

Your Guide to Benefit describes the benefit in effect as of 4/1/17. Benefit information in this guide replaces any prior benefit information You may have received. Please read and retain for Your records. Your eligibility is determined by Your financial institution.

Auto Rental Collision Damage Waiver

No cardholder wants to incur the expense of repairing or replacing a rented car. But accidents do happen, and vehicles do get stolen. No matter what happens to Your rental car, you can be covered with Auto Rental Collision Damage Waiver. Auto Rental Collision Damage Waiver reimburses You for damages caused by theft or collision -- up to the Actual Cash Value of most rented cars. Auto Rental Collision Damage Waiver covers no other type of loss. For example, in the event of a collision involving Your rented vehicle, damage to any other driver's car or the injury of anyone or anything is not covered. Rental periods of fifteen (15) consecutive days within Your country of residence, and thirty-one (31) consecutive days outside it, are both covered. (Longer rental periods, however, are **not** covered.)

You are eligible for this benefit if Your name is embossed on an eligible card issued in the United States and You use it to initiate and complete Your entire car rental transaction. Only You as the primary car renter and any additional drivers permitted by the Rental Car Agreement are covered.

How Auto Rental Collision Damage Waiver works with other insurance

Auto Rental Collision Damage Waiver covers theft, damage, valid loss-of-use charges imposed and substantiated by the auto rental company, administrative fees and reasonable and customary towing charges, due to a covered theft or damage to the nearest qualified repair facility.

If You **do** have personal automobile insurance or other insurance that covers theft or damage, this benefit reimburses You for the deductible portion of Your car insurance or other insurance, along with any unreimbursed portion of administrative and loss-of-use charges imposed by the car rental company, as well as reasonable towing charges while the car was Your responsibility.

If You **do not** have personal automobile insurance or any other insurance, the benefit reimburses You for covered theft, damage, or administrative and loss-of-use charges imposed by the rental company, as well as reasonable towing charges that occur while You are responsible for the vehicle.

If You are renting outside of Your country of residence, the coverage provided under this benefit is primary and reimburses You for covered theft, damage, or administrative and loss-of-use charges imposed by the rental company, as well as reasonable towing charges that occur while You are responsible for the vehicle.

How to use Auto Rental Collision Damage Waiver

1. Use Your card to initiate and complete Your entire car rental transaction.
2. Review the auto rental agreement and decline the rental company's collision damage waiver (CDW/LDW) option, or a similar provision, **as accepting this coverage will cancel out Your benefit.** If the rental company insists that You purchase their insurance or collision damage waiver, **call the Benefit Administrator for assistance at 1-800-348-8472. Outside the United States, call collect at 1-804-673-1164.**

Before You leave the lot, be sure to check the car for any prior damage.

This benefit is in effect during the time the rental car is in Your (or an authorized driver's) control, and it terminates when the rental company reassumes control of their vehicle.

This benefit is available in the United States and most foreign countries (**with the exception of Israel, Jamaica, the Republic of Ireland or Northern Ireland**). However, this benefit is not available where precluded by law, or where it's in violation of the territory terms of the auto rental agreement, or when prohibited by individual merchants. **Because regulations vary outside the United States, check with Your auto rental company and the Benefit Administrator before You travel, to be sure that Auto Rental Collision Damage Waiver will apply.**

Vehicles not covered

Certain vehicles are **not** covered by this benefit, they consist of: expensive, exotic, and antique cars; cargo vans; certain vans; vehicles with an open cargo bed; trucks; motorcycles; mopeds; motorbikes; limousines; and recreational vehicles.

Examples of expensive or exotic cars are the Alfa Romeo, Aston Martin, Bentley, Corvette, Ferrari, Jaguar, Lamborghini, Lotus, Maserati, Maybach, McLaren, Porsche, Rolls Royce, and Tesla. However, selected models of Audi, BMW, Mercedes-Benz, Cadillac, Infiniti, Land Rover, Lexus, Lincoln, and Range Rover **are** covered.

An antique car is defined as one that is over twenty (20) years old, or one that has not been manufactured for ten (10) years or more.

Vans are not covered. But those designed as small-group transportation vehicles (seating up to nine (9) people, including the driver) **are** covered.

If You have questions about a specific vehicle's coverage or organization where the vehicle is being reserved, call the Benefit Administrator at 1-800-348-8472, or call collect outside the United States at 1-804-673-1164.

Related instances & losses not covered

- Any obligation You assume under any agreement (other than the deductible on Your personal auto policy)
- Any violation of the auto rental agreement or this benefit
- Injury of anyone, or damage to anything, inside or outside the Rental Vehicle
- Loss or theft of personal belongings
- Personal liability
- Expenses assumed, waived, or paid by the auto rental company, or its insurer
- The cost of any insurance, or collision damage waiver, offered by or purchased through the auto rental company
- Depreciation of the Rental Vehicle caused by the incident including, but not limited to, "diminished value"
- Expenses reimbursable by Your insurer, employer, or employer's insurance
- Theft or damage due to intentional acts, or due to the driver(s) being under the influence of alcohol, intoxicants, or drugs, or due to contraband, or illegal activities
- Wear and tear, gradual deterioration, or mechanical breakdown
- Items not installed by the original manufacturer
- Damage due to off-road operation of the Rental Vehicle
- Theft or damage due to hostility of any kind (including, but not limited to, war, invasion, rebellion, insurrection, or terrorist activities)
- Confiscation by authorities
- Vehicles that do not meet the definition of covered vehicles
- Rental periods that either exceed, or are intended to exceed, fifteen (15) consecutive days, within Your country of residence, or thirty-one (31) days outside Your country of residence
- Leases and mini leases
- Theft or damage as a result of the authorized driver's and/or cardholder's lack of reasonable care in protecting the Rental Vehicle before and/or after damage or theft occurs (for example, leaving the car running and unattended)
- Theft or damage reported more than forty-five (45) days* after the date of the incident
- Theft or damage for which a claim form has not been received within ninety (90) days* from the date of the incident
- Theft or damage for which all required documentation has not been received within three hundred and sixty-five (365) days after the date of the incident
- Theft or damage from rental transactions that originated in Israel, Jamaica, the Republic of Ireland, or Northern Ireland

***Not applicable to residents in certain states**

Filing a claim

It is Your responsibility as a cardholder to make every effort to protect Your Rental Vehicle from damage or theft. If You have an accident, or Your Rental Vehicle has been stolen, immediately call the Benefit Administrator at **1-800-348-8472** to report the incident, regardless of whether Your liability has been established. Outside the United States, call collect at **1-804-673-1164**.

You should report the theft or damage as soon as possible but no later than **forty-five (45) days** from the date of the incident.

The Benefit Administrator reserves the right to deny any claim containing charges that would not have been included, if notification occurred before the expenses were incurred. Thus, it's in Your

best interest to notify the Benefit Administrator immediately after an incident. Reporting to any other person will not fulfill this obligation.

What You must submit to file a claim

At the time of the theft or damage, or when You return the Rental Vehicle, ask Your car rental company for the following documents:

- A copy of the accident report form
- A copy of the initial and final auto rental agreements (front and back)
- A copy of the repair estimate and itemized repair bill
- Two (2) photographs of the damaged vehicle, if available
- A police report, if obtainable
- A copy of the demand letter which indicates the costs You are responsible for and any amounts that have been paid toward the claim

Submit all of the above documents from the rental company, along with the following documents, to the Benefit Administrator:

- The completed and signed Auto Rental Collision Damage Waiver claim form (Important: This must be postmarked within ninety (90) days* of the theft or damage date, even if all other required documentation is not yet available – **or Your claim may be denied**).
- A copy of Your monthly billing statement (showing the last 4 digits of the Account number) demonstrating that the entire rental transaction was made on Your eligible Account.
- A statement from Your insurance carrier (and/or Your employer or employer’s insurance carrier, if applicable), or other reimbursement showing the costs for which You are responsible, and any amounts that have been paid toward the claim. Or, if You have no applicable insurance or reimbursement, a statement of no insurance or reimbursement is required.
- A copy of Your primary insurance policy’s Declarations Page (if applicable) to confirm Your deductible (This means the document(s) in Your insurance policy that lists names, coverages, limits, effective dates, and deductibles).
- Any other documentation required by the Benefit Administrator to substantiate the claim.

Finally, please note that all remaining documents must be postmarked within three hundred and sixty-five (365) days* of the theft or damage date **or Your claim may be denied**.

***Not applicable to residents of certain states.**

For faster filing, or to learn more about Auto Rental Collision Damage Waiver, visit www.eclaimslines.com

Finalizing Your claim

Your claim will typically be finalized within 15 (fifteen) days, after the Benefit Administrator has received all the documentation needed to substantiate Your claim.

Transference of claims

Once Your claim has been paid, all Your rights and remedies against any party in regard to this theft or damage will be transferred to the Benefit Administrator, to the extent of the cost of payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.

Definitions

Account means Your credit or debit card Accounts.

Actual Cash Value means the amount a Rental Vehicle is determined to be worth based on its market value, age and condition at the time of loss.

Eligible Person means a cardholder who pays for their auto rental by using their eligible Account.

Rental Car Agreement means the entire contract an eligible renter receives when renting a Rental Vehicle from a rental car agency which describes in full all of the terms and conditions of the rental, as well as the responsibilities of all parties under the contract.

Rental Vehicle means a land motor vehicle with four or more wheels as described in the participating organization’s disclosure statement which the eligible renter has rented for the period of time shown on the Rental Car Agreement and does not have a manufacturer’s suggested retail price exceeding the amount shown on the participating organization’s disclosure statement.

You or Your means an Eligible Person who uses their eligible card to initiate and complete the rental car transaction.

Additional provisions for Auto Rental Collision Damage Waiver

- Signed or pinned transactions are covered as long as You use Your eligible Account to secure the transaction.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.
- If You make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and Your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.
- This benefit is provided to eligible cardholders at no additional cost. The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, statement messages or electronic notification. The benefits described in this Guide to Benefits will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify You at least thirty (30) days in advance. Indemnity Insurance Company of North America (“Provider”) is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to You. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

For more information about the benefit described in this guide, call the Benefit Administrator at 1-800-348-8472, or call collect outside the U.S. at 1-804-673-1164.

FORM #ARCDW – 2017 (Stand 04/17)

ARCDW-0

Travel Accident & Baggage Delay Insurance

THE PLAN: As an eligible Cardholder of HawaiiUSA Federal Credit Union, you, your spouse or 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 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 Platinum	\$1,000,000

ELIGIBILITY: This insurance plan is provided to eligible Cardholders of HawaiiUSA Federal Credit Union automatically when the entire cost of the passenger fare(s) is 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. 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.

Baggage Delay

We will reimburse the Insured Person up to the Daily Benefit Amount of \$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 Daily Benefit Amount 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 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.

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. **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. **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. **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. **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, uniplegia, 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, & Trip Delay. **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 PSCU. **Proof of Loss** means written evidence acceptable to us that an accident, accident 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.

EXCLUSIONS: 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) the Insured Person's commission or attempted commission of any illegal act including but not limited to any felony; 4) any occurrence while the Insured Person is incarcerated; 5) the Insured Person participating in parachute jumping from an aircraft; 6) participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority; 7) traveling or flying on any aircraft engaged in Specialized Aviation Activities; 8) suicide, attempted suicide or intentionally self-inflicted injury; or 9) 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.

Plan Administrator
The Direct Marketing Group, Inc.,
9931 South 136th Street
Suite 100
Omaha, NE 68138
844-312-2802

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.

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

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

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.

EXTENDED WARRANTY INSURANCE

DESCRIPTION OF COVERAGE

THE PLAN: As an eligible Cardholder, you are automatically eligible for Extended Warranty insurance.

ELIGIBILITY: This insurance plan is provided to eligible Cardholders, automatically when the entire cost of the Covered Purchase is 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 items are purchased.

THE COST: This insurance plan is provided at no cost to eligible Cardholders. PSCU pays the full cost of the insurance.

WHEN COVERAGE APPLIES: We will duplicate the time period of the original U.S. Manufacturer Warranty and any Purchased Warranty on an Insured Person's Covered Purchase, up to a maximum of 12 months. If a U.S. Manufacturer Warranty or a Purchased Warranty is made up of multiple components, we will duplicate the time period of each component. If the total time period for the U.S. Manufacturer Warranty and the Purchased Warranty is greater than 36 months there is no coverage under this Policy. In no event will the total time period for all warranties, including this Policy, exceed 48 months.

COVERAGE: We will duplicate the terms, conditions and limitations of the U.S. Manufacturer Warranty and any Purchased Warranty on an Insured Person's Covered Purchase up to \$10,000 for repair to defects in material or workmanship in a Covered Purchase; or for replacement of a Covered Purchase if repairs to defects cannot be made. This coverage only applies if the Insured Person charged or debited the entire cost of the Covered Purchase to the Insured Person's Account during the Policy period.

We will reimburse the Insured Person for the lesser of:

- the cost of the Covered Purchase indicated on the Insured Person's Account statement; or
- the actual cost to repair or replace the Covered Purchase with an item of like kind and quality; or
- the Maximum Benefit Amount shown in Section II of the Declarations.

In no event will We be liable beyond the amounts actually paid by the Insured Person.

In no event will We pay more than the Annual Maximum Benefit Amount, shown in Section II of the Declarations, in any 12-month Policy period, regardless of the number of claims made in that 12-month Policy period. Amount.

DEFINITIONS:

Accountholder means any individual who is named on an open and active **Account**.

Cardholder means an individual who is named on the **Account** card.

Covered Purchase means personal property, including gift items, not otherwise excluded that is purchased in full by the **Insured Person** using an eligible card.

Insured Person means a person, qualifying as a **Class** member 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid.

Manufacturer Warranty means a written guarantee to fix any defects in material or workmanship in a **Covered Purchase**, made to the **Insured Person** by the maker of the **Covered Purchase**.

Purchased Warranty means an optional written guarantee to fix any defects in material or workmanship in a **Covered Purchase**, bought by the **Insured Person** at the time of the **Covered Purchase**.

EXCLUSIONS:

Insurance under this Policy does not apply to Covered Purchases that:

- are services, including but not limited to the performance or rendering of labor or maintenance, repair or installation of goods or property or professional advice;
- are shipping, transportation or delivery costs;
- are boats, automobiles, aircraft or any other motorized vehicles, or motorized vehicle parts subject to high risk, combustible wear and tear or mileage stipulations;
- are land, buildings, permanently installed items, fixtures or structures;
- are plants, shrubs, pets, consumables or perishables;
- are computer software or applications;
- are purchased for resale, professional or commercial use;
- are still covered under the U.S. Manufacturer Warranty or Purchased Warranty;
- did not originally come with a U.S. Manufacturer Warranty or Purchased Warranty;
- are used, rebuilt, refurbished or remanufactured.

Insurance under this Policy does not apply to defects in material or workmanship of a Covered Purchase that are:

- not covered under the terms of either the original U.S. **Manufacturer Warranty** or **Purchased Warranty**;
- repaired at a repair facility that is not authorized by the original product manufacturer;
- covered by a product recall;
- the result of a power surge;
- the result of normal wear and tear;
- the result of any hazardous, pathogenic or poisonous, biological, chemical, nuclear or radioactive material, gas, matter or contamination.

How to File a Claim: The Insured Person must send the Administrator written notice of a claim, including Insured Person's name and Policy number, within 45 days after a covered loss occurs.

The Insured Person must: a) protect the Covered Purchase from further loss or damage; b) report any loss to the Administrator; c) complete the claim form and return along with legible copies of the original U.S. Manufacturer Warranty, Purchased Warranty, Account statement showing the purchase of the Covered Purchase and original purchase receipt to the Administrator; d) provide a copy of the repair bill or a statement indicating that the item cannot be repaired along with evidence that the Covered Purchase has actually been replaced or repaired; e) cooperate with the Administrator in the investigation, settlement or handling of any claims; f) permit the Administrator to question the Insured Person under oath whenever Our investigation deems it necessary. All statements taken will be signed by the Insured Person; and, g) authorize the Administrator to obtain records, reports or any other documentation requested necessary to Our investigation or to verify the claim.

CLAIM FORMS: When the Administrator is told of a claim, the Administrator will give the Insured Person forms for filing Proof of Loss. If these forms are not given to the Insured Person within 15 days, the Insured Person will meet Proof of Loss requirements by giving the Administrator a written description of the covered loss.

CLAIM PROOF OF LOSS: Complete Proof of Loss must be given to the Administrator within 90 days after a covered loss.

CLAIM PAYMENT: Reimbursement for covered losses will be paid to the Insured Person within 60 days after the Administrator receives Proof of Loss.

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 meet the eligibility criteria as the Insured Person.

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 9906-86-87 on file with PSCU.

FOR QUESTIONS REGARDING THIS BENEFIT PLEASE CONTACT THE PLAN ADMINISTRATOR:

Direct Marketing Group
9931 South 136th street
Suite 100
Omaha, NE 68138
800-337-2632

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

Broadspire, a Crawford Company
PO Box 792190
San Antonio, TX 78279
Phone# 844-245-2503
Fax# 855-830-3728
Policy # 9906-86-87

