
DESCRIPTION OF COVERAGE

**WORLDWIDE
AUTOMATIC
TRAVEL
ACCIDENT
INSURANCE**

**Principal Sum:
\$500,000**

Provided at no extra cost
For
Visa/MasterCard
Cardholders of
Chase Manhattan Back USA, N.A

This Description of Coverage replaces any and all Descriptions of Coverage previously issued to the insured with respect to insurance described herein.

ELIGIBILITY AND PERIOD OF COVERAGE

As a Cardholder of a participating Financial Institution, you are eligible for coverage in the date your credit card is issued. This plan is effective January 1, 1997.

You and your dependents* become covered automatically when the entire travel is charged to your eligible Credit Card (“Covered Persons”). It is not necessary to notify the Financial Institution, the Insurance Company or the Plan Administrator when the tickets are purchased. Coverage ends when the policy is terminated.

BENEFITS

If a Covered Person’s injury happens while on a Covered Trip and results in any of the following losses within one year after the date of the accident, we will pay the following percentage of the Principal Sum for accidental loss of:

Life.....	100%
Both hands or both feet.....	100%
Sight of both eyes.....	100%
Speech and hearing.....	100%
One hand or one foot.....	50%
Sight of one eye.....	50%
Speech or hearing.....	50%
Thumb and index finger of the same hand.....	25%

In no event will multiple charge cards obligate the Insurance Company in excess of the stated benefit for any one loss sustained by a Covered Person as a result of any one accident.

The maximum amount payable for all losses due to the same accident is the Principal Sum.

*Your spouse, unmarried dependent, child(ren), under age 19 (23 if a full-time student). No age limit for incapacitated child.

Loss means actual severance through or above the wrist or ankle joints with regard to hands and feet; entire and irrevocable loss of sight speech or hearing; actual severance through or above the metacarpophangeal joints with regard to thumb and index finger.

Injury means bodily injury resulting directly and independently of all other causes from an accident, which occurs while the Covered Person is covered under this policy, but not loss resulting from sickness or disease.

Covered Trip means a trip (a) while the Covered Person is riding on a Common Carrier as a passenger and not as a pilot operator or crew member and (b) charged to your eligible credit card; and (c) that begins and ends at the places designated on the ticket purchased for the trip. Covered Trip will also include travel on a Common Carrier, directly to, from or at any Common Carrier terminal, which travel immediately precedes departure to or follows arrival at the destination designated on the ticket purchased for the Covered Trip.

Common Carrier means any scheduled airline, land or water conveyance licensed for transportation of passengers for hire.

Exclusions: This policy does not cover any loss caused by or resulting from intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane, sickness or disease, or war or act of war, declared or not.

Beneficiary: We will pay any benefit due for loss of life to your estate. All other benefits due and not assigned will be paid to you, if living.

Notice Of Claim: Written notice of Claim, including your name and policy number (ADD-8555), should be mailed to the plan administrator within 20 days of a covered loss or injury or as soon as reasonable possible.

The Cost: This travel insurance plan is provided at no additional cost to eligible cardholders.

Description of Coverage: A Travel Accident Insurance Policy, established for you and underwritten by the Hartford Life Insurance Company. Please read this description carefully. All provisions of the plan are in the master policy. ADD-8558, issued to Visa, U.S.A., Inc. Any difference between this policy and this description will be settled according to the provisions of the policy.

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

PLAN ADMINISTRATOR
CBSI

550 Mamaroneck Ave.
Harrison, NY 10528

PLAN UNDERWRITTEN BY:
Hartford Life Insurance Company
Hartford Plaza
Hartford, CT 06115
