

Alaska USA Federal Credit Union
SECURE FAMILY
ACCIDENTAL DEATH & DISMEMBERMENT ENROLLMENT FORM

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

1.) BENEFIT SELECTIONS

Please enroll me in the coverage elected below for which I will pay premium monthly along with my mortgage payment.

Coverage Amount: (only one additional election is allowed):

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 10,000 | <input type="checkbox"/> 25,000 | <input type="checkbox"/> 50,000 | <input type="checkbox"/> 75,000 | <input type="checkbox"/> 100,000 |
| <input type="checkbox"/> 125,000 | <input type="checkbox"/> 150,000 | <input type="checkbox"/> 175,000 | <input type="checkbox"/> 200,000 | <input type="checkbox"/> 225,000 |
| <input type="checkbox"/> 250,000 | <input type="checkbox"/> 275,000 | <input type="checkbox"/> 300,000 | | |

Coverage Type:

- Individual (\$1.20 Monthly per \$10,000)
 Family (\$1.80 Monthly per \$10,000)

2.) ACCOUNT INFORMATION (Required)

Mortgage Number: _____

4.) PERSONAL INFORMATION (REQUIRED)

Date of Birth: _____ Phone Number: _____

**Age Limit of 69 for new or increased coverage

5.) BENEFICIARY DESIGNATION

Beneficiary: _____ Relationship: _____

6.) BENEFIT AUTHORIZATION (Required)

I hereby authorize Institution Solutions to obtain the appropriate premiums from my mortgage payment on a monthly basis. 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 mortgage 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 this coverage I become a member of Financial Solutions Associations, Inc.

Signature: _____ Date: _____

Accidental Death & Dismemberment Insurance & Prescription Drug Discount Package

Eligibility & Accidental Death Benefit Amounts Available:

Members under age 70 may elect a minimum benefit amount of \$10,000 and a maximum of \$300,000 in multiples of \$5,000. 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 amounts is equal to 25% of your benefit amount.

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:

	<u>% of Elected Benefit Amount</u>
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.

*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.

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.

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.

ADDITIONAL BENEFITS:

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.

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. Coma payments will be made until you or your insured dependent dies, is no longer in a coma or until 100% of the elected benefit amount has been paid. Payments made for coma will reduce any benefit payable for accidental loss of life.

Common Carrier: 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.

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.

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%.

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 \$10,000 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.

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.

Termination: Coverage under the AD&D policy ends automatically on the earliest of the date: 1) the group policy ends; 2) the expiration of the period for which you made premium contributions; 3) your Financial Institution ceases to participate under the group policy; 4) you cease to be a member of the participating Financial Institution; or 5) your dependent ceases to be a dependent.

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.

Prescription Drug BENEFITS Provided by DrugRxCard.com:

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)

Financial Solutions Associations, Inc.

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 Associations, Inc. A copy of the master policy is on file at your Financial Institution.

Institution Solutions Privacy Policy

Institution Solutions (ISI) is required and agrees to maintain the confidentiality of any information provided to it by the Financial Institution or its members. ISI warrants that all such information will be used solely for the administration of the program(s) administered by ISI.

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