

A few of the many benefits available with AD&D coverage...

Eligibility & Accidental Death Benefit Amounts Available:

Members under age 70 may elect a benefit amount up to \$300,000. Members may choose from one of two options: 1) Member Only Coverage: Covers you for the benefit amount selected. 2) Member and Family Coverage: Covers you for the benefit amount selected, your spouse or domestic partner for 50% of your benefit amount, and each dependent child for 20% of your benefit amount. If you have no dependent children, your spouse or domestic partner's benefit amount is equal to 60% of your benefit amount. If you have no spouse or domestic partner, each of your dependent children's benefit amount is equal to 25% of your benefit amount.

Reduction of Benefit Amount - If an insured person is age 70 or older on the date of an accident causing a loss, then the benefit amount payable will be reduced as follows: to 65% of the elected benefit amount at age 70 and to 50% of the elected benefit amount at age 75. Benefit amounts cannot be increased after age 70.

Common Carrier Benefit - The benefit amount payable will be doubled if a covered loss occurs from an accident while an insured person is in, entering or exiting a Common Carrier.

Extensions of Insurance - Exposure: If an accident causes an insured person to be unavoidably exposed to the elements and as a result of such exposure the insured person has a loss, then such loss will be insured under the policy. **Disappearance:** If an insured person has not been found within one year of a disappearance, stranding, sinking or wrecking of any conveyance in which the insured person was an occupant at the time of the accident, then it will be assumed that the insured person has suffered loss of life insured under the policy.

Coma - If an accidental bodily injury causes you or your insured dependent to lapse into a coma within 30 days of the accident, remain in a coma for 30 consecutive days and be confined to a hospital within the first 30 days, this benefit will pay a monthly benefit of 2% of the elected benefit amount.

Inflation Protection - Your elected benefit amount automatically increases 5% for every full calendar year that has elapsed since you elected or last changed your benefit amount to a maximum increase of 25%.

Child Care Expense - If you or your insured spouse or domestic partner suffers accidental loss of life, this benefit will pay for child care costs for your insured dependent children who are under the age of 13. Child care expenses must be incurred within one year of the loss of life. The maximum child care expense benefit payable is 4% of the elected benefit amount to a maximum of \$50,000.

Education Expense - If you or your insured spouse or domestic partner suffers accidental loss of life, this benefit will reimburse actual incurred costs for your insured dependent children's tuition, fees, room and board, required books and course supplies billed by an institution of higher learning. This benefit pays for each eligible dependent child who is enrolled or subsequently enrolls as a full-time student at an institution of higher learning within two years of the loss of life. This benefit will reimburse up to 5% of the elected benefit amount to \$5,000 annually for each eligible child for four consecutive years up to an overall maximum of \$100,000 for all children and all years combined.

Spouse or Domestic Partner Employment Training Expense - If an accidental bodily injury causes you to suffer a covered loss of life, this benefit will reimburse actual incurred costs for your insured spouse's or domestic partner's tuition, fees, room and board, required books and course supplies at an institution of higher learning, up to a maximum benefit of 5% of the elected benefit amount to a maximum of \$5,000 if expenses are incurred within three years of your loss of life.

Seatbelt and Occupant Protection Device - If you or your insured dependent suffers an accidental bodily injury resulting in a covered loss of life while operating or riding in a private passenger automobile and using a seat belt, an additional benefit of \$10,000 will be paid. This benefit also pays an additional \$10,000 if you or your insured dependent suffers an accidental bodily injury as set forth above and you or your insured dependent is positioned in a seat protected by a properly deployed occupant protection device (such as an air bag). The benefit amount for an occupant protection device will only be paid if a benefit amount for seat belt is paid.

Prescription Drug Card - Receive savings up to 75% on all FDA drugs; Benefits valid at over 57,000 pharmacies approved nationwide; Benefits can be used by ALL members of the household; No waiting periods!; No pre-existing exclusions; Patient Assistance is a service that helps members apply for assistance from drug manufacturers (helping uninsured patients get FREE medication)

*The coverages and services 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 as issued (Policy #9906-73-51, 9906-73-54). Exclusions apply. Chubb, Box 1615, Warren, N.J. 07061-1615. Price indicated in this offering is a package price including AD&D Insurance and prescription drug discounts. The cost for AD&D Insurance is equal to 26% of the total package offering. **Prescription drug discounts are provided by DrugRxCard.

Personalize & Download Your FREE Prescription Discount Card at www.mydrugcard.com.

Quick & easy enrollment available

Affordable monthly rates that fit into any budget!

Coverage options up to \$300,000

Program Administrator
P. O. Box 851795
Richardson, TX 75085-1795

ACCIDENTAL DEATH & DISMEMBERMENT

“Head injuries account for about 75% of all serious injuries and fatalities from bike accidents.”

- National Highway Traffic Safety Administration

It's time you got AD&D coverage, today!



1st Community
Federal Credit Union



What is Accidental Death & Dismemberment and why do I need it?

Accidental Death and Dismemberment (AD&D) insurance* is a relatively inexpensive benefit that, if needed, will help pay expenses for your beneficiaries or family members, in the event you are seriously injured or upon your death due to an accident. By enrolling in this comprehensive insurance program, we are making sure that you and your family are covered for life's unexpected situations.

Accidental Death & Dismemberment Insurance provides coverage 24 hours a day—worldwide—on and off the job and while traveling for business or pleasure and applies to accidental loss of life, dismemberment or paralysis according to the following schedule:

Accidental loss of: life; or speech & hearing; or speech & one of a hand, foot or sight of an eye; or hearing & one of a hand, foot or sight of an eye; or both hands; or both feet; or sight of both eyes; or a combination of any two of a hand, a foot or sight of an eye; or accidental quadriplegia* - 100%; Accidental paraplegia* - 75%; Accidental loss of: one hand; or one foot; or sight of one eye; or speech; or hearing; or accidental hemiplegia* - 50%; Accidental loss of: thumb & index finger of the same hand; or accidental uniplegia* - 25%. If an insured person has multiple losses as the result of one accident, the policy will only pay the single largest benefit amount applicable.

Exclusions: In addition, no benefits will be paid for any accident, accidental bodily injury or loss caused by or resulting from any of the following: 1) acting or training as a pilot or crew member (unless temporarily performing such duties in a life-threatening emergency); 2) emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (unless the bacterial infection is caused by an accident or accidental consumption of a substance contaminated by bacteria), bodily malfunction, or medical or surgical treatment thereof; 3) commission or attempted commission of any illegal act including but not limited to any felony; 4) being incarcerated after conviction; 5) being intoxicated at the time of an accident (intoxication is defined by the laws of the jurisdiction where such accident occurs); 6) being under the influence of any narcotic or other controlled substance at the time of an accident (unless the narcotic or other controlled substance is taken and used as prescribed by a physician); 7) participation in active military service with the armed forces of any country or established international authority (except for the first 60 consecutive days of active military service); 8) flight on a rocket propelled or rocket launched aircraft or on any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted; 9) suicide, or intentionally self-inflicted injury; 10) a declared or undeclared war.

How Do I Sign-up?

To be prepared today, simply complete the enrollment form and mail it to ISI, Program Plan Administrator, P. O. Box 851795, Richardson, TX 75085-1795. You will receive your certificate of insurance by mail and your premium will be automatically deducted from your account. For any additional questions, please call customer support at 888/807-6843.

*Benefit amounts for Quadriplegia, Paraplegia, Hemiplegia and Uniplegia are not payable until an insured person has been a quadriplegic, paraplegic, hemiplegic or uniplegic for 365 continuous days.



ACCIDENTAL DEATH & DISMEMBERMENT ACTIVATION FORM

Please complete enrollment form & mail to:

Program Administrator, P. O. Box 851795, Richardson, TX 75085-1795

- 1. Please check ONE box for coverage type and amount. 2. Provide account number. 3. Check account type for premium withdraw. 4. Complete and sign form then return in enclosed envelope.

Monthly Rates	\$50,000	\$80,000	\$100,000	\$150,000	\$250,000	\$300,000
Individual	<input type="checkbox"/> \$5.50	<input type="checkbox"/> \$8.80	<input type="checkbox"/> \$11.00	<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$33.00
Family	<input type="checkbox"/> \$8.25	<input type="checkbox"/> \$13.20	<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$24.75	<input type="checkbox"/> \$41.25	<input type="checkbox"/> \$49.50
<input checked="" type="checkbox"/> Yes, please enroll me in the \$2,000 Voluntary Accidental Death & Dismemberment Program						

Savings Checking

Account Number

 - -

Date of Birth [mm-dd-year]

Name

Street Address/P.O. Box

Apt. Number

 -

City

State

Zip Code

 - -

Phone Number



1Q-2LL5GZY

AD&D Underwritten by: Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies

Beneficiary: _____ Relationship: _____

I hereby authorize Institution Solutions (ISI) to deduct the appropriate premiums from my account on a monthly basis only if additional coverage is elected. This authorization is to remain valid until ISI has received written notice directly from me of its termination. Further, I accept and understand ISI's Privacy Statement which is printed below. I hereby authorize my Financial Institution to release any private information, including account number or non-public information directly to ISI as necessary to process this Activation Form in the event I did not disclose the required information, or it is not legible. I understand that by accepting the basic coverage I become a member of Financial Solutions Association, Inc.

Signature: _____ Date: _____

Financial Solutions Associations, Inc. provides this information about the group AD&D insurance coverage available through your Financial Institution. It is written in non-technical language and is not intended to be a detailed description. This information is controlled by and does not modify the group policy issued by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies, to Financial Solutions Association, Inc. A copy of the master policy is on file at your Financial Institution.

ISI is required and agrees to maintain the confidentiality of any information provided or obtained by the Financial Institution or its accountholders. ISI warrants that all such information will be used solely for the administration of the program(s) for which the Financial Institution has an executed ISI contract. ISI further agrees that it will not solicit the Financial Institution's accountholders to participate in any other programs sponsored by ISI without the prior written consent and approval of the Financial Institution through an executed contract. Likewise, the Financial Institution is required and agrees to maintain the confidentiality of all of ISI's private and proprietary information regarding any program or product offering to which there is an executed agreement. ISI will not request or accept any non-public information unless one of the following occurs: A) An accountholder directly provides private account information or B) An accountholder provides authorization in writing to ISI to obtain such private account information directly from the Financial Institution. In either situation, this information can only be used to administer the program(s) for which the Financial Institution has an executed contract with ISI. ISI understands the requirements and importance of complying with the privacy issues facing Financial Institutions in today's marketplace. Our objective is to minimize the chance for error and eliminate any potential compliance failures for the Financial Institution and ISI.