

## OVERVIEW—FARE AND GETAWAYS PACKAGE REFUND

- The person seeking to cancel the reservation for flight(s) or package(s) under the Program must:
  - Involuntarily lose full time job and submit refund request within 30 days of job loss.
  - Be at least 18 years old at the time of refund request.
  - Be listed as a traveler on the reservation/itinerary/Getaways package for which a refund is sought; and
  - Have personally paid for the travel for which a refund is sought.
- The Program applies only to un-flown flights that are U.S.-originating oneway or roundtrip, not code-share or interline travel.
- Request for a refund must be received by JetBlue via fax no less than 14 days prior to scheduled departure of outbound flight. The original documents must be mailed and received by JetBlue no later than the departure date of the outbound flight.

## INSTRUCTIONS

To request a refund:

- 1 Review, understand, and agree with Program Terms. See [www.jetblue.com/promiseprogram](http://www.jetblue.com/promiseprogram).
- 2 Review, understand, and agree and complete all statements in the Eligibility Letter, sign and notarize.
- 3 Fax and mail (by certified mail, return receipt requested) the following documents to the numbers/address below:

(a) Program Terms; and

(b) Original signed and notarized Eligibility Letter.

Fax must be received by JetBlue no less than 14 days prior to scheduled departure of outbound flight. Original documents must be received by JetBlue no later than the departure date of the outbound flight.

Fax Number: 801-449-2440  
Attn: JetBlue Promise Program

Mail Address: JetBlue Airways Corporation  
PO Box 17435  
Salt Lake City, UT 84117  
Attn: JetBlue Promise Program

# THE JETBLUE PROMISE



## PROGRAM TERMS (“TERMS”)

**Eligibility: FARE AND GETAWAYS REFUND PROGRAM** applies to previously booked and unflown JetBlue U.S.-originating flights and JetBlue Getaways packages if a refund is requested within 30 days of job loss. Does not apply to code-share or interline travel. Requestor must be 18 or older at time of refund request; listed as a traveler and personally paid for reservation/itinerary/Getaways package for which a refund is sought. Other restrictions apply.

**Qualifying Job Loss:** *Full time job loss must be involuntary.* Full time job is defined as working at least 30 hours per week for a single employer. Freelance and/or self-employed individuals not eligible. JetBlue may require Requestor to provide proof of eligibility, including notarized documentation substantiating the loss of job.

**Processing and Fulfilling Request:** Requestor must agree to, complete, sign, notarize and return these Program Terms and the original Eligibility Letter to JetBlue via (1) fax and (2) certified mail, return receipt requested. The facsimile must be received NO LATER THAN 14 DAYS PRIOR TO SCHEDULED DEPARTURE DATE OF OUTBOUND FLIGHT. Original Eligibility Letter must be received no later than departure date of the outbound flight. Getaways packages eligible for reimbursement as a business expense are not eligible for this Program. Refund will apply for up to seven (7) customers per eligible reservation. Upon receipt Eligibility Letter via fax, JetBlue will cancel the flight(s) or Getaways package(s) for which Requestor seeks a refund prior to eligibility determination. JetBlue will then evaluate request for eligibility and if confirmed, JetBlue will refund within approximately 30 days in original form of payment. If the job loss does not qualify, JetBlue will still cancel the flight(s) or Getaways package(s), charge a \$100 cancellation fee, and place any remaining amount in a voucher/credit valid toward future travel on JetBlue for up to one year. Refund will not include telephone booking fee as may be paid to JetBlue, or booking fees paid to third party websites. Program does not apply to corporate travel program bookings, group bookings, JetBlue Cruises, code-share/interline travel, cars, hotels or Shop Blue. Program does not apply to non-revenue travel or flights and packages purchased with gift cards, vouchers, True Blue Award Travel, or Travel Certificates. JetBlue Contract of Carriage applies.



**ELIGIBILITY LETTER**

BY SIGNING BELOW, YOU ARE AGREEING TO THE STATEMENTS WITHIN THIS LETTER AND THE TERMS OF THIS PROGRAM ATTACHED HERETO AND INCORPORATED HEREIN SO AS TO BE A PART OF THIS ELIGIBILITY LETTER.

**VIA FAX AND CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

Fax Number: 801-449-2440  
Attn: JetBlue Promise Program

Mail Address: JetBlue Airways Corporation  
PO Box 17435  
Salt Lake City, UT 84117  
Attn: JetBlue Promise Program

My name and address are [redacted]. My itinerary number is [redacted].

I certify under penalty of perjury that I agree with the Program Terms attached to this Eligibility Letter and incorporated herein. (The Program Terms are also listed at [www.jetblue.com/promiseprogram](http://www.jetblue.com/promiseprogram)).

The following statements are true and accurate to the best of my knowledge:

- 1. I satisfy the eligibility requirements and limitations set forth in the Program Terms.
- 2. I personally paid for the flights or the Getaways package on the itinerary and represent that the flights or Getaways package are not eligible for reimbursement through as a business expense. I request that JetBlue cancel Flight(s) [redacted] and/or Getaways package confirmation number [redacted] and request a refund for the following customers on the itinerary (note, maximum of seven (7) customers on single itinerary qualify for refund):

- |               |               |
|---------------|---------------|
| 1. [redacted] | 5. [redacted] |
| 2. [redacted] | 6. [redacted] |
| 3. [redacted] | 7. [redacted] |
| 4. [redacted] |               |

I understand that JetBlue will, upon receipt of the fax of this Eligibility Letter, cancel these flights regardless of whether I am ultimately determined to be eligible for the Program.

- 3. On [redacted] (date), I involuntarily lost my full time job where I worked a minimum of 30 hours per week.
- 4. I understand and expressly agree that JetBlue has the sole discretion to determine whether my job loss qualifies for this Program. I waive the right to challenge this Program through a class action proceeding.

**NOTARIZATION:**

Printed Name: [redacted]  
Signature: [redacted]  
Date: [redacted]

Printed Name: [redacted]  
Signature: [redacted]  
Date: [redacted]  
Seal: