

Cellular Telephone Protection

This Guide to Benefit describes the benefit in effect as of the date your financial institution elected this coverage. This benefit and description supersedes any prior benefit and description you may have received earlier. Please read and retain for your records.

Your eligibility is determined by the date your financial institution enrolled your account in the benefit.

What is Cellular Telephone Protection?

Subject to the terms and conditions provided in this Guide to Benefit, Cellular Telephone Protection will reimburse the enrolled eligible accountholder (the "Accountholder", also referred to as "You" or "Your") for damage to or theft of eligible Cellular Wireless Telephones. Eligible Cellular Wireless Telephones are the primary line and up to three (3) secondary, additional, or supplemental lines as listed on Your cellular provider's monthly billing statement for the billing cycle preceding the month in which the theft or damage occurred. Cellular Telephone Protection is subject to a fifty-dollar (\$50.00) deductible per claim and a maximum of two (2) claim occurrences per Eligible Account through which this benefit is provided per twelve (12) month period. The maximum benefit limit is eight hundred dollars (\$800.00) per claim and one thousand dollars (\$1000.00) per twelve (12) month period.

Who is eligible for this protection?

To be eligible for Cellular Telephone Protection, You must be an accountholder of an eligible U.S.-based financial institution enrolled in the Cellular Telephone Protection benefit and pay Your monthly Cellular Wireless Telephone bills with Your eligible account issued by your institution ("Eligible Account"). Only Cellular Wireless Telephones purchased by the Accountholder will be covered.

Following the benefit effective date set forth above, Your Cellular Telephone Protection begins the first day of the calendar month following the payment of the Cellular Wireless Telephone bill using Your Eligible Account. If the Accountholder fails to make a Cellular Wireless Telephone bill payment for a particular month, the Cellular Telephone Protection is suspended. Provided the Cellular Telephone Protection continues to be offered, the benefit will resume on the first day of the calendar month following the date of any future Cellular Wireless Telephone bill payment with the Eligible Account.

What type of protection is this?

Cellular Telephone Protection is supplemental to, and excess of, valid and collectible insurance or indemnity (including, but not limited to, Cellular Wireless Telephone insurance programs, homeowner's, renter's, automobile, or employer's insurance policies). After all insurance or indemnity has been exhausted, Cellular Telephone Protection will cover the damage or theft up to eight hundred dollars (\$800.00) per claim, subject the terms, conditions, exclusions, and limits of liability of this benefit as well as the fifty-dollar (\$50.00) deductible. The maximum limit of liability is eight hundred dollars (\$800.00) per claim occurrence, and one thousand dollars (\$1000.00) per twelve (12) month period.

You will receive no more than the current suggested retail price of a replacement Cellular Wireless Telephone of like kind and quality less Your fifty-dollar (\$50.00) deductible.

What is not covered?

- Cellular Wireless Telephone accessories other than standard battery and/or standard antenna provided by the manufacturer.
- Cellular Wireless Telephones purchased for resale, professional, or commercial use.
- Cellular Wireless Telephones that are lost or "mysteriously disappear." "Mysterious disappearance" means the vanishing of an item in an unexplained manner where there is absence of evidence of a wrongful act by a person or persons.
- Cellular Wireless Telephones under the care and control of a common carrier (including, but not limited to, U.S. Postal Service, airplanes, or delivery service).
- Cellular Wireless Telephones stolen from baggage unless hand-carried and under Your personal supervision, or under the supervision of Your traveling companion previously known to You.
- Cellular Wireless Telephones stolen from a construction site.
- Cellular Wireless Telephones which have been rented, borrowed or Cellular Wireless Telephones that are received as part of a pre-paid plan or "pay as you go" type plans.
- Cosmetic damage to the Cellular Wireless Telephone or damage that does not impact the Cellular Wireless Telephone's ability to make or receive phone calls.
- Damage or theft resulting from abuse, intentional acts, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, or insurrection), confiscation by the authorities, risks of contraband, illegal activities, normal wear and tear, flood, earthquake, radioactive contamination, or damage from inherent product defects or vermin.
- Damage or theft resulting from misdelivery or voluntary parting with the Cellular Wireless Telephone.
- Replacement Cellular Wireless Telephone not purchased from a cellular service provider's retail or Internet store (or authorized reseller).
- Taxes, delivery and transportation charges, and any fees associated with the cellular service provider.

Do I need to keep copies of receipts or any other records?

Yes. If You want to file a claim, You will need copies of Your Eligible Account statement reflecting monthly Cellular Wireless Telephone bill payments during the time immediately preceding the damage or theft and Your store receipt for repairs or purchase of Your replacement Cellular Wireless Telephone. You may also be required to submit your damaged device for evaluation of damage. A Cellular Wireless Telephone that has been voluntarily parted with is not eligible for Cellular Telephone Protection.

How do I file a claim?

Call the Benefit Administrator at **(866) 210-0361** or access the Cellular Telephone Protection benefit page of the website for the Eligible Account through which this benefit is made available to You, if applicable, within sixty (60) days of damage or theft. Please note: If You do not give such notice within sixty (60) days after the damage or theft Your claim may be denied.

The Benefit Administrator representative will provide the appropriate claim form to You for the submission of your claim. This claim form must be completed, signed, and submitted with all the requested documentation within ninety (90) days from the date of damage or theft of the eligible Cellular Wireless Telephone or Your claim may be denied.

What do I need to submit with my claim?

- Your completed and signed claim form.
- Copies of Your Eligible Account statement reflecting the entire monthly Cellular Wireless Telephone payments for the month preceding the date of damage or theft.
- A copy of Your Cellular Wireless service provider billing statement that reflects that the Cellular Wireless account was in good standing at the time of damage or theft.
- A copy of the original Cellular Wireless Telephone purchase receipt or other sufficient proof, as determined in the Benefit Administrator's sole discretion, of the Cellular Wireless Telephone model linked to Your Cellular Wireless Telephone account.
- If the claim is due to theft or criminal action, a copy of the police report filed within forty-eight (48) hours of the occurrence.
- If the claim is due to damage, an itemized repair estimate or repair receipt from an authorized Cellular Wireless Telephone repair facility describing the damage to the device, a copy of an insurance claim, or other reports as the Benefit Administrator, in its sole discretion, deems necessary to determine eligibility for coverage. In addition, the Benefit Administrator may, in its sole discretion, require (a) the Accountholder to submit the Cellular Wireless Telephone to the Benefit Administrator to evaluate the damage; or (b) an itemized store receipt for the replacement Cellular Wireless Telephone reflecting the damage to the device being claimed and showing the purchase was made at a Cellular Wireless service provider's retail or Internet store.
- If the claim amount is less than Your personal homeowner's, renter's, or automobile insurance deductible, a copy of Your insurance policy personal declaration page is sufficient for Your claim. If the claim amount is greater than Your personal homeowner's, renter's, or automobile insurance deductible, You are required to file a claim with Your applicable insurance company and to submit a copy of any claims settlement from Your insurance company along with Your claim form.
- Documentation (if available) of any other settlement of the claim.
- Any other documentation deemed necessary, in the Benefit Administrator's sole discretion, to substantiate Your claim. All claims must be fully substantiated as to the time, place, cause, and purchase price of the Cellular Wireless Telephone.

How will I be reimbursed?

Depending on the nature and circumstances of the damage or theft, the Benefit Administrator, at its sole discretion, will reimburse the Accountholder for the lesser of a) eight hundred dollars (\$800.00) excess of the fifty-dollar (\$50.00) deductible; b) the actual or estimated cost of repair excluding taxes and other fees, less the fifty-dollar (\$50.00) deductible; or c) the current suggested retail price of a replacement Cellular Wireless Telephone of like kind and quality, excluding taxes, delivery and transportation charges, and other fees paid to the Cellular Wireless Telephone service provider, less the fifty-dollar (\$50.00) deductible.

Please Note: Cellular Telephone Protection is subject to a maximum of two (2) claim occurrences per Eligible Account through which this benefit is provided per twelve (12) month period. Under normal circumstances, reimbursement will take place within ten (10) business days of receipt and approval of claim form and all required documents.

Additional Provisions for Cellular Telephone Protection: This protection provides benefits only to You, an Accountholder. You shall use due diligence and do all things reasonable to avoid or diminish any loss or damage to the Cellular Wireless Telephone from damage or theft. This provision will not be applied unreasonably to avoid claims.

If You make any claim knowing it to be false or fraudulent in any respect including, but not limited to, the cost of repair services, no coverage shall exist for such claim and the Cellular Telephone Protection benefit may be canceled. Each Accountholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.

Once You report an occurrence of damage or theft, a claim file will be opened and shall remain open for six (6) months from the date of the damage or theft.

No payment will be made on a claim that is not completely substantiated in the manner required by the Benefit Administrator within six (6) months of the date of damage or theft.

After the Benefit Administrator has paid Your claim, all Your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of payment made to You. You must give all assistance as may be reasonably necessary to secure all rights and remedies.

No legal action for a claim may be brought against Us until sixty (60) days after the Benefit Administrator receives all necessary documentation needed to substantiate damage or theft. After the expiration of three (3) years from the time written Proof of Loss was to be provided, no action shall be brought to recover on this benefit. Further, no legal action may be brought against Us unless the terms and conditions of this Guide to Benefit have been complied with fully.

This benefit is provided to Accountholders subject to the terms and conditions contained herein. The terms and conditions contained in this Guide to Benefit may be modified.

Modifications to the terms and conditions may be provided via program websites, additional Guide to Benefit mailings, statement inserts, or statement messages. The benefit described in this Guide to Benefit will not apply to Accountholders whose accounts have been suspended or canceled. The Cellular Telephone Protection described in this Guide to Benefit will not apply to Accountholders whose applicable account(s) are closed, delinquent, or otherwise in default.

Termination dates may vary by financial institution. Your financial institution can cancel or non-renew the benefit, and if they do, they will notify You at least thirty (30) days in advance. This information describes the benefit provided to You as an Accountholder.

For general questions regarding this benefit, call the Benefit Administrator at (866) 210 - 0361.

Services and benefits are insured under a policy from Plateau Casualty Insurance Company, 2701 North Main Street, Crossville, TN 38555.

Summary Description of Benefits for the Personal Internet & Identity Coverage Master Policy

This Summary is provided to inform you that as a member of Econ-O-Check Association you are entitled to benefits under the Master Policy referenced below. This Summary Description of Benefits does not state all the terms, conditions, and exclusions of the Policy. Your benefits will be subject to all of the terms, conditions, and exclusions of the Master Policy, even if they are not mentioned in this Summary. A complete copy of the Policy will be provided upon request.

The Master Policy of Personal Internet Identity Coverage has been issued to Econ-O-Check Association (the “Master Policy Holder”), under Policy Number: 7078268 underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. to provide benefits as described in this Summary.

General Information

Should you have any questions regarding the Membership Program provided by the Master Policyholder, or wish to view a complete copy of the Master Policy, please call the customer service number located in your membership materials.

Limit of Insurance

Aggregate Limit of Insurance: per policy period	<u>\$1,000,000</u>
Lost Wages: per week, for 5 weeks maximum	<u>\$ 1,000</u>
Travel Expenses per week, for 5 weeks maximum	<u>\$ 1,000</u>
Elder Care and Child Care per policy period	<u>\$ 1,000</u>
Deductible per policy period	<u>\$ 0</u>

Filing a Claim

If you have any questions regarding the identity theft insurance coverage or wish to file a claim under the Master Policy, please contact the Insurer at: 1-888-716-5437

This is a group master policy issued to Econ-O-Check Association. If this master policy is terminated, your benefits will cease effective that date. It is the obligation of the master policyholder to inform you of any termination of the master policy.

BENEFITS

We shall pay you for the following:

- a)Costs
- i. Reasonable and necessary costs incurred by you in the United States for re-filing applications for loans, grants or

- other credit instruments that are rejected solely as a result of a stolen identity event;
- ii. Reasonable and necessary costs incurred by you in the United States for notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of your efforts to report a stolen identity event and/or amend or rectify records as to your true name or identity as a result of a stolen identity event;
- iii. Reasonable and necessary costs incurred by you for up to six credit reports from established credit bureaus (with no more than two reports from any one credit bureau) dated within 12 months after your knowledge or discovery of a stolen identity event;
- iv. Costs approved by us, for providing periodic reports on changes to, and inquiries about the information contained in your credit reports or public databases (including, but not limited to credit monitoring services);
- v. Cost of travel within the United States incurred as a result of your efforts to amend or rectify records as to your true name and identity;
- vi. Reasonable and necessary costs for elder care, spousal care or child care incurred as a result of your efforts to amend or rectify records as to your true name or identity;
- vii. Reasonable and necessary costs incurred by you for ordering medical records for the purpose of amending and/or rectifying these documents as a result of a stolen identity event; and
- viii. Reasonable and necessary costs incurred by you for the replacement of identification cards, drivers' licenses and passports as a result of a stolen identity event.

- b)Lost Wages
- Actual lost wages earned in the United States, whether partial or whole days, for time reasonably and necessarily taken off work and away from your work premises solely as a result of your efforts to amend or rectify records as to your true name or identity as a result of a stolen identity event. Actual lost wages includes remuneration for vacation days, discretionary days, floating holidays, and paid personal days excludes business interruption or future earnings of a self-employed professional. Computation of lost wages for self-employed persons must be supported by, and will be based on, prior year tax returns. Coverage is limited to wages lost within twelve months after your discovery of a stolen identity event.

- c)Legal defense fees and expenses
- Reasonable and necessary fees and expenses incurred in the United States by you with our consent for an attorney approved by us for:
- i. An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event;
- ii. Defending any civil suit brought against you by a creditor or collection agency or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as a result of a stolen identity event; a

- iii. Removing any civil judgment wrongfully entered against you as a result of the stolen identity event;
- iv. Defending criminal charges brought against you as a result of a stolen identity event; provided, however, we will only pay criminal defense related fees and expenses after it has been established that you were not in fact the perpetrator;
- v. Challenging the accuracy or completeness of any information in your medical history as a result of a medical identity theft. It is further agreed that solely with respect to subparagraph (c) you, with our express prior written consent, may select such attorney; and
- vi. Challenging the accuracy or completeness of any information in your tax history as a result of a stolen identity event. It is further agreed that solely with respect to subparagraph (3) you, with our express prior written consent, may select such attorney.

d) Unauthorized Electronic Fund Transfer Reimbursement

The principal amount, exclusive of interest and fees, incurred by you and caused by an Unauthorized Electronic Fund Transfer. Stolen Funds Loss shall not include any amount for which you did not seek reimbursement from the financial institution which issued the access device and holds the account from which funds were stolen, and stolen funds loss shall not include any amount for which you received reimbursement from any source.

A Stolen Identity Event is the fraudulent use of your personal identification, social security number, or other method of identifying you, this includes the fraudulent use of the personal identity of the insured to establish credit accounts, secure loans, enter into contracts or commit crimes. A stolen identity event does not include the theft or unauthorized or illegal use of your business name, d/b/a or any other method of identifying your business activity.

Unauthorized Electronic Fund Transfer means an Electronic Fund Transfer from your personal account initiated by a person other than you without the actual authority to initiate the transfer and from which you receive no benefit. An Unauthorized Electronic Fund Transfer does not include an Electronic Fund Transfer initiated: (1) by a person who was furnished the access device to your account by you, unless you had notified the financial institution that transfers by such person were no longer authorized; (2) with fraudulent intent by you or any person acting in concert with you; or (3) by the financial institution or its employee.

Coverage Scope

Stolen Identity Event

The Master Policy provides benefits to you only if you report a stolen identity event to us by the contact number stated above as soon as you become aware of a stolen identity event, in no event later than 90 days after the stolen identity event is discovered by you and you follow the instructions given to you in a claims kit that you will be provided. These instructions will include notifying major credit bureaus, the Federal Trade Commission's Identity Theft Hotline and appropriate law enforcement authorities. This claims kit will also instruct you how to file for benefits under the policy if the stolen identity event results in losses covered under the policy.

You will only be covered if a stolen identity event is reported to us within 90 days of discovery. You will not be covered if the stolen identity event first occurs after termination of the master policy or termination of your membership in the Master Policyholder's program.

Unauthorized Electronic Fund Transfer

The Master Policy provides benefits to you only if you report an Unauthorized Electronic Fund Transfer to us at the contact number stated above as soon as you become aware of a Unauthorized Electronic Fund Transfer, but in no event later than 90 days after the Unauthorized Electronic Fund Transfer is discovered by you.

You will only be covered if an Unauthorized Fund Transfer: (1) first occurs while you are a member of the Master Policyholder's Membership Program, and (2) is reported to us within ninety (90) days after your discovery of the Unauthorized Fund Transfer. You will not be covered if the Unauthorized Fund Transfer first occurs after expiration or termination of the Master Policy or termination of your membership in the Master Policyholder's Membership Program.

In addition, you must follow the instructions given to you in the claims kit that you will be provided. These instructions will include notifying major credit bureaus, the Federal Trade Commission's Identity Theft Hotline and appropriate law enforcement authorities. The claims kit will also instruct you how to file for benefits under the policy if the Stolen Identity Event or an Unauthorized Electronic Fund Transfer results in losses covered under the Master Policy.

Limits Of Insurance

The most we shall pay you are the Limits of Insurance shown above. All Legal Costs shall be part of and subject to the Aggregate Limit of Insurance. **LEGAL COSTS ARE PART OF, AND NOT IN ADDITION TO, THE LIMIT OF INSURANCE.**

The Lost Wages Limit of Insurance shown above is a sublimit of the Aggregate Limit of Insurance and is the most we shall pay you for lost wages.

Deductible

1. You shall be responsible for the applicable Deductible amount shown above and you may not insure against it.
2. You shall be responsible for only one Deductible during any one policy period.

Other Insurance

We shall be excess over any other insurance, including, without limitation, homeowner's or renter's insurance. If you have other insurance that applies to a loss under this policy, the other insurance shall pay first. This policy applies to the amount of loss that is in excess of the Limit of Insurance of your other insurance and the total of all your deductibles and self-insured amounts under all such other insurance. In no event shall we pay more than our Limits of Insurance as shown above.

DUPLICATE COVERAGES

Should you be enrolled in more than one membership program insured by us, or any of our affiliates, we will reimburse you under each membership program:

- a) subject to the applicable deductibles and limits of liability of each insured membership program
- b) but in no event shall the total amount reimbursed to you under all membership programs exceed the actual amount of loss.

For general questions regarding this benefit, call the Benefit Administrator at (866) 210 – 0361.

Rideshare Protection

This Guide to Benefit describes the benefit in effect as of the date your financial institution elected this coverage. This benefit and description supersedes any prior benefit and description you may have received earlier. Please read and retain for your records.

Your eligibility is determined by the date your financial institution enrolled your account in the benefit.

Using a smartphone app to hail a ride from a private driver has become common practice in most areas. The convenience, customer support, and potential for cost savings have all lead to the rapid rise in popularity of these ridesharing services. As the popularity in using these services rises, it is important to remember that accidents can happen when you are traveling as a passenger while riding in a vehicle arranged by a Transportation Network Company. Fortunately, that is where RideShare Protection can help.

You and your Traveling Companion(s) are automatically covered if your name is embossed on an eligible card issued in the United States and you use it to charge a portion of or the entire amount of the required fare to your Account.

How to use RideShare Protection

1. Contact a Transportation Network Company to arrange your Trip.
2. Add your covered card as a payment method in the app and charge a portion of or the entire amount of the required fare to your Eligible Account.

The amount of the benefit is limited to the maximum benefit amounts shown below for each benefit per covered accident, per Eligible Person.

Coverage	Benefit Amount per covered accident per Eligible Person
Accidental Death and Dismemberment Insurance	\$100,000
Accident Medical Expense Benefit	\$10,000.00 / \$0 deductible
Personal Property Benefit	\$250.00 / \$0 deductible

How does it work?

Accidental Death & Dismemberment Insurance provides coverage up to \$100,000 per covered accident, for accidental loss of life, limb, sight, speech or hearing while on a covered Trip pre-arranged by a Transportation Network Company. If the cardholder's Injuries occur while on a covered Trip and results in a loss **within three hundred and sixty-five (365) days of an accident**, the Company will pay the following percentage of the loss shown in the table below.

The accident must occur while the Eligible Person is on a Trip and is covered under the policy. Coverage applies in the event the Eligible Person is injured while riding as a passenger as well as entering and exiting a vehicle used on a Trip. If more than one loss is sustained by the Eligible Person as a result of the same accident, only one amount, the largest applicable to the losses incurred, will be paid. The Company will not pay more than one hundred percent (100%) of the maximum limit for all losses due to the same accident.

Loss	Percentage of Loss of Life Benefit Amount
Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech or Hearing and Loss of one Hand, Foot or Sight of One Eye; Loss of Both Hands; Loss of Both Feet; Loss of Sight of Both Eyes; Loss of a combination of any two of a Loss of Hand, Loss of Foot or Loss of Sight of One Eye; Quadriplegia	100%
Loss of One Hand; Loss of One Foot; Loss of Sight of One Eye; Loss of Speech; Loss of Hearing; Hemiplegia; Paraplegia	50%
Loss of Thumb and Index Finger of the same hand; Loss of Four Fingers of the same hand; Uniplegia	25%

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

Loss must occur within three hundred and sixty-five (365) days after the Accident.

Accident Medical Expense Benefit pays a benefit for Reasonable and Customary Charges up to a maximum of \$10,000 per covered accident, for an Eligible Person and their Traveling Companion(s) for Medically Necessary expenses incurred **within one hundred and eighty (180) days of the accident provided treatment begins within forty-eight (48) hours of the covered Trip**. The injury must first occur while on a Trip, while covered under the Policy.

Covered expenses include:

- Services of a Physician, Physician Assistant or Registered Nurse (R.N.);
- Hospital charges;
- Prescription Drug Expenses prescribed by a Physician and administered on an outpatient basis;
- Outpatient diagnostic X-rays, laboratory procedures and tests;
- Local ambulance services to or from a Hospital;
- Artificial limbs, artificial eyes, artificial teeth, or other prosthetic devices;
- Dental Expenses including dental x-rays for the repair or treatment of each Injured tooth that is whole, sound and a natural tooth at the time of the Accident.
- Physiotherapy {Physical Medicine} Expenses on an inpatient or outpatient basis limited to one visit per day. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
 - Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that is: 1) primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally, is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.

- Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for an Eligible Person and Traveling Companion(s). We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.

The insurance provided by the Policy for all coverages is supplemental to and excess of any collectible insurance and/or collectible reimbursement from any other source. The Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance and applicable deductible.

Personal Property Benefit reimburses the reasonable cost, up to \$250 per covered accident, for replacement of any personal property that is damaged or totally destroyed, while the Eligible Person and their Traveling Companion(s) are on a Trip. In the event of an accident, the Company will require certification by the police or First Responder, in an incident report, that the item claimed was actually damaged or totally destroyed.

At its discretion and depending on the nature and circumstances of the incident, the Benefit Administrator may choose to address your claim in one of two ways:

1. A damaged or totally destroyed item may be repaired, rebuilt or replaced wholly or in part.

You will be notified of the decision to repair, rebuild or replace your item within fifteen (15) days following receipt of the required documentation. Replacement costs will be the actual cash value (replacement cost less depreciation) of the articles at the time of loss up to the maximum benefit amount. "Personal Property" means personal goods belonging to the insured Eligible Person or for which he or she is responsible provided they are taken on the Trip or acquired by the Eligible Person during the Trip.

What is not covered?

The following exclusions will apply for any loss caused by or resulting from:

1. Sickness or disease of any kind;
2. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm
3. Commission of or attempt to commit a felony by the Eligible Person
4. Intentionally self-inflicted Injury, suicide or attempted suicide of the Eligible Person while sane or insane
5. War or act of war, whether declared or not, participation in a civil disorder, riot or insurrection.
6. Participation in a race or speed contest
7. Any illness or bodily Injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provisions of any legislation of any governmental unit; this exclusion applies regardless of whether the Eligible Person and their Traveling Companion(s) claims the benefits or compensation or recovers losses from a third party.

The following exclusions apply to **Accident Medical Expense Benefit** and no benefit will be provided for:

1. Routine physical examinations
2. Hearing aids; eyeglasses or contact lenses
3. Routine dental care; including dentures and false teeth
4. Hernia, unless it results from a covered accident
5. Services or supplies that are non-emergency in nature
6. Services, supplies or charges rendered by a member of the Eligible Person's Family Member
7. Services or supplies not prescribed by or performed by or upon the direction of a Hospital or Physician
8. Expenses which are not Medically Necessary
9. Treatment which is experimental or investigative in nature

10. Expenses that are provided by any governmental agency or unit (except Medicare)
11. Treatment for which an Eligible Person and Traveling Companion(s) would have no legal obligation to pay in the absence of this or any similar coverage
12. Treatment not rendered by a Hospital, Registered Nurse (R.N.), Physician Assistant or a Physician

The following exclusions apply to the **Personal Property Benefit** and no benefit will be provided for:

1. Damage caused by moths, vermin, insects, or other animals.
2. Wear and tear.
3. Atmospheric or climatic conditions.
4. Gradual deterioration or defective materials or craftsmanship.
5. Mechanical or electrical failure.
6. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
7. Any loss not reported to either the police or Transportation Network Company **within 24 hours of discovery**.
8. Any loss that occurs at a time when this coverage is not in effect.

If you have questions about this coverage, please call the Benefit Administrator at (866) 210 - 0361.

How do I file a claim?

1. Call the Benefit Administrator at **(866) 210 - 0361**. You must provide notice **within ninety (90) days after the date of loss or as soon as reasonably possible**. This notice must include enough information to identify you and your financial institution from whom this coverage was provided. Please note that failure to provide a claim notice within ninety (90) days **will not** invalidate or reduce any otherwise valid claim if notice is given as soon as is reasonably possible.
2. The Benefit Administrator will ask you a few questions and send you the appropriate claim forms.

3. **Within ninety (90) days of your date of loss or as soon as reasonably possible**, return your completed and signed claim form and the required documentation to the address listed on the claim form.

What do I need to submit with my claim?

- Your completed and signed claim form.
- A copy of the receipt received from the Transportation Network Company (showing the last four (4) digits of the Account number) demonstrating that the purchase was made on your eligible Account. If the receipt does not show the last four (4) digits of the Account number, your monthly billing statement reflecting this charge may be required.
- Any other proof of loss that may be required to substantiate your claim.

Accidental Death and Dismemberment Benefit and Accident Medical Expense Benefit

- A Police Report or First Responder accident report completed by the First Responder which identifies the Eligible Person and Traveling Companion(s) as Injured.
- When required, a signed patient authorization to release medical information to the Company or its authorized representative.
- All medical bills and reports for all medical expenses claimed.
- If the claim amount is less than Your personal homeowner's, renter's, or automobile insurance deductible, a copy of Your insurance policy personal declaration page is sufficient for Your claim. If the claim amount is greater than Your personal homeowner's, renter's, or automobile insurance deductible, You are required to file a claim with Your applicable insurance company and to submit a copy of any claims settlement from Your insurance company along with Your claim form.
- if a death occurs, a copy of the death certificate.

Personal Property Benefit

- For an item damaged or totally destroyed due to an accident, the Company will require an incident report from the police or First Responder stating that the item claimed was actually damaged or destroyed.
- If the item is lost, please provide proof that the loss was reported within 24 hours to the police or Transportation Network Company as well as any settlement, if any.

Definitions

Account means any credit card or debit card Account

Company means Indemnity Insurance Company of North America or Federal Insurance Company.

Eligible Person means a cardholder that is an authorized user of an Eligible Account or Traveling Companion(s) for whom the required fare is paid using an Eligible Account making insurance in effect for that person. No person or entity other than the Eligible Person(s) described shall have any legal or equitable right, remedy claim or insurance proceeds arising under or arising out of this coverage.

Family Member means the Eligible Person's, spouse, civil union partner, domestic partner, child, daughter-in-law, son-in-law, brother, sister, mother, father, grandparent, step-grandparent, grandchild, step-grandchild, step-child, step-brother, step-sister, step-parent, parent-in-law, brother-in-law, sister-in-law, aunt, step-aunt, uncle, step-uncle, niece, nephew, legal guardian, foster child, ward, or legal ward; spouse, civil union partner or domestic partner of any of the above. Family Member also includes these relations to the Eligible Person's spouse, civil union partner or domestic partner.

First Responder means an individual who is a trained or certified Law Enforcement Officer or Fire and Rescue Emergency individual or Emergency Medical Technician or Paramedic who, upon arriving to an incident or emergency, assumes immediate responsibility for the protection and preservation of life, property, evidence and the environment.

Hospital means a facility that holds a valid license if it is required by the law; operates primarily for the care and treatment of sick or Injured persons as inpatients; has a staff of one or more Physicians available at all times; provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or on call; has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

Injury/Injured means a bodily Injury caused by an accident occurring while the Eligible Person is 1) on a Trip, 2) his/her coverage under the Policy is in force and 3) resulting directly and independently of all other causes of loss covered by the Policy. The Injury must be verified by a Physician.

Medically Necessary or “**Medical Necessity**” means the services or supplies provided by a Hospital, Physician or other provider that are required to identify or treat an Eligible Person’s illness or Injury and which are: 1) indicated for the symptom or diagnosis and treatment of the Eligible Person’s condition, disease, ailment or Injury; 2) appropriate with regard to standards of good medical practice; 3) not solely for the convenience of an Eligible Person, Physician or other provider; 4) the most appropriate supply or level of service which can be safely provided to the Eligible Person. When applied to the care of an inpatient, it further means that the Eligible Person’s medical symptoms or condition requires that the services cannot be safely provided to the Eligible Person as an Outpatient.

Physician means a licensed practitioner of the healing arts acting within the scope of his/her license.

Police Report means a report completed by a police officer that details that the loss occurred while the Eligible Person was riding as a passenger on a Trip.

Reasonable and Customary Charges means expenses which:

1. are charged for treatment, supplies, or medical services Medically Necessary to treat the Eligible Person’s condition;

2. do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and
3. do not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

Transportation Network Company means a corporation, partnership, sole proprietor, or other entity, licensed by a government agency with the appropriate authority to issue such a license, that uses a digital network to connect riders to drivers who provide the transportation in their own non-commercial vehicles. It does not mean a taxicab association or a for-hire vehicle owner, unless using a Transportation Network Company to gain access to riders.

Traveling Companion(s) means a person(s) who shares the Eligible Person’s Trip and for whom the fare has been paid for by the Eligible Person.

Trip means a period of travel booked through a Transportation Network Company charged to an Eligible Account by an Eligible Person.

Additional Provisions for RideShare Protection:

- The terms We, Us and Our below refer to Indemnity Insurance Company of North America or Federal Insurance Company.
- You shall do all things reasonable to avoid or diminish any loss covered by this benefit. This provision will not be unreasonably applied to avoid claims.
- If you make any claim knowing it to be false or fraudulent in any respect, no coverage shall exist for such claim, and your benefit may be cancelled. Each cardholder agrees that representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact.
- No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than three (3) years

after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider, unless all the terms of the Guide to Benefits have been complied with fully.

- This benefit is provided to eligible accountholders at no additional cost. The terms and conditions contained in this Guide to Benefit may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, statement messages or electronic notification. The benefit described in this Guide to Benefit will not apply to accountholders whose accounts have been suspended or canceled. The benefits described in this Guide will not apply to cardholders whose Accounts have been suspended or cancelled.
- Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew the benefits for cardholders, and if they do, they will notify you at least thirty (30) days in advance. Indemnity Insurance Company of North America or Federal Insurance Company (“Provider”) is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit Administrator provides services on behalf of the Provider.
- The Company has the right to have a Physician of their choice examine the Eligible Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. The Company also has the right to request an autopsy in the case of death, unless the law forbids it. The Company will pay the cost of the examination or autopsy. This section applies when a claim is pending or while benefits are being paid.
- After the Benefit Administrator has paid your claim, all your rights and remedies against any party in respect of this claim will be transferred to the Benefit Administrator to the extent of the payment made to you. You must give the Benefit Administrator all assistance as may reasonably be required to secure all rights and remedies.
- This benefit does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance, including, but not limited to, the payment of claims.

For general questions regarding this benefit, call the Benefit Administrator at (866) 210 - 0361.

Roadside Assistance

This Guide to Benefit describes the benefit in effect as of the date your financial institution elected this coverage. This benefit and description supersedes any prior benefit and description you may have received earlier. Please read and retain for your records.

Your eligibility is determined by the date your financial institution enrolled your account in the benefit.

What is Roadside Assistance?

Subject to the terms and conditions provided in this Guide to Benefit, the Roadside Assistance benefit will provide the enrolled accountholder (the "Accountholder", also referred to as "You" or "Your") in an account that has this benefit (a "Covered Account") with 24-hour emergency roadside assistance for covered services as described in this Guide to Benefit. The Roadside Assistance benefit is subject to a maximum of two (2) occurrences per twelve (12) month period per Covered Account. The maximum benefit limit is \$100.00 per occurrence and \$200.00 per twelve (12) month period.

Who is eligible for this benefit?

To be eligible for the Roadside Assistance benefit, You must be an accountholder of an eligible U.S.-based financial institution enrolled in the Roadside Assistance benefit and have the Roadside Assistance benefit included in the Covered Account provided by Your financial institution.

Your Roadside Assistance coverage begins the date of enrollment in Your Covered Account.

How do I access Roadside Assistance with this benefit?

To obtain Roadside Assistance services, just call the Roadside Assistance service provider toll-free at 1-800-528-6298 and provide the Access Code for Your Covered Account. Your Access Code can be found in the documents provided to You at account opening and on the mobile application utilized to access this benefit provided as part of Your Covered Account. You will only be required to pay for any expenses or costs in excess of Your \$100.00 per occurrence maximum for covered emergencies.

The following are covered emergencies, subject to the \$100 per occurrence limit.

- Towing Assistance – When towing is necessary, Your vehicle will be towed to the nearest service facility up to \$100.00 from the disablement site. You will be responsible for the extra cost of towing Your disabled vehicle further than the coverage limitation of \$100.00 from the disablement site.

- Flat Tire Assistance – Service consists of the removal of Your vehicle's flat tire and its replacement with the spare tire located with Your vehicle. Towing Assistance will be provided, if necessary.
- Fuel, Oil, Fluid and Water Delivery Service – An emergency supply of fuel, oil, fluid and water will be delivered if Your vehicle is in immediate need. You must pay for the fuel or other fluid when it is delivered.
- Lock-out Assistance – If Your keys are locked inside Your vehicle, assistance will be provided to gain entry into Your vehicle.
- Battery Assistance – If battery failure occurs, a jump start will be provided to start Your vehicle. Towing Assistance will be provided, if necessary.

How do I obtain coverage under this benefit?

To be eligible for coverage, this Roadside Assistance Benefit must be utilized to arrange for emergency roadside assistance for Your vehicle and the service must be a covered emergency as described in this Guide to Benefit. Assistance obtained through any other source other than the Roadside Assistance service provider is not covered.

When calling for emergency roadside assistance services, the Roadside Assistance representative will ask You for Your Access Code and some preliminary information and will then dispatch a roadside assistance service provider to the location of Your vehicle. You must be with Your vehicle when the service provider arrives unless it is unsafe to remain with the vehicle as an unattended vehicle cannot be serviced.

What type of coverage is this?

Roadside Assistance is not insurance coverage. The Roadside Assistance benefit will provide emergency roadside assistance services for covered emergencies up to two (2) eligible occurrences per twelve (12) month period and will cover eligible expenses for such services up to \$100.00 per occurrence, subject to the terms, conditions, exclusions and limits of liability listed herein. Service must be a covered emergency under this Guide to Benefit. There is a limit of one (1) covered occurrence for the same service type during any continuous seven (7) day period.

You will be responsible for any emergency roadside assistance expenses incurred using the Roadside Assistance benefit in excess of the maximum amount payable per covered roadside assistance occurrence. The maximum amount payable per occurrence is \$100.00.

The following items are not included as part of the emergency Roadside Assistance benefit:

- Coverage shall not be provided in the event of emergencies resulting from the use of intoxicants or narcotics, or the use of Your vehicle in the commission of a felony.
- Costs of parts, replacement keys, fluids, fuel, lubricants; cost of installation of any products or material; and additional labor related to towing.
- Non-emergency towing or other non-emergency service.
- Non-emergency mounting or removing of any tires, snow tires or chains.
- Shoveling snow from around Your vehicle.
- Tire repair.
- Extrication or Winching.
- Motorcycles, trucks over one and a half (1 ½) ton capacity, antique vehicles (meaning vehicles over 20 years old or out of manufacture for ten (10) years or more), taxicabs, limousines or other commercial or delivery vehicles.
- Recreational vehicles (including self-motorized RVs), camping trailers, travel trailers or any vehicles in tow.
- Any and all taxes, fines or tolls.
- Damage or disablement due to fire, flood or vandalism.
- Towing from or repair work performed at a service station, garage or repair shop.
- Towing by other than a licensed service station or garage; vehicle storage charges; a second tow for the same disablement.
- Service on a vehicle that is not in a safe condition to be towed or serviced or that may result in damage to the vehicle if towed or serviced.
- Towing or service on roads not regularly maintained, such as sand beaches, open fields, forests, and areas designated as not passable due to construction, etc.
- Towing at the direction of a law enforcement officer relating to traffic obstruction, impoundment, abandonment, illegal parking, or other violations of law.
- Repeated service calls for a vehicle in need of routine maintenance or repair.

Only one (1) disablement for the same service type during any seven (7) day period will be accepted.

THIS IS NOT A ROADSIDE ASSISTANCE REIMBURSEMENT SERVICE.

Additional Provisions for Roadside Assistance:

The Roadside Assistance benefit provides coverage only to You, an eligible Accountholder. You shall use due diligence and do all things reasonable to avoid or diminish emergency roadside assistance expenses. This provision will not be applied unreasonably to avoid covering roadside assistance expenses.

This benefit is provided to eligible Accountholders subject to the terms and conditions contained herein. The terms and conditions contained in this Guide to Benefit may be modified.

Modifications to the terms and conditions may be provided via additional Guide to Benefit mailings, statement inserts, or statement messages. The benefit described in this Guide to Benefit will not apply to Accountholders whose accounts have been suspended or canceled. The Roadside Assistance benefit described in this Guide to Benefit will not apply to Accountholders whose applicable account(s) are closed, delinquent, or otherwise in default.

Termination dates may vary by financial institution. Your financial institution can cancel or non-renew the benefit, and if they do, they will notify You at least thirty (30) days in advance. This information describes the benefit provided to You as an Accountholder.

For general questions regarding this benefit, call the Benefit Administrator at (866) 210 – 0361.

Buyer's Protection and Extended Warranty

This Guide to Benefits describes the benefit in effect as of the date your financial institution elected this coverage. This benefit description supersedes any prior benefit description you may have received earlier. Please read and retain for your records.

Who is eligible for this protection?

Your eligibility is determined by the date your financial institution enrolled your account in these benefits.

Buyer's Protection

Subject to the terms and conditions provided in this Guide to Benefits, Buyer's Protection protects new items of personal property against theft, damage due to fire, accidental breakage, or involuntarily and accidentally parting with the item (for purposes of this coverage, this means the unintentional separation from an item of personal property, where the item's location is known but recovery is impractical to complete) within the first 90 days after the date of purchase, provided the item is purchased entirely with your eligible account.

Buyer's Protection will replace, repair or reimburse you up to the original purchase price, less shipping and handling charges, up to a maximum of \$2,500 per claim and a maximum of \$50,000 per account per year. Simply call our Benefit Administrator within 45 days of the loss or damage and submit a claim form. Friends and family members who receive your gifts may also be protected.

Limits

Buyer's Protection applies to the first 90 calendar days after purchase of the product anywhere in the United States, Puerto Rico or the U.S. Virgin Islands. Coverage includes all new purchases unless otherwise excluded, where the entire purchase price of the product is paid using an eligible account.

Additionally, claims are subject to a \$2,500 maximum per occurrence and there is an annual maximum of \$50,000 per account per year. This coverage is excess of any other insurance you may have, and this coverage will pay only after all other insurance has been exhausted.

Extended Warranty

Subject to the terms and conditions provided in this Guide to Benefits, Extended Warranty doubles the time period of an original manufacturer's written U.S. warranty up to one additional year, provided the entire purchase price of the item is paid using an eligible account. Extended Warranty covers new purchases having a manufacturer's United States warranty of 5 years or less, unless otherwise excluded.

If a covered purchase ceases to operate satisfactorily and requires repair during the period covered by this benefit, Extended Warranty may repair or replace the defective product, but for no more than the original purchase price of the product as recorded on the sales receipt, and less shipping and

handling charges, up to a maximum of \$2,500 per claim and a maximum of \$50,000 per account per year. All replacements will be made with products of similar quality and kind.

Limits

Extended Warranty doubles the life of the repair period on the original manufacturer's U.S. warranty up to one year. A claim for repair service for a product must occur after the expiration of the original manufacturer's warranty, for a period of time double the original manufacturer's warranty, but not to exceed one year.

Additionally, claims are subject to a \$2,500 maximum per occurrence and there is an annual maximum of \$50,000 per account per year. This coverage is excess of any other insurance or service contract you may have, and this coverage will pay only after all other insurance has been exhausted.

Exclusions

There is no coverage under Buyer's Protection or Extended Warranty for the following: Animals and living plants ♦ Antiques or collectible items ♦ Boats, aircraft, automobiles, and any other motorized vehicles including trailers and other similar vehicles that can be towed by or attached to any motorized vehicle ♦ Items purchased for resale, professional or commercial use ♦ Items stolen from automobiles or other vehicles or common carriers ♦ Items under the care and control of a common carrier (including U.S. Postal Service, airplanes, or delivery service) ♦ Losses resulting from abuse, fraud, hostilities of any kind (including, but not limited to, war, invasion, rebellion, insurrection, or terrorist activities), confiscation by the authorities, risks of contraband, illegal activities, normal wear and tear, flood, earthquake, radioactive contamination, or damage from inherent product defects ♦ Perishables or consumables including, but not limited to, perfumes, cosmetics, and limited-life items such as rechargeable batteries ♦ Real estate and items which are intended to become part of real estate including, but not limited to, items that are hard-wired or hard-plumbed, garage doors, garage door openers, and ceiling fans ♦ Traveler's checks, cash, tickets, credit or debit cards, and any other negotiable instruments ♦ Used or pre-owned items ♦ Broken items, unless a result of a covered occurrence ♦ Items that are lost or that "mysteriously disappear," meaning that the item(s) vanished in an unexplained manner without evidence of a wrongful act by a person or persons ♦ Items including, but not limited to, jewelry and watches stored in your baggage unless the baggage is hand-carried and under your personal supervision, or under the supervision of a traveling companion whom you know.

Claims Procedure

To file a claim, simply report the loss to the Benefit Administrator at 1-866-210-0361. Failure to notify the Benefit Administrator within 45 days from the date of loss may result in denial of the claim.

The Benefit Administrator should receive your claim by mail or by telephone. The Benefit Administrator will, within 10 days of receipt of your request, mail a claim form to be completed and returned with the requested documentation of loss and other information. You must complete the claim form and provide all requested information as instructed on the claim form no later than 90 days from the date of loss.

If stolen or damaged by fire, the actual police/fire report must be submitted. This report must be filed within 48 hours of incident.

Please note that you may be asked to send in, at your expense, the damaged item in order to substantiate your claim.

The customer shall be responsible for the delivery and pick-up cost of the product to any service center, as required by the Claim Administrator. When a claim is paid, upon request of the Claim Administrator, the claimant shall transfer the legal right to recover from the party responsible for the loss or damage to any party designated by the claims party. Valid claims will be satisfied either by repairing or replacing (if irreparable) the failed product. Payment will not exceed the total original purchase price which was purchased with an eligible account, subject to a maximum amount of \$2,500 per claim and \$50,000 per account per year. Failure to promptly notify the Benefit Administrator of a loss, to promptly and fully complete and submit the loss report and follow all the claims procedures and instructions, may result in denial of claim.

Prior to proceeding with any repairs, you must obtain approval of the repairs from the Claims Administrator. Failure to notify and obtain approval prior to having repairs done may result in denial of the claim.

ADDITIONAL PROVISIONS FOR BUYER'S PROTECTION AND EXTENDED WARRANTY

These benefits apply only to you, the eligible accountholder, and to whomever receives the eligible gifts you purchase with your eligible account.

You shall use due diligence and do all things reasonable to avoid or diminish any loss or damage to property protected by these benefits. This provision will not be unreasonably applied to avoid claims.

If you make any claim knowing it to be false or fraudulent in any respect including, but not limited to, the cost of repair services, no benefit shall exist for such claim and your benefits may be canceled. Each accountholder agrees that any representations regarding claims will be accurate and complete. Any and all relevant provisions shall be void in any case of fraud, intentional concealment, or misrepresentation of material fact by the accountholder.

Once you report an occurrence, a claim file will be opened and shall remain open for six (6) months from the date of damage, theft or product failure. No payment will be made on a claim that is not completely substantiated in the manner required by the Claims Administrator within six (6) months of the date of damage, theft or product failure.

After the Claims Administrator has paid your claim of loss or damage, all your rights and remedies against any party in respect of this loss or damage will be transferred to the Claims Administrator to the extent of the payment made to you. You must give the Claims Administrator all assistance as may reasonably be required to secure all rights and remedies.

No legal action for a claim may be brought against the Provider until sixty (60) days after the Provider receives Proof of Loss. No legal action against the Provider may be brought more than two (2) years after the time for giving Proof of Loss. Further, no legal action may be brought against the Provider unless all the terms of the Guide to Benefits have been complied with fully.

The terms and conditions contained in this Guide to Benefits may be modified by subsequent endorsements. Modifications to the terms and conditions may be provided via additional Guide to Benefits mailings, statement inserts, or statement messages. The benefits in this Guide to Benefits will not apply to accountholders whose accounts have been suspended or cancelled.

Termination dates may vary by financial institution. Your financial institution can cancel or non-renew the benefits for accountholders, and if they do, they will notify you at least thirty (30) days in advance. This information describes the benefit provided to you as a covered accountholder. Indemnity Insurance Company of North America ("Provider") is the underwriter of these benefits and is solely responsible for its administration and claims. The Benefit and/or Claims Administrator provides services on behalf of the Provider.

For general questions regarding this benefit, call the Benefit Administrator at 1-866-210- 0361.

PLATEAU INSURANCE COMPANY

2701 North Main Street, Crossville, TN 38555 Ph.(800) 752-8328
(herein referred to as the Company)

Policyholder: Econ-O-Check Association

Policy Number: 21201

BLANKET ACCIDENT INSURANCE DESCRIPTION OF COVERAGE

Who Is Eligible

The persons eligible for coverage under the Blanket Policy (herein called the Policy) issued to the Policyholder are all members of Policyholder (herein called You or Your) who have elected a membership package. A member's dependent children who are under the age of 19 (26 if a full time student) are eligible for the Family Coverage Plan. Also, a person may not be insured as a dependent child and an insured member at the same time.

What Activities are Covered

Accident insurance is provided if You suffer an Injury while participating in a Covered Activity(ies). A Covered Activity(ies) is defined in the Policy as any activity(ies) that is not listed in Exclusions. Covered Activity(ies) are:

24 Hour Accidental Injury

Definitions

Injury shall mean bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Your Effective and Termination Dates

Effective Date. Your coverage under the Policy begins, provided premiums have been paid by You or on Your behalf, on the later of: 1) the date the Policy becomes effective; or 2) the date Your written enrollment is received by us, the Program Sponsor or Policyholder.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated, (2) the end of the period for which Your premiums have been paid; or (3) the date You cease to be a member of Policyholder as per the records of the Program Sponsor.

Schedule of Benefits - Accidental Death and Dismemberment Benefit

Covered Activity(ies):

24 Hour Coverage

Maximum Amount	\$20,000
Dependent Child Maximum	\$2,500

Benefits provided under a joint membership will be divided equally among all joint members who are on file with the Policyholder. In the event of a claim, the benefit for the claimant will be the percentage of the Maximum Amount equal to his or her percentage interest in the joint membership.

The Aggregate Limit is \$5,000,000 per accident for all plans combined.

Description of Benefits

Maximum Amount. As applicable to each Benefit provided by the Policy for each Insured, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured's eligible class, subject to the Reduction Schedule.

Reduction Schedule. The Maximum Amount for 24 Hour Accidental Injury Coverage used to determine the amount payable for a loss will be reduced if an Insured is age 70 or older on the date of the accident causing the loss with respect to the Benefit(s) provided by the Policy. The Maximum Amount for 24 Hour Accidental Injury Coverage is reduced to a percentage of the Maximum Amount that would be used if the Insured were under age 70 on the date of the accident, according to the following schedule: 50% of the benefit at Age 70.

Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70. "Age" as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.

The Maximum Amounts as shown above in the Schedule of Benefits are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Accidental Death. If You suffer an Injury that results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

Both Hands or Both Feet	100%	Speech and Hearing in Both Ears	100%
Sight of Both Eyes	100%	One Hand or One Foot	50%
One Hand and One Foot	100%	The Sight of One Eye	50%
One Hand and the Sight of One Eye	100%	Speech or Hearing in Both Ears	50%
One Foot and the Sight of One Eye	100%	Thumb and Index Finger of Same Hand	25%

'Loss' of a hand or foot means complete severance through or above the wrist or ankle joint. 'Loss' of sight of an eye means total and irrecoverable loss of the entire sight in that eye. 'Loss' of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. 'Loss' of speech means total and irrecoverable loss of the entire ability to speak. 'Loss' of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under the Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

Limitation on Multiple Covered Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest.

Limitation on Multiple Covered Activities. If an Insured's Injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

Multiple Memberships. If an Insured has two or more memberships, the maximum amount payable will be no more than two times the largest maximum amount payable for that loss.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the Benefits provided by this Policy. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Benefit Schedule. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined. Aggregate Limit \$5,000,000 per accident for all plans combined.

Exclusions: The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from: 1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury; 2) sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; 3) declared or undeclared war, or any act of declared or undeclared war (Note: This policy covers Armed Services Personnel only for loss resulting from non-military or non-combat activities within the United States of America); 4) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if You are: a. riding as a passenger in any aircraft not licensed for the transportation of passengers; b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; 5) Your being under the influence of drugs or intoxicants, unless taken under the advice of a physician.

Claims Procedures: All claims should be reported to the Policyholder as soon as possible at the following phone number: Econ-O-Check Association – Insurance Service Center/Claims Department, 3 Gresham Landing, Stockbridge, GA 30281, ph: (866) 210-0361.

The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The written proof should include the Insured's name, the Policyholder's name and the Policy number. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required. Upon receipt of due written proof of loss, payment for a covered loss of life of an Insured will be made to the beneficiary or beneficiaries designated by the Insured and filed with Company. If there is no designated beneficiary or no designated beneficiary is living after Insured's death, the benefits will be paid in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate. Any payment the Company makes in good faith fully discharges the company's liability to the extent of the payment made. Benefits payable under this Policy for any covered loss will be paid within 30 days of the Company's receipt of due written proof of the loss.

IMPORTANT: If any conflict should arise between the contents of this Description of Coverage and the Master Policy (underwritten by Plateau Insurance Company of Crossville, Tennessee, referred to as the Company), or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.