REGIONAL FEDERAL CREDIT UNION
MASTER DISCLOSURE FOR ALL TRAVEL INSURANCE
PROVISIONS
WORLDWIDE AUTOMATIC TRAVEL ACCIDENT &
BAGGAGE DELAY INSURANCE

THE PLAN: As a REGIONAL federal credit union
Cardholder, you, your spouse or domestic partner
and unmarried dependent children 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 Visa Classic/Visa Platinum account. If the entire
cost of the passenger fare has been charged to your Visa
Classic/Visa Platinum account prior to departure for the
airport, terminal or station, coverage is also provided for
common carrier travel (including taxi, bus, train or
airport limousine); 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 account. Common carrier means any
land, water or air conveyance operated by those whose
occupation or business is the transportation of persons
without discrimination and for hire. This coverage does
not include Commutation which is defined as travel
between the Insured Person’s residence and regular
place of employment.

IMPORTANT DEFINITIONS: Accident or Accidental means
a sudden, unforeseen, and unexpected event happening
by chance. Dependent Child(ren) means those children,
including adopted children and children placed for
adoption, who are primarily dependent upon the Insured
Person for maintenance and support and who are: 1) under
the age of twenty five (25) and reside with the
Insured Person; or 2) beyond the age of twenty five (25),
permanently mentally or physically challenged, and
incapable of self-support; or 3) under the age of twenty-
five (25) and classified as a full-time student at an
institute of higher learning. Domestic Partner means a
person designated in writing by the primary insured
person, who is at least eighteen (18) years of age, and
who during the past twelve (12) months: 1) has been in a
committed relationship with the primary insured person;
and 2) has been the primary insured person’s sole
spousal equivalent; and 3) has resided in the same
household as the primary insured person; and 4) has
been jointly responsible with the primary insured person
for each other’s financial obligations, and who intends to
continue the relationship above indefinitely.

THE 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
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 applicable at the time the entire cost of the
passenger fare is charged to a REGIONAL federal credit
union account. 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
requests forms or multiple charge cards obligate the
Company in excess of the stated Benefit Amounts for any
one loss sustained by any one individual insured as the
result of any one accident. 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
three times the Benefit Amount for loss of life. Benefits
will be proportionately divided among the Insured
Persons up to the maximum limit of insurance.

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,

BAGGAGE DELAY: We will reimburse the Insured Person
up to the Daily Benefit Amount of $100 per day for 3
days in the event of a Baggage Delay. Our payment is
limited to expenses incurred for the emergency purchase
of essential items needed by the Insured Person while on
a covered trip and at a destination other than the
Insured Person’s primary residence. 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. 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. 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.

ELIGIBILITY: This travel insurance plan is provided to
REGIONAL federal credit union cardholders automatically
when the entire cost of the passenger fare(s) are charged
to a Visa Classic/Visa Platinum account while the
insurance is effective. It is not necessary for you to
notify REGIONAL federal credit union, the administrator
or the Company when tickets are purchased.

THE COST: This travel insurance plan is provided at no
additional cost to eligible cardholders.

BENEFIT AMOUNTS

| Visa Classic | $100,000 |
| Visa Platinum | $400,000 |
| Baggage Delay | $300 |
e) the Insured's estate. All other indemnities will be paid to the Insured.

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 Person'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 REGIONAL federal credit union; or 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.

CLAIMS

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.

CLAIM PAYMENT: For all 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 the date you first become an eligible insured and will cease on the date the master policy terminates (in which case you will be notified by the Policyholder), or on the date you no longer qualify as an eligible insured, or on the expiration date of the applicable coverage period for the Insured, whichever occurs first. The coverage period will not exceed thirty-one (31) consecutive days, or forty-five (45) consecutive days if the Insured is an employee of an organization which has provided an Account card to the Insured for business use.

As a handy reference guide, please read this and keep 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: Financial Customer Insurance Trust. If this plan does not conform to your state statues, 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.

Answers to specific questions can be obtained by writing the Plan Administrator. To make a claim please contact the Plan Administrator.

Plan Administrator

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1-800-337-2632

PLAN UNDERWRITTEN BY
Federal Insurance Company a member of the CHUBB GROUP OF INSURANCE COMPANIES
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