

Identity Theft Insurance Benefit Summary

Up to \$5,000 in financial relief in the event your identity is stolen.

Identity Theft Insurance

Summary Description Of Benefits For The Identity Theft Expense Reimbursement Master Policy

The Master Policy of Virginia Surety Company Identity Theft Expense Reimbursement Coverage has been issued to: Affinion Group Insurance Trust (the "Master Policy Holder"), Policy Number: TRIID- 002 underwritten by: Virginia Surety Company, Inc., 1000 Milwaukee Ave., Glenview, IL 60025 (the "Company") to provide benefits as described in this Summary.

This Summary is provided to inform You that You and Your joint accountholders are entitled to benefits under the Master Policy referenced above. 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.

POLICYHOLDER:

Affinion Group Insurance Trust

INSURING AGREEMENT:

We will reimburse You for Losses You incur as a result of Identity Theft. The Loss must occur while You are eligible for coverage, as described in this Evidence of Coverage. This Evidence of Coverage is not transferable to another person or entity.

COVERAGE LIMITS:

Coverage is subject to:

- An overall aggregate benefit limit of \$5,000 USD per twelve (12) month period, for Losses incurred as the result of Identity Theft.
- The Lost Wages benefit is further limited to an amount up to \$500 USD per week, payable for up to four (4) weeks.
- A limit of one (1) Identity Theft claim per twelve (12) month period.

COVERAGE PERIOD:

Coverage begins on the date You are enrolled by the Participating Organization. Coverage term is monthly and continues monthly unless non-renewed or cancelled by Us, Group Policyholder or Participating Organization.

DEFINITIONS:

- "We", "Us", "Our" or "Company" means Virginia Surety Company, Inc., 1000 Milwaukee Ave., Glenview, Illinois 60025.
- "You" or "Your" means either individual accountholders or joint accountholders that have been provided coverage under this benefit. This coverage will be limited to the two (2) primary accountholders listed on the account.
- "Identity Theft" means the use of Your name, address, Social Security number (SSN), bank, or credit card account information or other identifying information without Your knowledge to assume Your identity to commit fraud or deception.
- "Administrator" means Aon Innovative Solutions.
- "Loss" means the Expenses, Lost Wages, and Legal Costs related to Your Identity Theft.
- "Expenses" means:
 - Costs You incur for re-filing loan applications for loans, grants, other credit or debit instruments that are rejected solely as a result of the lender receiving incorrect information as the result of Identity Theft;
 - Costs You incur for notarizing affidavits, or other similar documents, long distance telephone calls, and postage which is incurred by You in Your efforts to report an Identity Theft, or amend or rectify records in regard to Your true name or identity as the result of an Identity Theft;
- Costs You incur to purchase directly a maximum of four (4) credit reports from any of the three major Credit Bureaus (Experian, Equifax, or TransUnion). The credit reports must be purchased while You are a Member; and may be purchased only after the Identity Theft has occurred and for the purpose of correcting inaccuracies that occur as a result of the Identity Theft.
- "Lost Wages" means:
 - Actual United States wages lost for time taken from Your work, and away from Your work premises, solely as a result of Your efforts to amend or rectify records regarding Your true name or identity as the result of an Identity Theft;
 - Actual United States wages lost, including reimbursement for vacation days, discretionary days, floating holidays, and paid personal days, but not for sick days. Also, any reasonable cost arising from time taken from self-employment;
- "Legal Costs" mean:
 - Costs You incur for reasonable and necessary fees for an attorney from a source that We designate, and related court costs You incur with Our consent; for
 - Any suit brought against You by a creditor or collection agency or other entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as the result of Identity Theft;
 - Removal of any civil judgment wrongfully entered against You as a result of Identity Theft.

EXCLUSIONS:

- The Identity Theft Expense Reimbursement Plan coverage does not apply to:
- Any act of fraud, deceit, collusion, dishonesty or criminal act by You or any person acting in concert with You, or by any authorized representative of You, whether acting alone or in collusion with You or others;
- Damages or Losses arising out of any business pursuits, loss of profits, business interruption, loss of business information, or other pecuniary loss; Damages or Losses arising from the theft or unauthorized or illegal use of Your business name, d/b/a/ or any other method of identifying Your business activity;
- Damages or Losses of any type for which the credit card company, bank, creditor, etc. is legally liable;
- Losses that were incurred or commenced prior to the effective date of this coverage;
- Potential ID Theft issues You were aware of prior to the effective date of this coverage;
- Fees or costs associated with the use of any investigative agencies or private investigators;

- Any Loss that is not a direct result of Identity Theft;
- Damages or Losses of any type resulting from fraudulent charges or withdraw of cash from a debit or credit card;
- Damages or Losses of any type resulting from fraudulent withdraws from financial/bank/ investment accounts;
- Indirect or direct damages or losses of any nature;
- Authorized charges that You have disputed based on the quality of goods or services;
- Authorized account transactions or trades that You have disputed, or are disputing, based on the execution (or non-execution) of electronic transfers, trades or other verbal or written instructions or directions.

WHAT TO DO IF YOU'RE A VICTIM OF IDENTITY THEFT:

- Contact the Administrator at Aon Innovative Solutions, 13922 Denver West Parkway, Golden, CO 80401 at 1-877-269-3438.
- Contact all major credit bureaus (Experian, Equifax, TransUnion, etc.) immediately after discovery of Identity Theft to place a fraud alert on Your credit report;
- Contact Your creditors (i.e. banks, credit card issuers, utilities companies, etc.)
- File a police report in Your local jurisdiction;
- File a complaint with the Federal Trade Commission government agency. The Administrator may reasonably request you file a report with other agencies, such as the Federal Bureau of Investigation;
- Follow all procedures for recovery and reasonable requests for information and assistance at all institutions affected; and
- Maintain a copy of all receipts, bills or other records that support Your claim for an Identity Theft Expense Reimbursement Plan payment. These records shall be kept in such manner that We can accurately determine the amount of any Loss.
- Take all other reasonable steps available to protect Your identity from any further use without Your knowledge.

HOW TO FILE A CLAIM:

Contact the Administrator at Aon Innovative Solutions, 13922 Denver West Parkway, Golden, CO 80401 at 1-877-269-3438 for filing instructions. You must inform the Administrator of an identity fraud case no later than six (6) months from the date You are first aware of ID Theft issues and submit all required documents within thirty (30) days after close of Your Identity Theft case with a Credit Bureau or the claim may not be honored.

Submit the following:

- Provide proof that a fraud alert was placed with each major Credit Bureau (Experian, Equifax, TransUnion, etc.) immediately after discovery of Identity Theft;
- Copy of a police report from Your local jurisdiction;
- Copy of results of any settlement or denial from credit card companies, banks, creditors, etc. concerning Your Identity Theft claim.
- Copy of the complaint filed with the Federal Trade Commission government agency. The Administrator may reasonably request you file a report with other agencies, such as the Federal Bureau of Investigation;
- Copy of all receipts, bills or other records that support Your claim for an Identity Theft Expense Reimbursement Plan payment. These records shall be kept in such manner that We can accurately determine the amount of any Loss.
- Any other documentation that We may reasonably request to validate a claim.

Benefits payable under this Evidence of Coverage for any Loss will be paid upon receipt of acceptable proof of such Loss and all required information necessary to support Your claim. All benefits will be paid to You directly or, in case of Your death, to Your estate.

SECONDARY COVERAGE:

This coverage is secondary to any applicable insurance or benefit available to You. Coverage is limited to only those eligible amounts not paid by any other provider.

SUBROGATION:

If payment is made under this Evidence of Coverage, We are entitled to recover such amounts from other parties or persons. Any person whom receives payment under this coverage must transfer to Us his or her right to recover against any other party or person and must do everything necessary to secure these rights and must do nothing that would jeopardize them, or these rights will be recovered from You.

CONCEALMENT OR MISREPRESENTATION:

Your coverage shall be void if, whether before or after a Loss, You have concealed or misrepresented any material fact or circumstances concerning this coverage or the subject thereof, or if You commit fraud or swear falsely in connection with any of the foregoing.

LEGAL ACTIONS:

No action at law or in equity shall be brought to recover under the Evidence of Coverage prior to expiration of sixty (60) days after proof of Loss has been submitted in accordance with the requirements of the Evidence of Coverage.

IDENTITY THEFT INSURANCE
 For assistance with identity theft-related
 matters and/or to file a claim, please call
 1-877-269-3438
 Use Claim ID #VSCOMP 5000