

Enroll in
our no-cost
to you credit
union paid
insurance
benefit today,
and enjoy
added security
for you and
your family.

**JOIN.
SECURE.
PROVIDE.**

No-cost to you insurance benefit –
just for credit union members.



**JOIN.
SECURE.
PROVIDE.**

Three simple words. One great benefit.

Joining our credit union makes you a part of our family. And, we can help protect our family members with **\$1,000* Accidental Death and Dismemberment Insurance coverage** – at no cost to you. All you have to do is complete the enrollment form attached. It's that easy. ■ We understand that you have family members and loved ones to provide for, too. We're happy to extend you the opportunity to help provide for them. When you submit your no-cost to you \$1,000 Insurance enrollment form, or call **1-877-309-6576**, we'll send you information that helps you provide more insurance protection for you and your family.

JOIN. SECURE. PROVIDE.

You've already taken the first step toward greater financial security by joining our credit union family. Now, take the next important step. Complete and return the enrollment form to receive your no-cost to you \$1,000¹ Accidental Death & Dismemberment Insurance. And, because providing greater security for your family is important, we'll also send you additional coverage information.

SUMMARY OF INSURANCE PROVISIONS

Insurance underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. The coverage described in this literature may not be available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies issued. Exclusions and limitations apply.

Coverage Provided

If a covered person's accident results in any of the following Losses within 365 days after the date of accident, we will pay a percentage of Basic Coverage as shown below. All coverage is reduced by 50% at age 70 and older. This reduction also applies even if you have attained the age of 70 when you first obtain coverage: Accidental Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of Loss of Hand, Foot or Sight of one Eye; Loss of both Hands, both Feet, Loss of Sight or a combination of any two - 100%; Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each); Loss of Speech or Hearing - 50%; Loss of Thumb and Index Finger of Same Hand - 25%

Loss means Accidental: Loss of Foot; Loss of Hand; Loss of Hearing; Loss of Life; Loss of Sight; Loss of Sight of One Eye; Loss of Speech; Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

Who is Eligible

All members of the Credit Union age 18 or over when applying, are eligible for coverage. Every member of the Credit Union age 18 or over who completes and returns an enrollment form will be accepted. Your coverage effective date will be indicated in your Description of Coverage.

Termination

As long as you remain a member of the Credit Union and the Master Policy remains in force, your coverage will be renewed.

General Exclusions

Insurance does not apply to any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trades sanctions prohibiting the insurance, or there is any other legal prohibition against providing the insurance. In addition this insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly: 1) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion shall not apply to any passengers who temporarily perform pilot or crew functions in a life threatening emergency; 2) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated with bacteria; 3) an Insured Person being incarcerated after conviction; 4) an Insured Person's commission or attempted commission of any illegal act including but not limited to any felony; 5) an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 6) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician; 7) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority; 8) an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury; 9) a declared or undeclared War.

Affinion Benefits Group, LLC is the plan administrator that administers the insurance plan on behalf of Federal Insurance Company for the benefit of the Group Policyholder.



CUT HERE. FOLD, AND MAIL FORM IN AN ENVELOPE.

ENROLL NOW! JUST FILL OUT AND MAIL THIS FORM TODAY.

We must have your form on file to begin the enrollment process and issue a Description of Coverage in your name. See Summary for details.

YES. Thank you for the \$1,000¹ no-cost insurance coverage paid for me by my credit union (single coverage) and for sending me additional insurance information to help me better provide for my family.

COMPLETING THE ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ENROLLMENT FORM:

1 Completely fill out form in all capital letters – if we cannot read the form, we cannot process it. 2 (*) means required information. If required information is missing on the form, we cannot process it and will discard the form. 3 To confirm eligibility, you must include your Credit Union Name, State and Account Number for account verification, or provide a voided check with your enrollment form. You will not be billed for the \$1,000 credit union paid coverage. 4 Mail completed form in an envelope to: **PLAN ADMINISTRATOR P.O. BOX 5598 BINGHAMTON, NY 13902-9926**

***NAME**

***ADDRESS**

***CITY**

***STATE *ZIP**

***CREDIT UNION NAME *STATE**

NAME OF BENEFICIARY

RELATIONSHIP OF BENEFICIARY

***SHARE ACCOUNT NUMBER OR ENCLOSE A VOIDED CHECK**

IF ENCLOSING A VOIDED CHECK PLEASE CHECK BOX

***SIGNATURE**

YOUR ACCOUNT NUMBER AND SIGNATURE ARE REQUIRED FOR PROCESSING YOUR ENROLLMENT. YOU WILL NOT BE CHARGED FOR THIS COMPLIMENTARY COVERAGE.

***DATE**

Signator will be primary insured person. Must be age 18 or older.
DOUG SMITH, Licensed Agent #910348-TN Policy Form #GCA5000
 Licensed in all applicable jurisdictions.
¹All coverage is reduced by 50% at age 70 and older.

Commonwealth Credit Union 283978441 D6LS8R

¹All coverage is reduced by 50% at age 70 and older.

Your Certificate of Insurance will be mailed to you prior to your effective date. For more information, please call toll-free 1-877-309-6576 weekdays, 7:00 a.m. to 8:00 p.m. and Saturdays, 8:30 a.m. to 5:00 p.m., CST.

Policy Form #GCA5000