

# Summary Description of Benefits for the Personal Internet & Identity Coverage Master Policy

This Summary is provided to inform You that as a Fifth Third Customer, You and Your joint accountholders are entitled to benefits under the Master Policy referenced below. This Summary Description of Benefits does not state all the terms, conditions, and exclusions of the Policy. Your benefits will be subject to all of the terms, conditions, and exclusions of the Master Policy, even if they are not mentioned in this Summary. A complete copy of the Policy will be provided upon request.

The Master Policy of Fraud Safeguard Coverage for New York Insureds and the Master Policy of Personal Internet Identity Coverage for non-New York Insureds (collectively, the "Master Policy") have been issued to: Affinion Group Insurance Trust (the "Master Policyholder"), Policy Numbers: 1423212 and 7077733, respectively, underwritten by insurance company subsidiaries or affiliates of American International Group, Inc., to provide benefits as described in this Summary.

## General Information

Should You have any questions regarding the Membership Program provided by the Master Policyholder, or wish to view a complete copy of the Master Policy, please call the customer service number located in Your membership materials.

## Limit of Insurance

Aggregate Limit of Insurance:	up to \$25,000	per policy period
Lost Wages:	\$ 1,500	per week, for 5 weeks maximum
Travel Expenses	\$ 1,000	per policy period
Elder Care and Child Care	\$ 1,000	per policy period
Initial Legal Consultation	\$ 1,000	per policy period
<b>Deductible</b>	\$ 0	per policy period

## Filing a Claim

If You have any questions regarding the identity theft insurance coverage or wish to file a claim under the Master Policy, please contact the Insurer at 1-866-622-5205.

**This is a group master policy issued to Affinion Group Insurance Trust. If this master policy is terminated, Your benefits will cease effective that date. It is the obligation of the master policyholder to inform You of any termination of the master policy.**

## BENEFITS

We shall pay You for the following:

### a) Costs

- i. Reasonable and necessary costs incurred by You in the United States for re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of a Stolen Identity Event.
- ii. Reasonable and necessary costs incurred by You in the United States for notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of Your efforts to report a Stolen Identity Event and/or amend or rectify records as to Your true name or identity as a result of a Stolen Identity Event.
- iii. Reasonable and necessary costs incurred by You for up to six credit reports from established credit bureaus (with no more than two reports from any one credit bureau) dated within 12 months after Your knowledge or discovery of a Stolen Identity Event.
- iv. Reasonable and necessary costs incurred by You for ordering medical records for the purpose of amending and/or rectifying these documents as a result of a Stolen Identity Event.
- v. Reasonable and necessary costs approved by Us, for providing periodic reports on changes to, and inquiries about the information contained in Your credit reports or public databases (including, but not limited to credit monitoring services).
- vi. Reasonable and necessary costs of travel within the United States incurred as a result of Your efforts to amend or rectify records as to Your true name or identity.
- vii. Reasonable and necessary costs for elder care or child care incurred as a result of Your efforts to amend or rectify records as to Your true name or identity.

### b) Lost Wages

Actual lost wages earned in the United States, whether partial or whole days, for time taken off work and 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 Stolen Identity Event. Actual lost wages includes remuneration for vacation days, discretionary days, floating holidays, and paid personal days and excludes business interruption or future earnings of a self-employed professional. Computation of lost wages for self-employed professionals must be supported by and will be based on prior year tax returns. Coverage is limited to wages lost twelve months after Your discovery of a Stolen Identity Event.

### c) Legal defense fees and expenses

Reasonable and necessary fees and expenses incurred in the United States by You with Our consent for an attorney appointed by Us for:

- i. Defending any civil suit brought against You by a creditor or collection agency or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as a result of a Stolen Identity Event.
- ii. Removing any civil judgment wrongfully entered against You as a result of the Stolen Identity Event.
- iii. An initial consultation with a lawyer to determine the severity of and appropriate response to a Stolen Identity Event.
- iv. Challenging the accuracy or completeness of any information in Your medical history as a result of a Medical Identity Theft.
- v. Defending criminal charges brought against You as a result of a Stolen Identity Event; provided, however, We will only pay criminal defense related fees and expenses after it has been established that You were not in fact the perpetrator.

## DEFINITIONS

**Bodily Injury** means: bodily harm, sickness or disease, including required care, Loss of services and death that results.

**Business** means: any employment, trade, profession, or occupation, including farm operation and the raising or care of animals.



**Customer Membership Period** means: the period commencing on the date an Insured enrolls in a Membership Program of the Master Policyholder (provided the Master Policy is actively held by the Master Policyholder at such time) and ending on the earlier of the expiration date of the Master Policy, the date of cancellation of the Master Policy or the termination of such Insured's enrollment in a Membership Program.

**Family Member** means: Your spouse, sibling, parent, grandparent, child, grandchild, niece or nephew.

**Insured, You, Your, and Yours** means: the natural person on record with Us as enrolled in a Membership Program(s) of the Master Policyholder at the time of a Stolen Identity Event.

**Loss** means: Costs, Lost Wages, and Legal defense fees and expenses as described above.

**Medical Identity Theft** means: the theft of Your personal or health insurance information to obtain medical treatment, pharmaceutical services or medical insurance coverage. Medical Identity Theft also means the theft of the Insured's personal or health insurance information to submit false claims for medical services or goods.

**Membership Program** means: those Membership programs sponsored by the Master Policyholder and that are specifically listed by endorsement as covered programs under the Master Policy.

**Personal Injury** means the following injuries, and resulting death:

1. Shock, humiliation, mental anguish, or mental injury;
2. False arrest, imprisonment, or detention;
3. Wrongful entry into, or eviction of a person from, a room, dwelling, or premises that the person occupies;
4. Bodily Injury;
5. Malicious prosecution;
6. Libel, slander, defamation of character, or disparagement of a person's or organization's goods, products, or services; or
7. Invasion of privacy.

**Property Damage** means: physical injury to, destruction of, or Loss of use of tangible property.

**Stolen Identity Event** means the fraudulent use of Your name, address, Social Security number, bank or credit card account number or other personally identifying information or other method of identifying You. This includes, but is not limited to, the fraudulent use of Your personal identity to establish credit accounts, secure loans, enter into contracts or commit crimes. Stolen Identity Event shall include Medical Identity Theft. Stolen Identity Event shall not include the theft or wrongful use of Your Business name, d/b/a or any other method of identifying a Business activity of Yours.

**We, Us, Our and Company** means: The insurance company providing this insurance.

## Coverage Scope

The Master Policy provides benefits to You only if You report a Stolen Identity Event to Us by the contact number stated below as soon as You become aware of a Stolen Identity Event, but in no event later than ninety (90) days after Your discovery of the Stolen Identity Event, and You follow the instructions given to You in a claims kit that You will be provided. These instructions will include notifying major credit bureaus, the Federal Trade Commission's Identity Theft Hotline and appropriate law enforcement authorities. This claims kit will also instruct You how to file for benefits under the Master Policy if the Stolen Identity Event results in Losses covered under the Master Policy.

You will only be covered if a Stolen Identity Event first occurs while You are a member of the Master Policyholder's Membership Program and is reported to Us within ninety (90) days after Your discovery of a Stolen Identity Event. You will not be covered if the Stolen Identity Event first occurs after expiration or termination of the Master Policy or termination of Your membership in the Master Policyholder's Membership Program.

## Limits Of Insurance

The most We shall pay You are the Limits of Insurance shown above. All Legal Costs shall be part of and subject to the Aggregate Limit of Insurance. **LEGAL COSTS ARE PART OF, AND NOT IN ADDITION TO, THE LIMIT OF INSURANCE.**

The Lost Wages, Travel Expense, Initial Legal Consultation and Elder Care/Child Care Limits of Insurance shown above are sublimits of the Aggregate Limit of Insurance and the most We shall pay You for lost wages, travel expense, initial legal consultation and elder care/child care.

## Deductible

1. You shall be responsible for the applicable Deductible amount shown above and You may not insure against it.
2. You shall be responsible for only one Deductible during any one policy period.

## Other Insurance

We shall be excess over any other insurance, including, without limitation, homeowner's or renter's insurance. If You have other insurance that applies to a Loss under this policy, the other insurance shall pay first. This policy applies to the amount of Loss that is in excess of the Limit of Insurance of Your other insurance and the total of all Your deductibles and self-Insured amounts under all such other insurance. In no event shall We pay more than Our Limits of Insurance as shown above.

## DUPLICATE COVERAGES

Should You be enrolled in more than one Membership Program Insured by Us, or any of Our affiliates, We will reimburse You under each Membership Program:

- a) subject to the applicable deductibles and limits of liability of each Insured Membership Program
- b) but in no event shall the total amount reimbursed to You under all Membership Programs exceed the actual amount of Loss.

**EXCLUSIONS:**

**Intentional Loss** – We do not cover any Loss for any act committed at Your direction or with Your knowledge.

**Dishonest Acts** – We do not cover any Loss arising out of any dishonest or criminal act by You or a Family Member.

**Confiscation** – We do not cover any Loss caused by the confiscation, destruction, or seizure of property by any government or public entity or their authorized representative.

**Business or Professional Services** – We do not cover any Loss arising out of a Business or professional service engaged in by You, including Loss connected to Accounts used for Business purposes.

**Late Reporting** – We do not cover any Loss reported to Us more than ninety (90) days after Your discovery of a Stolen Identity Event.

**Property Damage, Bodily Injury, or Personal Injury** – We do not cover any Bodily Injury, Property Damage, or Personal Injury.

**Family Member** – Any Stolen Identity Event of which a Family Member participated in, directed or had prior knowledge.

**DUTIES OF THE INSURED**

You shall promptly, but no later than ninety (90) days after Your discovery of a Stolen Identity Event, notify Us of the Stolen Identity Event by calling 1-866-622-5205 or contacting Us at ID Theft & Fraud Group, 175 Water Street, 8th Floor, New York, NY 10038. You shall also follow Our written instructions to mitigate potential Loss, which will be provided to You in a claims kit and which will include the prompt notification of the major credit bureaus, the Federal Trade Commission's Identity Theft Hotline and appropriate law enforcement agencies.

