

Please complete the highlighted sections below:

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ACCEPTANCE FORM

Yes, Please enroll me in the basic \$2,000 Accidental Death and Dismemberment Program provided by Alaska USA Federal Credit Union.

- 1) **ADDITIONAL COVERAGE TYPE:** **Individual** **Family** **None Desired** (Check desired plan, if optional coverage is elected only)
- 2) **COVERAGE AMOUNT:** **\$10,000** **\$20,000** **\$40,000** **\$60,000** **\$80,000** **\$100,000** **\$150,000** **\$200,000** **\$300,000**
- 3) **BENEFICIARY DESIGNATION:** _____ **RELATIONSHIP:** _____

I hereby authorize Institution Solutions, Inc. to deduct the appropriate premiums from my account on a quarterly basis only if additional coverage is elected. This authorization is to remain valid until Institution Solutions, Inc. (ISI) has received written notice directly from me of its termination. Further, I accept and understand Institution Solutions, Inc. Privacy Statement, which is printed on the reverse side. I hereby authorize Alaska USA Federal Credit Union to release any private information, including account number or non-public information directly to Institution Solutions, Inc. as necessary to process this acceptance form in the event I did not disclose the required information or it is not legible.

4)

| |
|--|
| <i>Name</i> _____ First MI Last |
| <i>Address</i> _____ Street Name |
| <i>Address</i> _____ City State Zip |

6) **MEMBER ACCOUNT NUMBER:** _____

7) MANDATORY PROCESSING: AMOUNT WILL BE DEDUCTED FROM THE FOLLOWING ACCOUNT TYPE:

- SAVINGS (S10)
 MONEY MARKET(S20)
 CHECKING (S70)

MICR NUMBER: _____ (compl. By C.U.)

5) **PHONE NO.** () _____ **DATE OF BIRTH:** ____/____/____

8) **SIGNATURE:** _____ **DATE:** _____
(SIGNATURE IS REQUIRED FOR PROCESSING)

(Print, sign where indicated and then mail this form to: Alaska USA Insurance Services, PO Box 196100, Anchorage, AK 99519-6100)

Please review the following information carefully during this guaranteed open enrollment period. Then select the 24 Hour Accidental Death and Dismemberment (AD&D) coverage amount that will best suit your personal needs.

As a thank you for reviewing this AD&D program, you may enroll for \$2,000 of AD&D coverage, **AT NO COST TO YOU**, whether or not you elect additional coverage (see details below).

AD&D INSURANCE AND MONTHLY RATES

*Simply...
Choose an
amount that
you need!*

| COVERAGE AMOUNT | INDIVIDUAL | FAMILY |
|------------------------|-------------------|---------------|
| \$ 10,000 | \$ 1.00 | \$ 1.50 |
| \$ 20,000 | \$ 2.00 | \$ 3.00 |
| \$ 40,000 | \$ 4.00 | \$ 6.00 |
| \$ 60,000 | \$ 6.00 | \$ 9.00 |
| \$ 80,000 | \$ 8.00 | \$12.00 |
| \$100,000 | \$10.00 | \$15.00 |
| \$150,000 | \$15.00 | \$22.50 |
| \$200,000 | \$20.00 | \$30.00 |
| \$250,000 | \$25.00 | \$37.50 |
| \$300,000 | \$30.00 | \$45.00 |

Look at how affordable this program is to provide protection for you and your family members!

NOTE: These premiums will be conveniently deducted from the account you designate on a quarterly basis. Your first billing and coverage will be effective at the beginning of the first calendar quarter following the receipt of your acceptance form. Your Certificate of Insurance will be mailed to you approximately 30 days after the effective date.

Enrolling is easy! Just complete the form above and return it in the enclosed envelope. Should you have any questions, please contact a Customer Service Representative at 888-807-6843 between the hours of 8:00 a.m. and 5:00 p.m. CST, Monday through Friday.

COMPLETE AND MAIL YOUR RESPONSE TODAY!

SEND NO MONEY! COST WILL BE AUTOMATICALLY DEDUCTED FROM YOUR ACCOUNT!

The \$2,000 Accidental Death and Dismemberment coverage is our gift to you!

Questions? Call 888-807-6843