

Phone: 1-855-955-6469

RETURN MAIL TO: NBFS, LLC
PO BOX 24279
WINSTON-SALEM NC 27114

Portable Device Protection Claim Form PLEASE PRINT

Section 1: Accountholder/General Information

Customer First Name: _____

Daytime Phone: _____

Customer Last Name: _____

Email Address: _____

Customer Address 1: _____

Sponsoring Financial Institution: Metropolitan Commercial Bank /
SecureCard Association of America

Customer Address 2: _____

City / State / Zip: _____

Name of Eligible Account: Union Plus All-In-One Prepaid Visa® Card

Date of Birth: _____

Accountholder Name on Account: _____

Have you previously filed a claim under Portable Device Protection? No Yes If "Yes" Give Date(s): _____

Section 2: Product Information

Type of Portable Device Being Reported: _____

Serial Number: _____

Brand of Portable Device Being Reported: _____

Purchase Date of Portable Device: _____

Model: _____

Impacted Cellular Telephone#: _____

Section 3: Incident Information

Date of the Incident: _____

Specify where incident occurred: _____

Type of Incident: Theft Damage

Describe Incident: _____

(Attach additional page if necessary)

Section 4: Primary Coverage(s)

If you have other insurance or expense reimbursement protection on the Portable Device, Check however many apply and provide information: Cellular Telephone Insurance None Other

Provider: _____ Policy # _____ Deductible * _____

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Section 5: Please return the following documentation with the Claim Form

This Claim Form *must* be returned within 90 days following the incident date.

- a. Account statement from the sponsoring financial institution reflecting payments for the entire cellular wireless charges for the month preceding the date of damage or theft.
- b. Your wireless service provider billing statement that corresponds with your account statement in Section 5(a).
- c. A photograph clearly showing the damage to the Portable Device and a description of the damage
- d. Diagnostic written statement from your cellular service provider explaining the exact nature of the problem, indicating the estimated cost to repair the Portable Device or indicating why it cannot be repaired (if filing for replacement) and if repaired, the receipt indicating the total charges incurred.
- e. Portable Device purchase receipt from your cellular service provider's retail or Internet store.
- f. If the claim is due to theft or criminal action, a copy of the police report filed within 48 hours of the occurrence.
- g. Documentation (if available) of any other settlement of the claim.
- h. A document from the cellular wireless service provider or other sufficient proof, as determined by the benefit administrator, that the Portable Device you are claiming is currently linked to your cellular wireless service account.

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Please read the following prior to submitting your claim:

- A. The Portable Device Protection Benefit Administrator, reserves the right to repair or replace the stolen/damaged item or to substitute a cash payment to repair or replace (**not to exceed the total purchase price of the item and benefit limit**). If you receive a replacement or a cash payment the damaged item becomes the property of the Portable Device Protection Benefit Administrator.
- B. This benefit covers cellular telephones, tablets or mobile hotspot devices in the event of theft, or damage when the proceeding month’s cellular telephone bill was charged to an eligible account. Your loss must be reported within 90 days of the incident. You must return this claim form within 90 days of the incident. If additional information is requested, it must be returned within 6 months of the date of the incident.
- C. **Exclusions under this benefit include but are not limited to the following:**
 - Any Portable Device accessories, other than the original equipment that came in the original Portable Device packaging.
 - Any Portable Device purchased for resale, professional or commercial use.
 - Any Portable Device that is lost without any evidence of a wrongful act.
 - A Loss when a Portable Device is under the care, custody, and control of another party or common carrier (including, but not limited to, airlines, the U.S. Postal Service, UPS, FedEx, or other delivery services).
 - Any Portable Device that is Stolen from any location or place (including, but not limited to, exercise facilities, places of employment, schools, or places of worship) due to the lack of Due Diligence by You or another party.
 - Any Portable Device which has been provided at no expense to You.
 - Cosmetic damage, cracks, and scratches that do not impact the Portable Device’s ability to function as intended.
 - A Loss due to fraud, abuse, gradual deterioration with no mechanical failure, vermin, inherent product defects, product recalls, war (whether it be declared or not), or hostilities of any kind (including but not limited to, invasion, rebellion or insurrection, radioactive contamination, or risks of contraband).
 - A Loss resulting from confiscation by any government, public authority, or customs official.
 - An Act of God (including but not limited to flood, hurricane, or earthquake) or consequential Losses resulting from any Act of God.
 - A fraudulent act(s) committed or arranged by You.
 - A Loss arising from illegal activity or acts.
 - A Loss due to mis delivery or voluntary parting with the Portable Device.
 - Taxes, delivery and transportation charges, and any fees associated with the Portable Device service provider.
 - Consequential or incidental damages.
 - The loss or corruption of data and applications.
 - Any Portable Device that is not on Your Wireless Bill.
- D. Coverage under Portable Device Protection is in excess of any other reimbursement you have available. You must file with your primary insurance carrier, or verify lack of coverage, BEFORE any settlement can be issued. If you have no insurance policies, you will be advised if additional information is needed.
 - If your claim is less than your deductible, please send a copy of your Declarations Page to confirm your deductible amount.
 - If your claim is greater than your deductible, please send a copy of the claim and settlement verification from your primary insurance carrier
 - If your claim is not covered by your primary insurance carrier, please send a letter of denial from them.

I agree that any compensation I receive from the Benefit Administrator for the Portable Device Protection, for the property loss occurring with relation to the claim I have filed, is subject to the following conditions:

- My rights of recovery or remedies from any party for my property loss or damage are transferred to the Benefit Administrator to the extent of the cost of the Benefit Administrator’s payment to you. The Benefit Administrator shall then be entitled to enforce my rights in an attempt to obtain the recovery on that property. The Portable Device Protection Benefit Administrator is entitled to receive any benefits obtained from such recovery attempt up to the amount for which I have been compensated for any loss plus any reasonable amount expended in obtaining such recovery; and
- If I recover any compensation for or regain possession of the property for which a claim was submitted to the Portable Device Protection Benefit Administrator within two (2) years of the date on which I received compensation, I shall immediately inform The Portable Device Protection Benefit Administrator of such recovery and shall reimburse the Portable Device Protection Benefit Administrator up to the amount which I received from the Benefit Administrator in compensation for such property.

I understand that my failure to comply with these conditions and/or my failure to notify the Portable Device Protection Benefit Administrator of my recovery for possession of my property is an action constituting fraud and breach of contract and subjects me to legal action. I waive the right to interpose any defense in any litigation arising out of the claim I have filed in my recovery of insurer. The claim information stated above is true and correct to the best of my knowledge and belief. I understand that any material misrepresentation of fact on this claim form automatically voids my claim. I UNDERSTAND THAT THE CLAIM FORM MUST BE COMPLETED AND THAT ALL REQUIRED INSURANCE CLAIMS, POLICE REPORTS, ETC., MUST BE FILED AND SUBMITTED BEFORE ANY CLAIM UNDER THE PLAN CAN BE PROCESSED AND PAID. I authorize the Sponsoring Financial Institution to release to NBFSA, LLC, acting as Benefit Administrator for the Portable Device Protection Benefit, all information regarding my account for the processing of this claim. I further authorize NBFSA, LLC, to obtain copies of any police, fire, or other investigative reports and information needed to process my claim. In addition, I hereby agree to cooperate with any designated representative of the Portable Device Protection benefit in the investigation of my claim and provide statements when requested to do so.

Accountholder Signature _____ Date _____