



Re: Your \$3,000 Group Benefit

Please note that your \$3,000 insurance coverage paid for by First Source Federal Credit Union is waiting for your acceptance. All we need is the enclosed Activation Form, completed and signed by you.

When your signed form is received, your \$3,000 of Basic Accidental Death & Dismemberment (AD&D) coverage will be activated - at no cost to you.

You would receive a cash payment should you suffer a covered accidental injury and your beneficiary would receive the full \$3,000 should you lose your life in a covered accident. Please be sure to identify your beneficiary when you return your Activation Form.

You may also use this occasion to get additional AD&D insurance along with Beneficiary Companion services.

Additional insurance and services cost \$1.00* a month per \$10,000, or less than 4¢ per day! And you can cover your family for \$1.50* per \$10,000 per month. There are no medical exams or health questions to answer. All coverage you select reduces by 50% at the age of 70.

You're covered everywhere, all the time.

Your insurance protection will be in place while you're working, at home, commuting ... even when you're traveling. In fact, your additional benefit doubles in the event of a fatal accident while traveling as a passenger on a plane, train, bus or other common carrier. Included with any additional coverage you select is Beneficiary Companion which provides caring, supportive guidance and assistance to reduce stress and allow beneficiaries to focus on time with family.

You can't be turned down for this coverage - but we need to receive your signed Activation Form.

Just take a moment to complete, sign and mail your Activation Form to get this valuable AD&D insurance protection and Beneficiary Companion services for you and your family.

The future is unpredictable. Accidents happen. If you are the victim of an accident, your no-cost coverage and any added insurance you select could be there for your family in their time of need.

For more information, including costs, exclusions, limitations, and terms of coverage, see the next page or call the company that administers this plan, IAS, toll-free at (833) 241-2372 9am - 8pm, Monday through Friday.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Neumann".

Thomas Neumann
President/COO

A handwritten signature in black ink, appearing to read "Edward Klayman".

Edward Klayman
Licensed Appointed Agent of Federal Insurance Company
Licensed in all Jurisdictions

P.S. Your \$3,000 coverage is ready for you to claim at no cost to you. Don't miss out on this important benefit. Sign and return the enclosed Activation Form today.

This insurance is not a deposit or other obligation, or guaranteed by, the Credit Union or its affiliates and is not insured by the NCUA or any other agency of the United States or the Credit Union or its affiliates.

Accidental Death & Dismemberment insurance is underwritten by Federal Insurance Company, a Chubb company.

*Price indicated in this offering is a package price including Accidental Death & Dismemberment insurance and Beneficiary Companion. The cost for the Accidental Death & Dismemberment insurance is equal to 77% of the total package offering. Beneficiary Companion service is provided by Generali Global Assistance (GGA). GGA is an independent service provider. Chubb has no ownership interest in GGA.

Activation Form for Group Accidental Death and Dismemberment Insurance
and Beneficiary Companion Services

1 PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Name _____ DOB: ____/____/____ Sex: ☐ M ☐ F
First MI Last DAY MONTH YEAR

Email Address: (optional) _____

Address _____ Tel. No. (____) _____
Street City State Zip

2 PLEASE NAME YOUR BENEFICIARY:

Your Beneficiary _____ Relationship _____
Name

3 ☐ Yes, I am a member of First Source Federal Credit Union. Please enroll me for \$3,000 of AD&D coverage at no cost to me. If you have already enrolled for the no cost coverage under a separate offer, please do not enroll again.

☐ Yes, I want Additional AD&D Coverage. 2668-003A

Check Either Member Only or Family Plan

Additional Coverage Amount	Member Only Cost per Month	Family Cost per Month
\$ 10,000	<input type="checkbox"/> \$ 1.00	<input type="checkbox"/> \$ 1.50
\$ 25,000	<input type="checkbox"/> \$ 2.50	<input type="checkbox"/> \$ 3.75
\$ 50,000	<input type="checkbox"/> \$ 5.00	<input type="checkbox"/> \$ 7.50
\$100,000	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$15.00
\$200,000	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$30.00
\$300,000	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$45.00

The monthly cost includes the cost of insurance and Beneficiary Companion services. Insured Person's insurance benefit amount reduces 50% at age 70.

4 I hereby enroll in the Group Accidental Death & Dismemberment Insurance Plan underwritten by Federal Insurance Company. If selecting Additional Coverage, I authorize the Plan Administrator to make monthly premium deductions from my account for the coverage I selected above. Deductions shall appear on my statement as Chubb 8332412372. This authority is to remain in effect until I cancel it by written notice to the Plan Administrator. A \$.95 administrative fee will be added each month for automatic account billing. I understand that the \$3,000 of Basic Coverage is paid by First Source Federal Credit Union and is not applicable to dependents. **I hereby acknowledge that I have read and understand the exclusions and limitations of this program and the boxed disclosure, which appears on this form.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Fraud provisions vary by state.)

☐ Please make monthly deductions from my ☐ checking account or ☐ savings account. If no option is checked, premium will be deducted from Savings Account.

Account Number* _____ Routing # _____
*Even if you are only enrolling for \$3,000 of no cost coverage, account information is required to verify customer eligibility.

☐ I will pay by credit card. Please fill out credit card information below.

Select one only: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	<div></div>
Expiration Date ____/____/____	Account Number

5 I hereby acknowledge that I have read and understand the exclusions and limitations of this program.

Signature _____ Date _____
(Required)

This insurance is not a deposit or other obligation, or guaranteed by, the Credit Union or its affiliates and is not insured by the NCUA or any other agency of the United States or the Credit Union or its affiliates.

**If you have any questions, call IAS, the Plan Administrator, toll-free at (833) 241-2372
9am – 8pm, Monday through Friday.**

Get up to \$300,000 of additional insurance protection with NO HEALTH QUESTIONS AND NO MEDICAL EXAMS.

You cannot be turned down for this accident insurance plan.

A Valuable Member Benefit Sponsored by Your Credit Union

This Group Accidental Death and Dismemberment Insurance is available to eligible members 18 and older. THERE IS NO COST TO YOU for \$3,000 of Basic Coverage. TO PUT COVERAGE IN EFFECT, YOU MUST COMPLETE AND MAIL THE ENCLOSED ACTIVATION FORM.

You also have the option to enroll for up to \$300,000 of Additional Coverage for yourself, your spouse and unmarried, dependent children at competitive group rates, with no health exams required. This coverage pays the benefit amount to your designated beneficiary in the event of your death due to a covered accident and pays benefits directly to you for covered injuries, as defined in the policy.

You Are Guaranteed Acceptance

Every eligible member will be accepted for this coverage – regardless of health or occupation. No physical examination is necessary and there are no health questions to answer.

Exclusions

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition, no benefits will be paid for any Accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) 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 does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.); 3) 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 by bacteria.); 4) an Insured Person's commission or attempted commission of any illegal act including but not limited to any felony; 5) any occurrence while an Insured Person is incarcerated after conviction; 6) an

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Easy Enrollment for up to \$300,000 of Additional Coverage

See the chart inside for the Additional Coverage amounts available to you. Choose the plan that is closest to your family's needs.

Premiums for this Additional Coverage will be conveniently deducted from your credit union account, so there's no need to remember to send a check to keep this important coverage in place.

Your Coverage Effective Date

Your \$3,000 of Basic Coverage, as well as any Additional Coverage you choose, will become effective on the first, regular billing date following acceptance of your Activation Form by the Plan Administrator; additional coverage is contingent upon receipt of your first month's premium. To put your coverage in force, just complete and mail the enclosed Activation Form.

Insured Person being intoxicated at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) 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); 8) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.); 9) an Insured Person traveling or flying on any 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; 10) an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury; 11) a declared or undeclared War.

Administered by:

Insurance Administrative Services
PO Box 1281, Minneapolis, MN 55440-1281

If you have any questions, call the Plan Administrator at 833-241-2372, any weekday between 9 a.m. - 8 p.m. Eastern.

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Beneficiary Companion provided by Generali Global Assistance

Beneficiary Companion provides a helping hand in the aftermath of a loved one's death. Services include caring, supportive guidance and assistance from 24/7 live dedicated Beneficiary Assistance Coordinators, enabling beneficiaries to focus on time spent with family and grieving. The service relieves beneficiaries of the stress and aggravation of time-consuming paperwork and provides proactive protection against and full-service resolution in case of identity theft. A Beneficiary Assistance Guidebook will be provided upon notification of the death of a loved one, at which time a Beneficiary Assistance Coordinator will be assigned to provide guidance and help beneficiaries manage through every step. For more information about Beneficiary Companion, go to www.us.generaliglobalassistance.com/beneficiary or call (866) 569-5766.

Summary of Your Insurance Coverage

SUMMARY OF COVERAGE

Group Accidental Death & Dismemberment Insurance

This insurance coverage pays benefits if the insured suffers death or dismemberment caused by a covered accident, as outlined below.

Basic Coverage = \$3,000 coverage paid for you

Additional Coverage = Any coverage you select over and above your Basic Coverage

Who Is Eligible for Coverage?

All members who are 18 or older, their spouses and unmarried, dependent children are eligible for coverage. (On joint accounts, the primary insured member must sign the Activation Form.)

Coverage Provided

Accidental Death & Dismemberment (AD&D) 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:

100% for Accidental loss of: life; or speech and hearing; or speech and 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*

75% for Accidental paraplegia*

50% for Accidental loss of one hand; or one foot; or sight of one eye; or speech; or hearing; or accidental hemiplegia*

25% for Accidental loss of: thumb and index finger of the same hand; or accidental uniplegia*.

If an insured person has multiple losses as the result of one accident, the policy will only pay the single largest benefit amount applicable.

*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 , and are applicable for Additional Coverage only.

OTHER INCLUDED BENEFITS
(for Additional Coverage only; not applicable to Basic coverage)

COMMON CARRIER: Business and Pleasure: If an Insured Person suffers an accidental death or dismemberment as the result of a covered accident while in, entering or exiting a Common Carrier or a Conveyance operated by a military transport service as an emergency replacement for a Common Carrier, then the additional AD&D Benefit Amount will be doubled.

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 courses 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 one year of the loss of life. This benefit will reimburse up to 5% of the elected benefit amount to \$10,000 annually for each eligible child for four consecutive years up to an overall maximum of \$100,000 for all children and all years combined. If there are no children who qualify for this benefit, a lump sum payment of \$2,000 will be paid to the beneficiary.

SEAT BELT 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% of

the elected benefit amount will be paid. If it cannot be determined if you or your dependent was using a seat belt then an alternate benefit of \$2,000 will be paid. This benefit also pays 10% of the elected benefit amount if you or your dependent suffers an accidental bodily injury as set forth above and you or your dependent is positioned in a seat protected by a properly deployed occupant protection device. The benefit amount for occupant protection device will only be paid if a benefit amount (other than the alternate amount) for seat belt is paid. The maximum benefit amount for seat belt and occupant protection devices is 20% of the elected benefit amount to \$60,000.

REHABILITATION EXPENSE: If an accidental bodily injury causes you or your insured dependent to suffer a covered loss which results in a physician determining that rehabilitation is required, then this benefit will reimburse up to \$5,000 for costs incurred within two years of the loss.

SPOUSE OR DOMESTIC PARTNER EMPLOYMENT TRAINING EXPENSE: If you suffer an accidental bodily injury resulting in a covered loss of life, this benefit will reimburse up to 5% of the elected benefit amount to \$10,000 for the actual incurred costs for tuition, fees, room and board, required books and course supplies billed by an institution of higher learning, for the purpose of obtaining or refreshing skills needed for employment. This benefit pays if the surviving Spouse or Domestic Partner incurs the eligible expense within 2 years following the loss of life.

Beneficiary

Any person or persons you choose may be the beneficiary of your policy. You may change your beneficiary (unless irrevocable) at any time by written request to the Plan Administrator.

Cover Your Whole Family

If you select the Family Plan, you are automatically insured for 100% of the Additional Coverage you choose, your spouse or domestic partner is insured for 50% of your coverage (increases to 60% if no dependent children) and your children are insured for 20% of your coverage (increases to 25% if no spouse or domestic partner). Basic Coverage is not applicable to dependents. All coverage reduced by 50% at age 70.

Your Coverage

You will receive a Description of Coverage after you enroll. This will be mailed to you within a short time of the effective date of your coverage. Your \$3,000 of Basic Coverage, as well as any Additional Coverage you choose, will become effective on the first, regular billing date following acceptance of your Activation Form by the Plan Administrator; additional coverage is contingent upon receipt of your first month’s premium. To put your coverage in force, just complete and mail the enclosed Activation Form. Your coverage cannot be canceled as long as you are a member and the plan remains in effect. If you decide to discontinue your participation in the plan, your coverage will continue until the end of the period for which premiums have been paid. Coverage is renewable at the option of your financial institution.

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ADDITIONAL COVERAGE AVAILABLE AT COMPETITIVE GROUP RATES

There is no charge to you for the \$3,000 of Basic Coverage sponsored by your credit union. You have the option to increase your accident insurance protection by choosing up to \$300,000 in Additional Coverage on the enclosed Activation Form. Premiums for Additional Coverage will be deducted from your credit union account monthly.

Additional Coverage Amount Options	\$300,000	\$200,000	\$100,000	\$50,000	\$25,000	Cost per \$10,000 of Additional Coverage: Member - about 3¢ a day! Family Plan about 5¢ a day!
Member Only Cost Per Month**:	\$30.00	\$20.00	\$10.00	\$5.00	\$2.50	
Family Plan Cost Per Month**:	\$45.00	\$30.00	\$15.00	\$7.50	\$3.75	
Death Benefits						
Accidental Death:	\$300,000	\$200,000	\$100,000	\$50,000	\$25,000	
Common Carrier Accidental Death:	\$600,000	\$400,000	\$200,000	\$100,000	\$50,000	

Insurance benefit reduces 50% at age 70.

**Price indicated is a package price including Accidental Death & Dismemberment insurance and Beneficiary Companion services. The cost for the Accidental Death & Dismemberment insurance is equal to 77% of the total package offering.