **Account** means credit card accounts, debit card accounts, central bill accounts, checking accounts and savings accounts as set forth in the policy. **Accountholder** means any individual who is named on an open and active account with the Policyholder. **Benefit Amount** means the amount which applies to you at the time the entire cost of the fare is charged to your account during the policy period, for the applicable hazard. **Cardmember** means an individual who is named on the account card issued by the policyholder. **Common Carrier** means 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. Does not include travel on cruise ships that extends beyond 48 hours, sight seeing tours or any conveyance used for recreational activities. **Common Carrier Covered Trip** means travel on a common carrier when the full fare for transportation has been charged to your account issued by the policyholder. **Commutation** means travel between your residence and regular place of employment. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Courtesy Transportation** means transportation provided without charge by a rental car agency, airport or hotel which transports you from the airport or station to the rental car agency or hotel or from the rental car agency or hotel to the airport or station. **Credit Card** means 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. Dependent means a dependent child, spouse or domestic

partner of the primary insured person. **Dependent Child** means the primary insured person's unmarried child, dependent on the primary insured person for maintenance and support, under the age of 19, under the age of 25 if enrolled as a full-time student at an institution of higher learning or classified as an incapacitated dependent child. **Domestic Partner** means 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 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 12 consecutive months prior to the date of enrollment; is not legally married or separated and as of the date of enrollment has with the primary insured person at least 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 or a joint credit card account with a financial institution. Neither the primary insured person or domestic partner can be married to, or in a civil union with, anyone else. **Hospital** means a public or private institution which is licensed in accordance with the laws of the jurisdiction where it is located; is accredited by the Joint Commission on Accreditation of Hospitals; operates for the reception, care and treatment of sick, ailing or injured persons as in-patients; provides organized facilities for diagnosis and medical or surgical treatment; provides 24 hour nursing care; has a physician or staff of physicians; is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts. **Immediate Family Member** means the insured person's spouse or domestic partner; 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 and nephews. **Injury** means 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. **Insured Person** means a person qualifying as a class member, as listed in the policy, who elects insurance or for whom insurance is elected and on whose behalf premium is paid. **Loss** means 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, loss of thumb and index finger. Loss must occur within one year after the accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. **Loss of Hand** means a complete severance, as determined by a physician, of at least 4 fingers at or above the metacarpal phalangeal joint on the same hand or at least 3 fingers and the thumb on the same hand. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a physician. **Loss of Sight of One Eye** means 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. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a physician. **Physician** means 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 jurisdiction in which medical treatment is provided. Physician does not include you, an immediate family member, your employer or business partner or the policyholder. Policyholder means American Express Travel Related Services, Inc. **Spouse** means your husband or wife who is recognized as such by the laws of the jurisdiction in which the primary insured person resides. **War** means hostilities following a formal declaration of war by a governmental authority; in the absence of a formal declaration of war by a governmental authority, armed, open and continuous hostilities between two countries or armed, open and continuous

hostilities between two factions, each in control of territory or claiming jurisdiction over the geographic area of hostility. **We, Us and Our** means Federal Insurance Company.

**EXCLUSIONS:** This insurance does not cover loss resulting from: any accident caused by 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, or medical or surgical treatment; participation in military action while in active military service; suicide, attempted suicide or intentionally self inflicted injuries; declared or undeclared war.

**ADDITIONAL EXCLUSIONS:** This insurance also does not apply to an accident resulting from: being in, entering or exiting any aircraft owned, leased or operated by the Policyholder, or operated by an employee of the Policyholder, on the Policyholder's behalf; entering, or exiting any aircraft while 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; fraud; the commission or attempted commission of any illegal act; being intoxicated; being under the influence of any narcotic unless taken on the advice of a physician; participation in specialized aviation.

**CLAIM NOTICE:** Written claim notice must be given to us 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 we receive notice of a claim, we will send you forms for giving proof of loss to us within 15 days. If you do not receive the forms, you should send us a written description of the loss.

**CLAIM PROOF OF LOSS:** For claims involving disability, complete proof of loss must be given to us within 90 days after commencement of the period for which we are liable. Subsequent written proof of the continuance of such disability must be given to us at 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. 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

**CLAIM PAYMENT:** For benefits payable involving disability, we will pay you the applicable benefit amount no less frequently than monthly during the period for which we are liable, subject to our receipt of complete proof of loss. For all other benefits, we will pay you or your beneficiary the applicable benefit amount within 60 days after we receive complete proof of loss and if you, the Policyholder and/or the beneficiary have complied with all the terms of this policy.

**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 or 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 meets the eligibility criteria as the Insured Person or the date on which we pay out 100% of the principal sum.

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 a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained In the Master Policy, which can be obtained from the Policyholder: American Express Travel Related Services, Inc.

To make a claim please contact the Claim Administrator.

Claim Administrator

Crawford and Company

P.O. Box 4090

Atlanta, GA 30302

PHONE NUMBER 855-231-2871

Fax Number 855-830-3728



Plan Underwritten By

Federal Insurance Company

a member insurer of the

Chubb Group of Insurance Companies

15 Mountain View Road, P.O. Box 1615

Warren, NJ 07061-1615

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