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You need to enable JavaScript to run this app.
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dit One Bank\u2019s Aaris Whitman at Authority Magazine.\n","link":"h
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and the Credit One Bank Charleston Open.\n","link":"https://apnews.co
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tle":"Credit One Bank Reflects on a Remarkable Year of Giving Back in 2024&#3
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> FDIC-Insured - Backed by the full faith and credit of the U.S. Government CREDIT PR
OTECTION PROGRAM AGREEMENT AND DISCLOSURE THIS PRODUCT IS OPTIONAL: Your purchase of
the Credit Protection Program (Program) is optional. Whether or not you purchase the
Program will not affect your application for credit or the terms of any existing cred
it agreement you have with Credit One Bank, N.A. (Credit One, we or us). This Credit
Protection Program Agreement and Disclosure (Agreement) contains all of the terms app
licable to the benefits. This Program will apply to your Account as long as you pay t
he Minimum Payment Due each month. Under this Agreement, benefits specifically apply
to the primary cardholder on this Account. Protection is not applicable to a joint cardholder or an authorized user on the Account. Only residents of the United States an
d U.S. Territories are eligible to purchase the Program. EXPLANATION OF THE PROGRAM:
If eligible, the Program will pay the Minimum Payment Due, as shown on your billing s
tatement. This Agreement describes the specific circumstances under which the Minimum Payment Due may be paid for up to six (6) benefit payments if the primary cardholder
 becomes involuntarily unemployed or disabled. If your Account is covered by the Serv
icemembers Civil Relief Act when you initiate benefits, the payment will be equal to
5% of your ending statement balance each month, or $30.00 whichever is greater. In th
e event of the primary cardholders death, the Account may be eligible for balance pay
off, up to $10,000. We will provide Program benefits for the three (3) Qualifying Eve
nts (involuntary unemployment, disability, and loss of life) as outlined in this Agre
ement when they are experienced by the primary cardholder, as long as the Program req
uirements are met. As long as you maintain this Program on your Account and pay the a pplicable fee, you can use the Program as many times as needed, subject to conditions
 outlined in this Agreement. The Program fee is based on your monthly billing stateme
nt New Balance, up to $10,000. The Program fee is billed in advance on a monthly basi
s for benefit coverage during the next billing cycle. The cost of Credit Protection is \$0.96 (96 cents) for each \$100, or part thereof, of the New Balance on your monthly
 billing statement. The Program fee will be billed monthly to your Credit One Bank cr
edit card account, and will appear on your statement. For example, if the New Balance
 on your statement is $300, the cost for that month would be $0.96 (96 cents) multipl
ied by 3 for a total of $2.88. If your New Balance is zero, then there is no cost. TE RMINATION OF THE PROGRAM: You have the right to cancel your enrollment in the Program
 at any time, for any reason. If you cancel after the first 30 day period, your cance
llation will be effective at the end of the billing cycle in which the cancellation i
s received. We will end this Program automatically with no advance notice to you if:
Your Account is involuntarily closed for any reason; Your Account becomes 60 days or
more past due; Your Account is over limit by 20% or more; Credit One Bank no longer o
wns the Account; We determine or have a reasonable belief that you have committed fra
ud on the Account; or You are approved for participation in one of our debt managemen t programs. We may also end this Program if we decide to discontinue offering this Pr
ogram to all Program participants for any reason. If you voluntarily close your Accou
nt and still have a balance, your enrollment in the Program and Program charges will
continue unless you or we cancel your Program enrollment. When your Account is paid i
n full and you close your Account, your enrollment in the Program will be cancelled a
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utomatically. Automatic Reinstatement of Program Enrollment If your Account becomes 6 0 days past due, we will automatically cancel your enrollment in the Program. If you
make payments sufficient to bring your Account under 60 days past due your enrollment
 in the Program will be automatically reinstated. You will not need to apply for rein
statement and you will not receive advance notice of cancellation or reinstatement. R einstatement in the Program will be effective on the statement date following the pos
ting date of the payment that brings your Account under 60 days past due. Program fee
s will resume in the monthly billing cycle in which you are reinstated. Reinstatement
will be withdrawn if payment on your Account is returned unpaid for any reason. If you do not wish to be reinstated, you must cancel the Program. If we cancel your enrol
lment in the Program for any reason other than your Account is past due, you will not
 be eligible for automatic reinstatement. BENEFITS ELIGIBILITY REQUIREMENTS, CONDITIO
NS AND EXCLUSIONS: There are eligibility requirements, conditions, and exclusions that
t could prevent you from receiving benefits under the Program. Any unemployment or di sability existing at the time you initially enroll in the Program will not be covered
  General Limitations To qualify for benefits your Account must be open or closed wit
h a balance. And, you must be enrolled in the Program at the time you request benefit
s. Involuntary Unemployment To qualify for a benefit due to involuntary unemployment,
 you must meet the requirements, as described in this Agreement Be enrolled in the Pr
ogram for a minimum of 30 consecutive days before your unemployment begins; Be unempl
oyed due to a layoff, a union-based strike, lockout or similar action or company shut
down (in the event of a strike, labor dispute or lockout, a union representative must sign a form specifying the situation); Notify us within 365 days after the first dat e of unemployment; Have been working at least 20 hours per week for a minimum of 30 d
ays at the time of unemployment; Qualify for State, Washington, D.C., or U.S. Territo
ries unemployment benefits or be signed up with a recognized employment agency; and C
omplete and return any forms required by us as the proof of unemployment. You will no t qualify for involuntary unemployment benefits if any of the following apply: Your d
ate of unemployment is prior to your Purchase Date indicated on the letter included w
ith this Agreement; You lost your job for any reason within 30 days following your Pr
ogram Purchase Date; You voluntarily forfeit your employment salary, wages or employment income; You resign or quit; Your unemployment is due to retirement; Your employme
nt is terminated for cause, meaning, for example, violation of established company po
licy or willful or criminal misconduct; Your unemployment is caused by illness, disea
se, accident or injury; however you may qualify for disability benefits (see the Disa bility section for details); or You have not been back to work for at least 20 hours
per week for a minimum of 30 days since the end of a previously completed benefit per
iod. Disability To qualify for a benefit due to disability, you must meet the require
ments, as described in this Agreement: Be enrolled in the Program for a minimum of 30
consecutive days before your disability begins; Be unable to perform the material and substantial duties of your occupation, or; Be unable to perform the normal activiti
es of a person of like age if you are not gainfully employed; Be under the care of a
licensed doctor or a licensed health care practitioner who will verify your disabilit
y, and who is not a family member; Notify us within 365 days after the first date of disability; and Complete and return any forms required by us as proof of disability.
You will not qualify for disability benefits if any of the following apply: Your date
 of disability is prior to your Purchase Date indicated on the letter included with t
his Agreement; You became disabled within 30 days of your Program Purchase Date; or Y ou have not been back to work or normal activities for at least 30 days since the end
 of a previously completed benefit period. Loss of Life To qualify for a benefit due
to loss of life: You must be already enrolled in the Program before the death occurs;
 The legal representative of your estate or a family member must notify us within 365
 days after the date of death, and upon request, provide a copy of the death certific
ate. Receiving Benefits For unemployment or disability benefit requests you will need
 to take action by notifying us. You may be granted a courtesy benefit for up to 30 d
ays while you fill out and return any requested paperwork to be eligible to receive a dditional benefits. If approved, the benefit amount will be shown on your monthly bil ling statement as a credit. In some cases, a benefit may be denied. In these cases, y
ou will receive a letter which will explain why you were not eligible to receive bene
fits at that time. In some cases, we may simply need additional information to contin
ue the review process. While awaiting word from us on your benefit request, you need
to continue making your monthly Minimum Payment Due on your Account and pay any over
the credit limit amounts. You may, if you wish, make payments during the benefit peri
od to reduce your Account balance; these payments will not be refunded to you. During
 a benefit period, the monthly Program fee and any late payment fee that may be incur
red during the benefit period will be waived. Any annual fee due to be billed during the benefit period will be waived. Assessment of these fees (as applicable) will resu
me after the benefit period ends. During the benefit period, Periodic Finance Charges
 (interest) will continue to accrue on unpaid balances and will be posted to your Acc
ount in accordance with your credit card Card Agreement. USE OF CARD RESTRICTED: Duri
ng a benefit period, you may not use your Account for any purpose including purchases
  cash advances or payments to third parties. When A Benefit Ends For a disability or
involuntary unemployment benefit, your benefit will end upon the occurrence of any of the following: You no longer meet the qualifications for benefits; Failure to provide the benefit request form by the date required; After we have paid 6 benefit paymen
ts or six months from Qualifying Event if balance is paid to zero; The account balanc
e at the time of the Qualifying Event is paid in full; If you request to have your be
nefit ended; If you voluntarily cancel enrollment in the Program while receiving bene fits; If Credit One Bank no longer owns the Account; or We discover that you misrepre
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sented to us any information pertaining to your Qualifying Event. When your benefit e nds, regardless of the reason, you will again be responsible for making payments on your Account in accordance with your Card Agreement. Additional Program Details If we ever change or add benefits to the Credit Protection Program, we will notify you in w riting as required by law. Any changes to this Agreement that occur during a benefit period will not take effect until that benefit period ends. If you receive a notice f rom us of a change in the Agreement and/or Program and you do not wish to be bound by those changes, you must notify us within 30 days of receipt of that notice and we wi ll cancel your Program enrollment. If you do not notify us within the 30 day period, you will become bound to all changes for which you received notice. We reserve the ri ght to waive any of the requirements listed in this Agreement at our sole discretion. However, if we do this, we will not be obligated to waive the same requirement or an other requirement in any other situation or in the future. Card Agreement Because thi s Agreement is made part of your Card Agreement with Credit One Bank, N.A., the arbit ration provisions contained in the Card Agreement will apply to this Program. All pro visions of your Card Agreement remain in full force and effect. In the event of any c onflict between the terms of this Agreement and the terms contained in the Card Agree ment, the terms of this Agreement shall govern. Tax Considerations Payment of all or a part of the outstanding balance may be taxable income to you or your estate. Any an d all taxes related to benefits received by you are your responsibility. We recommend that you seek the advice of a qualified tax advisor regarding this matter. Governing Law This Agreement and all disputes, rights and obligations of the parties are gover ned by and interpreted in accordance with the laws applicable to national banks, and, where no such laws apply, by the laws of the State of Nevada, excluding the conflict s of law provisions thereof, regardless of your state of residence. CPPA-3 102019