

**DESCRIPTION OF COVERAGE****Spectra Federal Credit Union  
Master Disclosure For All Travel  
Insurance Provisions****Worldwide Automatic Travel Accident &  
Baggage Delay Insurance**

**THE PLAN:** As an eligible Cardholder of Spectra Federal Credit Union, you, your spouse or Domestic Partner and your Dependent Children will be automatically insured up to \$200,000 against Accidental Loss of Life, Limb, Sight, Speech or Hearing occurring on a Common Carrier Covered Trip while 1) riding as a passenger in, entering or exiting any Common Carrier on which the Insured Person has purchased passage; or 2) 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: a) immediately preceding the departure of the scheduled Common Carrier on which the Insured Person has purchased passage; or b) immediately following the arrival of the scheduled Common Carrier on which the Insured Person was a passenger; or 3) 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 the cost of the Common Carrier passenger fare is charged to the Insured Person's Account.

Eligible Cards	Benefit Amount
Visa Debit	\$200,000

**ELIGIBILITY:** This insurance plan is provided to eligible Cardholders of Spectra Federal 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.

**THE COST:** This insurance plan is provided at no additional cost to eligible cardholders. Your financial institution 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.

**EXCLUSIONS (applicable to all benefits):** This insurance does not apply to any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property when: 1) 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; or 2) 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: 1) 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; 2) 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 infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria; 3) traveling or flying on any aircraft engaged in Specialized Aviation Activities; 4) suicide, attempted suicide or intentionally self-inflicted injury; or 5) a declared or undeclared War.

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

**CLAIM FORMS:** When the Company receives notice of a claim, the Company will send you forms for giving Proof of Loss to us within 15 days.

If you do not receive the forms, you should send the Company a written description of the Loss.

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

**Plan Administrator**  
**The Direct Marketing Group, Inc.**  
14416 Grover Street  
Omaha, NE 68144  
844-312-2802

**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 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 60 days. All overdue claim payments will bear simple interest at the rate of 10% per year.

**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 the Company pays out 100% of the principal sum.

For claims related matters ONLY, please contact the Claims Administrator:

Broadspire, a Crawford Company  
PO Box 459084  
Sunrise, FL 33345  
Phone: 855-307-9246  
Fax: 855-830-3728

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 9907-84-82, which can be obtained from the Policyholder.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance underwritten and provided by Federal Insurance Company, a Chubb company. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). All products may not be available in all states or certain terms may be different where required by state law. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

VELERA MASTER TRAVEL 0421

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 that occurs as the result of an Accident. 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, 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 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:

##### **Baggage Delay**

We will reimburse the Insured Person up to the Daily Benefit Amount of up to \$100 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 Benefit will be payable up to three (3) days.

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

1. contact lenses, eyeglasses or hearing aids;
2. artificial teeth, dental bridges or prosthetic devices;
3. tickets, documents, money, securities, checks, travelers checks and valuable papers;
4. business samples;
5. jewelry and watches; or
6. cameras, video recorders and other electronic equipment.

The Baggage Delay Benefit 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.

**DEFINITIONS:** **Accident or Accidental** means a sudden, unforeseen and unexpected event happening by chance. **Accidental Bodily Injury** means 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. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome. **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. **Cardholder** 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. **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. **Covered Trip** means any pre-paid tour, trip or vacation: 1) occurring while the insurance is in-force; 2) which includes at least one overnight stay away from the Insured Person's primary residence; 3) with a destination that is more than fifty (50) miles from the Insured Person's primary residence; and 4) not exceeding sixty (60) days in duration. **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. **Debit Card** means 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 credit card. **Dependent Child** means the primary insured person's unmarried child, dependent on the primary insured person for maintenance and support, under the age of 25, 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; is not legally married or separated and 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 nor domestic partner can be married to, nor in a civil union with, anyone else. **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. **Incapacitated Dependent Child** means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on the Primary Insured Person for support and maintenance. The incapacity must have occurred while the child was under the age of twenty-five (25). **Insured Person** means the Cardholder and their Spouse / Domestic Partner and unmarried Dependent Children. **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 Property** means Baggage Delay, Trip cancellation or Trip Interruption which occurs while the Insured Person is insured under this policy which is in-force. **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 Velera Financial Services. **Primary Insured Person** means the Cardholder. **Proof of Loss** means written evidence acceptable to us that an Accident, Accidental Bodily Injury or Loss has occurred. **Specialized Aviation Activity** means 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 or not such permit or waiver is granted. **Spouse** means your husband or wife who is recognized as such by the laws of the jurisdiction in which the primary insured person resides. **We, Us and Our** means Federal Insurance Company.