

Credit Card Accidental Death Insurance Summary

Date: [Insert Date]

Cardholder Name: [Insert Cardholder Name]

Account Number: [Insert Account Number]

Insurance Coverage Details

This summary outlines the accidental death insurance benefits associated with your credit card.

Coverage Amount

The total coverage amount is **[\$[Insert Coverage Amount]]** in the event of accidental death.

Eligibility

To qualify for coverage, the cardholder must:

- Be a primary cardholder.
- Be under the age of [Insert Age Limit].
- Have made a purchase with the credit card within the last [Insert Timeframe].

Exclusions

The following events are not covered:

- Death resulting from pre-existing conditions.
- Death due to illegal activities.
- Suicide or self-inflicted injuries.

How to File a Claim

If a claim needs to be filed, please contact the insurance provider at **[Insert Contact Information]** and have the following documents ready:

- Proof of purchase with the credit card.
- Death certificate.

For More Information

For any questions regarding your accidental death insurance coverage, please contact **[Insert Contact Number]** or email **[Insert Email Address]**.

Thank you for choosing [Insert Credit Card Issuer].