

# Your STCU Visa® Gold Credit Card Agreement and Disclosures

## Important Disclosures Containing the Various Terms and Benefits of Your Account.

This Visa Credit Card Agreement (Agreement) and the Important Account Disclosures accompanying this Agreement will govern your VISA Gold Credit Card and Account issued between you and Spokane Teachers Credit Union. In this Agreement, the words “you” and “your” mean each and all of those who apply for the card or who sign this Agreement. “Card” means the Visa credit card and any duplicates and renewals we issue. Everyone who receives, signs, or uses a card issued under this Agreement must be a member of Spokane Teachers Credit Union. “Account” means your Visa credit card line of credit Account with us. “We”, “us”, and “our(s)” means Spokane Teachers Credit Union.

**1. Responsibility.** If we issue you a card, you agree to repay all amounts plus any Interest Charges arising from the use of the card and the card Account by you and/or any other authorized users (even if such other persons exceed their authority). You cannot disclaim responsibility for the use of the card and Account by authorized users, but we will close the Account for new transactions if you so request and return all cards. Your obligation to pay the Account balance continues even though an agreement, divorce decree, or other court judgment to which we are not a party, may direct you or one of the other persons responsible to pay the Account. Any person using the card is jointly responsible for all charges on the Account, including yours.

**2. Lost Card Notification.** If you believe your card has been lost or stolen, you agree to immediately call the credit union at (509) 326-1954 WA, (208) 619-4000 ID or toll free at 1-800-858-3750. After business hours or on weekends, call toll free at 1-800-234-5354 or 1-410-581-9994 internationally.

**3. Liability for Unauthorized Use.** You agree to notify us immediately of the loss, theft or unauthorized use of your credit card. If you notify us of your lost or stolen credit card, you will not be liable for losses. This liability exclusion will apply provided you were not grossly negligent or fraudulent in handling your credit card, otherwise your liability for unauthorized Visa Credit Card ATM transactions may be up to \$50. These limits of liability may not apply when the card is used to make an electronic funds transfer.

**4. Ownership of Cards.** Any card or other credit instrument or device which we supply to you is our property and must be returned to us, or to any person whom we authorize to act as our agent, or to any person who is authorized to honor the card, immediately according to our instructions. The card may be repossessed at any time in our sole discretion without demand or notice. You agree to pay any of the fees or costs incurred in the credit union's recovery of the card. You cannot transfer your card or Account to another person.

**5. STCU Visa Convenience checks.** As a convenience, STCU makes special convenience checks available to qualified Visa Gold cardholders as a means of accessing available credit in their accounts. To order Visa Gold convenience checks, call STCU at (509) 326-1954 or 1-800-858-3750. Your use of convenience checks will be shown on your monthly statement and will be included in the cash advance balance. We may not honor your convenience check if: (a) your check is postdated; (b) payment of the check would exceed your credit limit; (c) a check is signed by a person without authorized access; (d) your Account has been terminated or suspended; or (e) any checks have been reported lost or stolen. Our liability for wrongful dishonor is limited to your actual losses; however, a dishonor for the reasons stated above is not a wrongful dishonor. You may stop payment on a convenience check if you provide us with the exact information describing the check. If you give us incorrect information, we will not be responsible for failing to stop payment. Your use of convenience checks will be subject to late payment fees, NSF item

returned fees, and stop payment fees laid out in the “Fees and Charges” section, as they apply.

**6. Credit Line.** If we approve your application, we will establish a self-replenishing line of credit for you and notify you of its amount when we issue the card. You agree not to let the Account balance exceed this approved credit line. If you initiate a transaction that will exceed your approved credit limit, your transaction may be denied. Each payment you make on the Account will restore your credit line, not to exceed your approved credit limit, by the amount of the payment which is applied to principal. You may request an increase in your credit line, but any increase must be approved by Spokane Teachers Credit Union. By giving you written notice, we may reduce your credit line from time to time, or with good cause, revoke your card and terminate this Agreement. Good cause includes your failure to comply with this Agreement, or our adverse re-evaluation of your creditworthiness. You may also terminate this Agreement at any time, but termination by either of us does not affect your obligation to pay the Account balance.

**7. Credit Information.** You authorize us to investigate your credit standing when opening, renewing, or reviewing your Account, and you authorize us to disclose information regarding your Account to credit bureaus and other creditors who inquire of us about your credit standing as authorized by applicable law.

**8. Monthly Payment.** We will mail you a statement every month if your Account has a balance. You agree that you will pay each month not less than the minimum monthly payment on or before the scheduled monthly due date. The minimum monthly payment will be 2.0% of your outstanding balance (“New Balance”) or \$25.00, whichever is greater. If your outstanding balance is \$25.00 or less, you agree to pay the balance in full. You may pay your Account balance in full each month, or you may repay in monthly installments. We can accept late payments or partial payments, or checks, drafts, or money orders marked “payment in full” without prejudice to our rights under this Agreement, which are hereby explicitly reserved. Your payments may not be made in excess of your balance or to exceed your approved credit limit. A credit posting from a merchant or reversal of fees do not constitute a minimum payment. The minimum payment may be allocated at the Credit Union's discretion to pay off lower rate balances, such as promotional offers, before higher rate balances, such as cash advances or purchases. Payments in excess of the minimum payment will be allocated first to higher rate balances, as applicable. From time to time, we may allow you to skip your minimum monthly payment due. If you choose to skip that payment, **Interest Charges** will continue to accrue in accordance with this Agreement. Payments received at: PO Box 14429, Des Moines, IA 50306-3429 or before 5:00 PM Central Time on any business day will be credited to your account as of that date; payments received by mail at that address after 5:00 PM Central time on any business day, on a weekend, or on a federal holiday will be posted to your Account as of the next business day. Payment crediting to your Account may be delayed up to five days if your payment is received by mail at any other address or not accompanied by the remittance portion of your Account statement.

**9. Interest Charges.** The Interest Charge for a billing cycle will be the sum of two components:

- Cash advance and balance transfer fee.** Cash advance transactions, balance transfers, transfers, or checks (excluding convenience checks) are subject to a cash advance fee (Interest Charge) of either \$5 or 2% of the total dollar amount of each cash advance, whichever is greater, which is posted to your Account during the billing cycle and not to exceed the maximum rate permitted credit unions during the billing cycle.
- Daily periodic Interest Charge.** A daily periodic Interest Charge may apply to any purchases, cash advances, and balance transfers included in the current average daily balance. The daily periodic Interest Charge for each billing cycle will be calculated by multiplying the average daily balance (see the explanation below) for your Account for the billing cycle by the daily periodic rate.

An **Interest Charge** will be imposed on the portion of purchases and promotional offers included in the New Balance that remains unpaid within 23 days after the closing date. This "grace period" allows you to avoid an **Interest Charge** on purchases and promotional offers for a billing cycle. However, if you do not pay the New Balance for purchase and promotional offers within the grace period, your **Interest Charge** will accrue on the unpaid portion effective the opening date of the following billing cycle. Your cash advance and balance transfer balances have no grace period.

**10. Calculation of the Average Daily Balance.** We calculate the average daily balance for your Account for the billing cycle (the balance which is subject to the daily periodic rate) by computing the average of the daily balances for each day of the billing cycle by the balance type. To calculate the daily balance, we take the outstanding balance (all of the amounts you owe for that balance type) at the start of the day. Then, in the sequence in which the amounts post to your Account, we add the amounts of all debits and subtract the amounts of all payments and credits which post to your Account that day. After applying payments and credits, we subtract any amount of Interest Charge, late charge, and overlimit charge that remains unpaid. The result is the daily balance for that day. We add together all the daily balances for each day by the balance type in the billing cycle and divide the total by the number of days in the billing cycle. The result is the average daily balance for that billing cycle.

The Annual Percentage Rate for your purchase balance is 10.90%, with a Daily Periodic Rate of .029863%.

The Annual Percentage Rate for your cash advance and balance transfer balances is 13.90%, with a Daily Periodic Rate of .038083%.

**11. Default.** You will be in default if you fail to make any minimum monthly payment by the monthly payment due date. You will also be in default if your ability to repay us is materially reduced by a change in your employment, an increase in your obligations, bankruptcy, or insolvency proceedings involving you, your death, or your failure to abide by this Agreement or if the value of your security interest materially declines. We have the right to demand immediate payment of your full Account balance if you default, subject to our giving you any notice required by law. To the extent permitted by law, you will also be required to pay our collection expenses, including collection agency fees, if applicable, court costs and reasonable attorney fees.

**12. Using the Card.** There are a variety of means that you may employ to make a purchase or cash advance with your Account. One is for you to present your card to a participating Visa plan merchant, to us, or to another financial institution, and sign the sales or cash advance draft which will be imprinted with your card. Another is to identify your card number and expiration date to a participating Visa plan merchant for the purpose of making a purchase or payment by telephone or over the Internet. Merchants participating in Verified by Visa will require a password to authenticate your identity before completing the transaction. Yet another is to use your card and personal identification number (PIN) in an automated teller machine or other electronic terminal that provides access to the Visa system. You are also welcome to access available credit through the use of Visa Gold convenience checks in accordance with the terms presented above. Your monthly statement will identify the merchant, financial institution, convenience check number, or electronic terminal at which transactions were made, but STCU does not return sales, cash advance, credit, or other slips with the statement. You will retain the copy of such slips or documents furnished at the time of the transaction in order to verify the monthly statement. The credit union may make a reasonable charge for photocopies of slips you may request.

You may not use your card for an illegal or unlawful transaction, and we may decline to authorize any transaction that we believe poses an undue risk of illegality or unlawfulness.

**13. Returns and Adjustments.** Merchants and others who honor the card may give credit for returns and adjustments, and they will do so by

sending us a credit transaction which we will post to your Account. If your credit along with your monthly payment exceed what you owe us, we reserve the right to credit the balance against future purchases and cash advances to the extent permitted by law.

**14. Currency Conversion/Foreign Transaction Fee.** Purchases and cash advances made in foreign countries will be billed to you in U.S. dollars. The currency conversion rate for international transactions as established by VISA International, Inc. is a rate selected by VISA from the range of rates available in wholesale currency markets for the applicable central processing date, which rate may vary from the rate VISA itself receives, or the government-mandated rate in effect for the applicable central processing date. All international purchase transactions will include a 1% Foreign Transaction Fee that is passed through Visa.

**15. Plan Merchant Disputes.** We are not responsible for the refusal of any plan merchant or financial institution to honor your card. We are subject to claims and defenses (other than tort claims) arising out of goods and services you purchase with the card, only if you have made a good faith attempt but have been unable to obtain satisfaction from the plan merchant, and (a) your purchase was made in response to an advertisement we sent or participated in sending you, or (b) your purchase cost more than \$50.00 and was made from a plan merchant in your state or within 100 miles of your home. Any other disputes you must resolve directly with the plan merchant.

**16. Automatic Overdraft Authorization.** You authorize us to clear any overdraft(s) on your STCU checking-type deposit accounts by an advance from your Visa Gold Account in the amount of the overdraft, or in such increments as we may from time to time determine, subject to the terms of this Agreement. If you are not eligible to receive advances from us under this Agreement, your check(s) may be returned and your account closed.

**17. Security Interest.** To secure your Account, (a) you agree we have a statutory lien on your shares and dividends to the extent of any amounts due and payable under this Agreement, provided you have signed a separate Security Agreement and (b) you grant us a purchase money security interest under the Uniform Commercial Code in any goods you purchase through the Account. If you default, we will have the right to recover any of these goods which we have not been paid for through our application of your payments in the manner described previously. In addition you agree your Account will be secured by the property described in any other Security Agreements you have given the credit union, except for your home.

**18. Effect of Agreement.** This Agreement is the contract which applies to all transactions on your Account even though the sales, cash advance, credit or other slips you sign or receive may contain different terms. We reserve the right to amend the terms and conditions of this Agreement at anytime as permitted by and subject to any limitations and notice requirements of applicable law.

#### 19. Fees and Charges.

- a. **Late Payment Fee.** If your minimum payment is not paid by the payment due date, you will be subject to a single charge up to \$25.00.
- b. **NSF Item Returned Fee.** A \$25.00 charge will be assessed for each Visa Gold convenience check returned regardless of the reason.
- c. **Stop Payment Fee.** Stop payment orders placed for Visa Gold convenience checks are subject to a \$25.00 stop payment fee. A recurring payment stop fee is \$5.00.
- d. **Research and Copying Charge.** If you ask us to examine your Account or provide copies of documents, except in resolution of a billing error, we may charge you \$2.00 for each statement copy and \$25.00 per hour with a \$5.00 minimum charge for the research. Transaction copy request fee is \$12.00 per copy.
- e. **Card Recovery Fee.** If you report your card lost or stolen and subsequently find the card, and before notifying us, you use the card, there may be a \$65.00 charge for recovering your card, if captured.

f. **ATM Fees.** If you use an ATM that is not operated by the Credit Union, you may be charged an ATM surcharge by the ATM operator or an ATM network utilized for such a transaction. The ATM surcharge will be debited from your Account if you elect to complete the transaction.

g. **Card Replacement Delivery Fee.** The standard card delivery fee is \$5.00. The two day delivery fee is \$15.00.

20. **Enforcement.** The Agreement is governed by the Bylaws of the Credit Union, federal laws and regulations, the laws and regulations of the state of Washington and the state in which you reside, as applicable from time to time. If any provision of this Agreement is held invalid, the remaining provisions that are severable shall remain in effect.

21. **Your Credit Card Billing Rights.** Keep this document for future use. This notice tells you about your rights and our responsibilities under the Fair Credit Billing Act.

**What To Do If You Find A Mistake On Your Statement.** If you think there is an error on your statement, write to us at: Spokane Teachers Credit Union, P.O. Box 1954, Spokane, WA 99210-1954. In your letter, give us the following information:

- Account information: Your name and Account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.
- At least 3 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors in writing. You may call us, but if you do, we are not required to investigate any potential errors and you may have to pay the amount in question.

**What Will Happen After We Receive Your Letter.** When we receive your letter, we must do two things:

1. Within 30 days of receiving your letter, we must tell you that we received your letter. We will also tell you if we have already corrected the error.
2. Within 90 days of receiving your letter, we must either correct the error or explain to you why we believe the bill is correct.

**While we investigate whether or not there has been an error:**

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

**After we finish our investigation, one of two things will happen:**

- If we made a mistake: You will not have to pay the amount in question or any interest or other fees related to that amount.
- If we do not believe there was a mistake: You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may then report you as delinquent if you do not pay the amount we think you owe.

If you receive our explanation but still believe your bill is wrong, you must write to us within 10 days telling us that you still refuse to pay. If you do so, we cannot report you as delinquent without also reporting that you are questioning your bill. We must tell you the name of anyone to whom we reported you as delinquent, and we must let those organizations know when the matter has been settled between us. If we do not follow all of the rules above, you do not have to pay the first \$50 of the amount you question even if your bill is correct.

**Your Rights If You Are Dissatisfied With Your Credit Card Purchases.** If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card Account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at the above address. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

## Visa Credit Card Supported Features

### 1-800-VISA-911 Cardholder Inquiry Service

Whenever you need emergency service or answers, call the Program Administrator, 24 hours a day, 365 days a year: 1-800-VISA-911 (1-800-847-2911). If you are outside of the United States, please call collect: 0-410-581-9994. For balance inquiries and Account-related questions please call the customer service number on your statement.

### Emergency Cash

With this service, you can receive up to \$5,000 in emergency cash, usually within 24 hours. Once your emergency cash request has been approved and processed, you can pick up the cash at a convenient financial institution location or at an Emergency Service Location.

### Emergency Card Disbursement

With this service, you have piece of mind knowing that your Visa card can be replaced quickly, easily, and conveniently. In the U.S. a card can be replaced and delivered in as little as 24 hours. Outside of the U.S., it is often replaced as quickly as one business day.

### Lost/Stolen Card Reporting

One call to the Visa Assistance Center will block your Account to prevent fraudulent charges, and to arrange for a replacement card to be delivered to you. "Live" customer service agents are available 24 hours a day, 7 days a week by calling (800) 234-5354. Overseas travelers can dial collect by calling 1-410-581-9994.

## Auto Rental Collision Damage Waiver Program

**What is this benefit?** When certain terms and conditions are met, the Visa Auto Rental Collision Damage Waiver benefit ("Auto Rental CDW") provides— at no additional charge—reimbursement for damage due to collision or theft up to the actual cash value of most rental vehicles. In your country of residence, this benefit is supplemental to, and excess of, any valid and collectible insurance from any other source. We will reimburse only for that damage or theft not payable by any other party. Here are answers to some commonly asked questions about the benefit.

**Who is eligible?** You are eligible only if you are a valid cardholder whose name is embossed on an eligible U.S.-issued Visa card. Only you as the primary renter of the vehicle and any additional drivers permitted by the auto rental agreement are covered.

**What is covered?** Subject to the terms and conditions in this Guide to Benefit, Visa Auto Rental CDW reimburses you for the deductible portion of your personal automobile insurance, valid administrative and loss-of use charges imposed by the rental car company, as well as reasonable towing charges resulting from covered damage or theft of the rental

vehicle while it is your responsibility. If you do not have personal automobile insurance or any other insurance covering this loss, this benefit reimburses you for the covered damage or theft as well

as valid administrative and loss-of-use charges imposed by the auto rental company and reasonable towing charges. Only vehicle rental periods that neither exceed nor are intended to exceed fifteen (15) consecutive days within your country of residence or thirty-one (31) consecutive days outside your country of residence are covered. The benefit provides reimbursement up to the actual cash value of the vehicle as it was originally manufactured. Most private passenger automobiles, minivans, and sport utility vehicles are eligible, but some restrictions may apply. Please contact the Benefit Administrator to inquire about a specific vehicle.

**Within your country of residence, this benefit supplements, and applies excess of, any valid and collectible insurance or reimbursement from any source. This means that, subject to the terms and conditions of this Guide to Benefit, Visa Auto Rental CDW applies to losses or expenses that are not covered by insurance or reimbursement.**

#### **Covered losses are:**

- Physical damage and/or theft of the covered rental vehicle.
- Valid loss-of-use charges imposed and substantiated by the auto rental company through a fleet utilization log.
- Reasonable and customary towing charges, due to a covered loss, to the nearest qualified repair facility.

#### **How do I activate this benefit?**

For the benefit to be in effect, you must:

- Initiate and complete the entire rental transaction with your eligible Visa card, and
- Decline the auto rental company's collision damage waiver (CDW/LDW) option, or similar provision, if offered by the auto rental company.

#### **Helpful hints:**

- Check the rental vehicle for prior damage before leaving the rental lot.
- Review the auto rental agreement carefully to make sure you are declining CDW/LDW and also to familiarize yourself with the terms and conditions of the auto rental agreement.

**What do I do if I have an accident or the rental vehicle is stolen? Immediately call the Benefit Administrator at 1-800-VISA-911 to report the theft or damage regardless of whether your liability has been established.** If you are outside the United States, call collect at 0-410-581-9994. The Benefit Administrator will answer any questions you or the rental agency may have and will then send you a claim form.

**All incidents must be reported immediately following the theft or damage, but in no event later than forty-five (45) days\* following the date of the theft or damage.** Furthermore, we reserve the right to deny any claim that contains charges that would not have been included had the Benefit Administrator been notified before those expenses were incurred. We therefore advise you to notify us immediately after any loss. You must make every reasonable effort to protect the rental vehicle from damage or theft.

#### **What is not covered?**

- Any obligation you assume under any agreement (other than the deductible under 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 rental agency or its insurer.
- Cost of any insurance or collision damage waiver offered by or purchased through the auto rental company.
- Depreciation of the rental vehicle caused by loss or damage including, but not limited to "diminished value."

- Expenses reimbursable by your insurer, employer, or employer's insurance.
- Loss 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.
- Loss due to off-road operation of the rental vehicle.
- Loss due to hostility of any kind (including, but not limited to, war, invasion, rebellion, or insurrection).
- 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) consecutive days outside your country of residence.
- Leases and mini leases.
- Loss or damage as a result of the cardholder's lack of reasonable care in protecting the rental vehicle before and after damage occurs (for example, leaving the vehicle running and unattended).
- Losses reported more than forty-five (45) days\* from the date of loss.
- Losses for which a claim form has not been received within ninety (90) days\* from the date of loss.
- Losses for which all required documentation has not been received within 365 days from the date of loss.
- Losses from rental transactions which originated in Israel, Jamaica, the Republic of Ireland, or Northern Ireland.

\* Not applicable to residents of certain states.

**What if the auto rental company insists that I purchase the auto rental company's auto insurance or collision damage waiver?** Call the Benefit Administrator at **1-800-VISA-911** for help. If you are outside the United States, call collect at 0-410-581-9994.

**When and where do I have this benefit?** This benefit is available in the United States and most foreign countries. **No benefit is provided for motor vehicles rented in Israel, Jamaica, the Republic of Ireland, or Northern Ireland.** Additionally, this benefit is not available where precluded by law or in violation of the territory terms of the auto rental agreement or prohibited by individual merchants. **Because regulations vary outside the United States, we recommend you check with your auto rental company and the Benefit Administrator before you travel to make sure Visa Auto Rental CDW will apply.**

This benefit is in effect while the rental vehicle remains in your control or in the control of a person permitted to operate the rental vehicle in accordance with the rental agreement between you and the auto rental company. This benefit terminates when the auto rental company re-assumes control of the rental vehicle.

**How does this benefit apply?** Within your country of residence, Visa Auto Rental CDW supplements, and applies excess of, any valid and collectible insurance or reimbursement from any source. It does not duplicate insurance provided by or purchased through the auto rental company; it will not pay for losses reimbursed by your own insurer, employer, employer's insurance, or any other valid and collectible insurance; however, it will pay for the outstanding deductible portion or other charges, including valid administration and loss-of-use charges not covered by your applicable automobile insurance policy. Outside your country of residence or if you do not have automobile insurance, this benefit is primary in those countries where it is available, and in that case, you do not have to claim payment from any other source of insurance before receiving the benefits.

**What types of rental vehicles are not covered?** Excluded worldwide are: expensive, exotic, and antique automobiles; certain vans; vehicles that have an open cargo bed; trucks; motorcycles, mopeds, and motorbikes; limousines; and recreational vehicles. Examples of excluded expensive

or exotic automobiles are the Aston Martin, Bentley, Bricklin, Daimler, DeLorean, Excalibur, Ferrari, Jensen, Lamborghini, Lotus, Maserati, Porsche, and Rolls Royce. However, selected models of BMW, Mercedes-Benz, Cadillac, and Lincoln are covered.

An antique automobile is defined as any vehicle over twenty (20) years old or any vehicle that has not been manufactured for ten (10) years or more.

This benefit is provided for only those vans manufactured and designed to transport a maximum of eight (8) people and which is used exclusively to transport people.

If you have any questions regarding a specific vehicle, call the Benefit Administrator at **1-800-VISA-911**. If you are outside the United States, call collect at 0-410-581-9994.

**What do I need from the auto rental company in order to file a Visa Auto Rental CDW claim? At the time of the damage or theft, or when you return the rental vehicle, immediately ask the auto rental company for:**

- A copy of the Accident Report Form and claim document, which should indicate the costs you are responsible for and any amounts that have been paid toward the claim.
- A copy of the initial and final auto rental agreement(s).
- A copy of the repair estimate or itemized repair bill.
- Two (2) photographs of the damaged vehicle, if available.
- A police report, if obtainable.

**How do I file a claim? You, the cardholder, are responsible for reporting your claim to the Benefit Administrator immediately, but in no event later than forty-five (45) days\*from the date of theft or damage, or your claim may be denied. Notice to any other party will not suffice.** Furthermore, we reserve the right to deny any claim that contains charges that would not have been included had the Benefit Administrator been notified before those expenses were incurred. We therefore advise you to notify us immediately after any theft or damage. Mail the following documentation to the Benefit Administrator:

- The completed and signed Visa Auto Rental CDW Claim Form. **Your completed claim form must be postmarked within ninety (90) days\* of the date of the damage or theft, even if all other required documentation is not yet available, or your claim may be denied.**
- A copy of your receipt or monthly billing statement as proof that the entire vehicle rental was charged and paid for with your eligible Visa card.
- 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, please provide a notarized statement to that effect.
- A copy of the declaration page from your automobile insurance carrier.

Enclose all the documents you received from the auto rental company:

- A copy of the Accident Report Form.
- A copy of the entire auto rental agreement(s).
- A copy of the repair estimate or itemized repair bill.
- Two (2) photographs of the damaged vehicle, if available.
- A police report, if obtainable.
- Any other documentation deemed necessary by the Benefit Administrator to substantiate the claim.

**For faster filing, submit your claim online. It's easy, convenient, and available at no extra cost to eligible Visa cardholders. To submit your claim and learn more about Visa Auto Rental CDW go to the Visa Auto Rental CDW Claim Center at [www.visa.com/eclaims](http://www.visa.com/eclaims).**

**If you experience difficulty in obtaining all the required documents within ninety (90) days\*of the date of theft or damage, just submit the claim form and any documentation you already have available. NOTE: All remaining documents must be postmarked within 365 days of the date of theft or damage.**

**Do I have to do anything else?** Usually not. Under normal circumstances, the claim will be paid within fifteen (15) days after the Visa Auto Rental CDW Benefit Administrator has received all documentation necessary to fully substantiate your claim.

However, after the Benefit Administrator has paid your claim, all your rights and remedies against any party in respect of 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.

\* Not applicable to residents of certain states.

**Additional Provisions for Auto Rental CDW:** You must make every effort that would be made by a reasonable and prudent person to protect the Rental Vehicle from damage or theft. 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 including, but not limited to, the cost of repair services, no coverage shall exist for such claim and your benefits may be canceled. 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 by the cardholder.

Once you report an occurrence, a claim file will be opened and shall remain open for six (6) months from the date of the damage or theft. No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within twelve (12) months of the date of damage or theft.

No legal action for a claim may be brought against us until sixty (60) days after we receive Proof of Loss. After the expiration of three (3) years from the time written Proof of Loss was to be provided, no action shall be brought to recover on this benefit. Further, no legal action may be brought against us unless all the terms of this Guide to Benefit have been complied with fully.

This benefit is provided to eligible Visa cardholders at no additional cost. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages. The benefit described in this Guide to Benefit will not apply to Visa cardholders whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Visa and/or your financial institution can cancel or non-renew the benefit, and if we do, we will notify you at least thirty (30) days in advance. This information is a description of the benefit provided to you as a Visa cardholder. It is insured by Indemnity Insurance Company of North America.

For general questions regarding this benefit, call the Benefit Administrator at 1-800-VISA-911. If you are outside the United States, call collect at 0-410-581-9994.

## Travel and Emergency Assistance

**What are Travel and Emergency Assistance Services?** Help when you don't know where to turn. You can count on a wide range of Visa emergency services available whenever and wherever you need them, 24 hours a day, 365 days a year.

WE WILL MAKE EVERY REASONABLE EFFORT TO RESPOND WHEN YOU HAVE AN EMERGENCY—EVEN IF YOU NEED ASSISTANCE BEYOND THE SERVICES LISTED HERE. PLEASE UNDERSTAND THAT, DUE TO OCCASIONAL PROBLEMS SUCH AS DISTANCE, LOCATION, OR TIME, NEITHER VISA NOR ITS SERVICE PROVIDERS CAN BE RESPONSIBLE FOR THE AVAILABILITY, USE, COST, OR RESULTS OF ANY MEDICAL, LEGAL, TRANSPORTATION, OR OTHER SERVICE.

**Who is eligible for Travel and Emergency Assistance Services?** You, your spouse, and your children (provided the children are dependents under 22 years old) may all take advantage of these special emergency services.

**How do I get these services?** They're as close as the nearest phone. You simply call the Benefit Administrator at **(800) 992-6029** any hour of the day or night. If you are outside the United States, call collect at 0-804-673-1675.

**Is there a charge for these services?** No. Visa Travel and Emergency Assistance Services are available to eligible Visa cardholders at no additional charge.

PLEASE NOTE: VISA TRAVEL AND EMERGENCY ASSISTANCE SERVICES PROVIDE ASSISTANCE AND REFERRAL ONLY. YOU ARE RESPONSIBLE FOR THE COST OF ANY ACTUAL MEDICAL, LEGAL, TRANSPORTATION, CASH ADVANCE OR OTHER SERVICES OR GOODS PROVIDED.

**What are the specific services and what do they provide?** Visa Travel and Emergency Assistance Services will put you in touch with the appropriate emergency services should the need arise. Here are some of the ways we can help:

- **Emergency Message Service** can record and relay emergency messages for travelers, immediate family members, or business associates. **NOTE: Visa will use reasonable efforts to relay emergency messages in accordance with benefit guidelines and limitations, but cannot take responsibility for the failure to transmit any message successfully.**
- **Medical Referral Assistance** provides medical referral, monitoring, and follow-up. The Benefit Administrator can give you names of English-speaking doctors, dentists, and hospitals; assign a doctor to consult by phone with local medical personnel, if necessary, to monitor your condition, keep in contact with your family, and provide continuing liaison; and help you arrange medical payments from your Visa or personal account. **NOTE: All costs are your responsibility.**
- **Legal Referral Assistance** can arrange contact with English-speaking attorneys and with U.S. embassies or consulates if you're detained by local authorities, have a car accident, or need legal assistance. In addition, the Benefit Administrator can coordinate bail payment from your Visa or personal account. The Benefit Administrator can also follow up to make sure bail has been properly handled. **NOTE: All costs are your responsibility.**
- **Emergency Transportation Assistance** can help you make all the necessary arrangements for emergency transportation home or to the nearest medical facility. This even includes arranging to bring your young children home and staying in contact with family members or employers. In the case of a death, the Benefit Administrator can make arrangements for returning the remains of the deceased home. **NOTE: All costs are your responsibility.**
- **Emergency Ticket Replacement** helps you with the carrier's lost ticket reimbursement procedures if you should lose your ticket and can arrange delivery of a replacement ticket to you. **NOTE: All costs are your responsibility.**
- **Lost Luggage Locator Service** can help you through the common carrier's claim procedures or can arrange shipment of replacement items if an airline or common carrier loses your checked luggage. The Benefit Administrator can also arrange a cash advance with your Visa issuing bank. **However, you are responsible for the cost of any replacement items shipped to you.**
- **Emergency Translation Service** provides telephone assistance in all major languages and helps find local interpreters, if available, when you need more extensive assistance. **NOTE: All costs are your responsibility.**
- **Prescription Assistance and Valuable Document Delivery Arrangements** can help you get prescriptions filled or replaced, subject to local laws, and can even arrange pickup and delivery of prescriptions filled for you at local or nearby pharmacies. It can also help transport critical documents which you may have left at home or elsewhere. **NOTE: All costs are your responsibility.**

- **Pre-Trip Assistance** can give you information on your destination before you leave—information such as ATM locations, currency exchange rates, weather reports, health precautions, immunizations, and required passport visas.

#### **Additional Provisions for Travel and Emergency Assistance Services:**

The benefit described in this Guide to Benefit will not apply to Visa cardholders whose accounts have been suspended or canceled. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages.

For general questions regarding this benefit, call the Benefit Administrator at (800) 992-6029. If you are outside the United States, call collect at 0-804-673-1675.

## **Visa Gold Travel Accident Insurance**

Principal Sum: Gold Cards: \$400,000

THIS IS AN ACCIDENTAL DEATH AND DISMEMBERMENT ONLY POLICY AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

This Description of Coverage is provided to all eligible Spokane Teachers Credit Union cardholders and 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 Spokane Teachers Credit Union cardholder, you are covered beginning on 08/01/03 or the date your credit card is issued, whichever is later.

You and your dependents' become covered automatically when the entire Common Carrier fare is charged to your covered Spokane Teachers Credit Union card Account ("Covered Persons"). It is not necessary to notify the financial institution, the Insurance Company, or the Plan Administrator when tickets are purchased. Coverage ends when the policy is terminated.

**Benefits.** Subject to the terms and conditions, if a Covered Person's accidental bodily injury occurs while on a Covered Trip and results in any of the following Losses within one (1) year after the date of the accident, the Insurance Company 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%
One hand and one foot . . . . .	100%
Speech and hearing . . . . .	100%
One hand or one foot and the sight of one eye. . . . .	100%
One hand or one foot . . . . .	50%
Sight of one eye. . . . .	50%
Speech or hearing . . . . .	50%
Thumb and index finger on 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.

**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 metacarpophalangeal joints with regard to thumb and index fingers. The life benefit provides coverage in the event of a Covered Person's death. If a Covered Person's body has not been found within one (1) year of disappearance, stranding, sinking, or wreckage of any Common Carrier in which the Covered Person was covered as a passenger, then it shall be presumed, subject to all other provisions and conditions of this coverage, the Covered Person suffered loss of life.

**Injury** means bodily injury or injuries, sustained by the insured person which are the direct cause of Loss, independent of disease cause of Loss, independent of disease or bodily infirmity, and occurring while the Covered Person is covered under this policy, while the insurance is in force.

**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; (b) charged to your Spokane Teachers Credit Union 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 (excluding aircraft), 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. **Exclusion:** No payment will be made for any Loss that occurs in connection with, or is the result of: (a) suicide, attempted suicide, or intentionally self-inflicted injury; (b) any sickness or disease; (c) travel or flight on any kind of aircraft or Common Carrier except as a fare-paying passenger in an aircraft or on a Common Carrier operated on a regular schedule for passenger service over an established route; or (d) war or act of war, whether declared or undeclared.

**Beneficiary:** Benefit for Loss of life is payable to your estate, or to the beneficiary designated in writing by you. All other benefits are payable to you.

**Notice of Claim:** Written Notice of claim, including your name and reference to Spokane Teachers Credit Union, should be mailed to the Plan Administrator within twenty (20) days of a covered Loss or as soon as reasonably possible. The Plan Administrator will send the claimant forms for filing proof of Loss.

**The Cost:** This travel insurance is purchased for you by your financial institution.

**Description of Coverage:** This description of coverage details material facts about a Travel Accident Insurance Policy which has been established for you and is underwritten by Virginia Surety Company, Inc. Please read this description carefully. All provisions of the plan are in the policy, issued to the financial institution trust. Any difference between the 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:**

**CBSI Enhancement Services**  
550 Mamaroneck Avenue, Suite 309  
Harrison, NY 10528

**Underwritten by:**

Virginia Surety Company, Inc.  
175 West Jackson Blvd., 11th Floor  
Chicago, IL 60604

<sup>1</sup>Your spouse, unmarried dependent child(ren), under age 19 (25 if a full-time student). No age limit for incapacitated child. Incapacitated child means a child incapable of self sustaining employment by reason of mental retardation or physical handicap, and chiefly dependent on you for support and maintenance. Dependent child(ren) receive 50% of your benefit amount.

**Additional Provisions for Travel Accident Insurance:** Travel Accident Insurance is provided under a master policy of insurance issued by Virginia Surety Company, Inc. (herein referred to as "Company"). We reserve the right to change the benefits and features of all these programs.

The financial institution or the Company can cancel or choose not to renew the Insurance coverages for all Insureds. If this happens, the financial institution will notify the accountholder at least thirty (30) days in advance of the expiration of the policy. Such notices need not be

given if substantially similar replacement coverage takes effect without interruption and is provided by the same insurer. Insurance benefits will still apply to Covered Trips commenced prior to the date of such cancellation or non-renewal, provided all other terms and conditions of coverage are met. Travel Accident Insurance does not apply if Your Spokane Teachers Credit Union card privileges have been suspended or canceled. However, insurance benefits will still apply to Covered Trips commenced prior to the date that Your Account is suspended or cancelled provided all other terms and conditions of coverage are met.

Coverage will be void if, at any time, the accountholder has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof or the accountholder's interest herein, or in the case of any fraud or false swearing by the Insured relating thereto. No person or entity other than the accountholder shall have any legal or equitable right, remedy, or claim for insurance proceeds and/or damages under or arising out of this coverage.

No action at law or in equity shall be brought to recover on this coverage prior to the expiration of sixty (60) days after proof of loss has been furnished in accordance with the requirements of this Description of Coverage.

**The Company, at its expense, has the right to have you examined as often as reasonably necessary while a claim is pending. The Company may also have an autopsy made unless prohibited by law.**

## Personal Identity Theft Coverage

**What is the Personal Identity Theft benefit?** The Personal Identity Theft benefit offers reimbursement for covered expenses you incur to restore your identity, up to a maximum of \$2,500, as a result of a Covered Stolen Identity Event.

**Who is eligible for this benefit?** To be eligible for this benefit, you must be a valid cardholder whose name is embossed on an eligible U.S.-issued Visa card and reside in the United States or Canada.

**What is a Covered Stolen Identity Event?** "Covered Stolen Identity Event" means the theft or unauthorized or illegal use of your name, transaction card Account or Account number, Social Security number, or any other method of identifying you.

**What is covered?**

Covered Losses under the Personal Identity Theft benefit are:

- Costs you incur for re-filing applications for loans, grants, or other credit or debt instruments that are rejected solely because the lender received incorrect information as a result of a Covered Stolen Identity Event.
- Costs for notarizing affidavits or other similar documents, long distance telephone calls, and postage reasonably incurred as a result of your efforts to report a Covered Stolen Identity Event or to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Costs incurred by you for a maximum of four (4) credit reports, requested as a result of a Covered Stolen Identity Event, from any entity approved by the Benefit Administrator.
- Actual lost wages for time taken away from your work premises solely as a result of your efforts to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Costs for reasonable fees for an attorney appointed by the Benefit Administrator and related court fees you incur with the consent of the Benefit Administrator for suits brought against you by a creditor or collection agency or similar entity acting on behalf of a creditor for nonpayment of goods or services or default on a loan as a result of a Covered Stolen Identity Event.

**What is not covered?**

- Any dishonest, criminal, malicious, or fraudulent acts by you.
- Any damages, loss, or indemnification unless otherwise stated in this disclosure.
- Costs associated with any legal action or suit other than those set

forth under Covered Losses.

- Sick days and any time taken from self-employment.
- Any losses as a result of theft or unauthorized use of an Account by a person to whom the Account has been entrusted.

**Is there a charge for these services?** No. Your financial institution provides this benefit to you at no additional cost.

**When and where am I covered?** Payment for Covered Losses will be limited to losses incurred in the United States, its territories and possessions, Puerto Rico, or Canada for a loss occurring during the benefit period.

**How do I file a claim?** Call our Benefit Administrator, toll-free, at **1-866-679-5660** immediately when you reasonably believe a Covered Stolen Identity Event has occurred and provide information including, but not limited to, how, when, and where the Covered Stolen Identity Event occurred. The Benefit Administrator may also require other reasonable information or documents regarding the loss.

**What documents do I need to submit with my claim?** A signed, sworn proof of loss or affidavit containing the information requested by the Benefit Administrator must be submitted within sixty (60) days.

**How will I be reimbursed?** Once your claim has been verified, under normal circumstances, reimbursement will be initiated within five (5) business days of receipt and approval of all required documents.

**Do I have to do anything else?**

- If you reasonably believe that a law may have been broken, you must promptly file a report with the police.
- You must take all reasonable steps to mitigate possible losses, including cancellation of any affected debit, credit, or similar card in the case of a Covered Stolen Identity Event.

**Additional Provisions for Personal Identity Theft:** This benefit applies only to you, the primary eligible Visa cardholder. You must use due diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by the benefit.

If you make any claim knowing it to be false or fraudulent, no coverage shall exist for such claim and your benefits may be canceled. 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 by the cardholder.

Once you report a Covered Stolen Identity Event, a claim file will be opened and shall remain open for six (6) months from the date of the Covered Stolen Identity Event.

No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within six (6) months of the Covered Stolen Identity Event.

After the Benefit Administrator has paid your claim of loss or damage, all your rights and remedies against any party in respect of this loss or damage 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.

No legal action for a claim may be brought until sixty (60) days after we receive a Proof of Loss. No legal action against us may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against us unless all the terms of this Guide to Benefit have been complied with fully.

This benefit is provided to eligible Visa cardholders at no additional cost and is in effect for acts occurring while the benefit is in effect. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or

statement messages. The benefit described in this Guide to Benefit will not apply to Visa cardholders whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Visa and/or your financial institution can cancel or non-renew this benefit, and if we do, we will notify you at least thirty (30) days in advance. This information is a description of the benefit provided to you as a Visa cardholder. It is insured by Indemnity Insurance Company of North America.

For general questions regarding this benefit, call the Benefit Administrator at 1-866-679-5660.

**Whenever you need to file a claim, call toll-free at 1-866-679-5660.**

#### **Safety Tips for Cash Machine Use**

The following information is a list of safety precautions regarding the use of automated teller machine (ATM) and night deposit facilities.

- Be aware of your surroundings, particularly at night.
- Consider having someone accompany you when the ATM or night deposit facility is used after dark.
- If another person is uncomfortably close to you at the time of your transaction, cancel the transaction and leave.
- Refrain from displaying your cash at the ATM or night deposit facility. As soon as your transaction is completed, place your money in your purse or wallet. Count the cash later in the safety of your car or home.
- If you notice anything suspicious at the ATM or night deposit facility, consider using another ATM or night deposit facility or coming back later. If you are in the middle of a transaction and you notice something suspicious, cancel the transaction, take your ATM access device or deposit envelope, and leave.
- If you are followed after making a transaction, go to the nearest public area where people are located.
- Do not write your personal identification number (PIN) or code on your ATM card or in purse or wallet.
- Report all crimes to law enforcement officials immediately.

#### **Guarding Against Phone Fraud**

While most telephone sales calls are made by legitimate businesses, members should stay alert for those callers who turn to the phones for fraud. Often, a swindler will ask for your credit card number as “identification,” as “verification” that you have won something, or looking for a “good-faith” expression on your part. Your best course of action in these cases is to refuse. Likewise, callers pretending to be credit union staff members requesting your cash machine personal identification number (PIN) for verification should be turned down. STCU uses other information to verify phone transactions—but certainly not your PIN!