

Insurance Underwritten by:
Federal Insurance Company,
a member insurer of the Chubb Group of Insurance Companies
15 Mountain View Road, PO Box 1615
Warren, NJ 07061-1615

Important Notice – Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9907-32-43 on file with the administrator. If there is any discrepancy between the policy and this description of coverage the policy shall govern. You are insured under the Plan indicated on your latest Membership Enrollment/Agreement Form filed with the participating institution. If you wish to change your program to another Plan, you must complete and file a new Form. The Form on file with the participating institution which has the latest date on it will govern the program you have.

POLICY INFORMATION

POLICYHOLDER: FINANCIAL SERVICES ASSOCIATION
GROUP POLICY NO.: 9907-32-43
INSURED PERSONS: All eligible accountholders of the participating institution who enroll for the program as on file with the plan administrator.

BENEFIT AMOUNT

Insured Person/Covered Hazard	<input type="checkbox"/> PLAN 1	<input type="checkbox"/> PLAN 2	<input type="checkbox"/> PLAN 3
Accountholder			
24 Hour Business & Pleasure	\$10,000	\$20,000	\$20,000
Common Carrier Business & Pleasure	\$20,000	\$50,000	\$100,000
Spouse/Domestic Partner			
24 Hour Business & Pleasure	\$0	\$0	\$2,500
Dependent Child(ren)			
24 Hour Business & Pleasure	\$0	\$0	\$2,500

If there is more than one accountholder per account, the benefit amount will be divided proportionally among all of the accountholders.

Reduction of Benefit Amount - If an Insured Person is age 70 or older on the date of an Accident causing Loss, then the Benefit Amount payable will reduce according to the following schedule.

<u>Age on Date of Accident</u>	<u>% of Benefit Amount after Reduction:</u>
70 or older	50%

If an Insured Person is enrolled for Insurance through more than one account of either one participating financial institution or multiple participating financial institutions, such Insured Person shall be eligible to collect the full benefit amount provided to such account, for each account that the Insured Person is enrolled. If an Insured Person has multiple Losses as the result of one Accident, then We will pay only the single largest Benefit Amount applicable to the Losses suffered.

MEMBER ELIGIBILITY

EFFECTIVE DATE OF INSURANCE – Insurance becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person meets the eligibility criteria as an Insured Person; or the beginning of the period for which the required premium is paid for such Insured Person.

DATE INSURANCE ENDS – Insurance will end at the earliest of: 1) the date the group policy ends, 2) the end of the period for which required premium has been paid for an Insured Person's insurance, 3) the date on which an Insured Person ceases to meet the eligibility criteria, 4) or the first day of the next month following the date the participating financial institution terminates its membership in the association regardless of the cause of such termination.

BENEFITS

We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must occur while the Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one year after the Accident. Insured Persons are covered 24 hours a day, 365 days a year, while on business or pleasure. For Common Carrier related losses Insured Persons are covered 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.

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

	% of Elected Benefit Amount
Loss of Life, Loss of Speech & Loss of Hearing, Loss of Speech & Loss of One of: Hand, Foot or Sight of an Eye, Loss of Hearing & Loss of One of: Hand, Foot or Sight of an Eye, Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of a Loss of a Hand, a Loss of a Foot or Loss of Sight of an Eye.	100%
Loss of One Hand, Loss of One Foot or Loss of Sight of an Eye (Any one of each), Loss of Speech or Loss of Hearing	50%
Loss of Thumb & Index Finger of the Same Hand	25%

Extensions of Insurance: Disappearance – If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure** – If an Accident resulting from a covered loss causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

EXCLUSIONS: This insurance does not apply to any Accident, Accidental Bodily Injury or Loss when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or Loss; or 2) there is any other legal prohibition against providing insurance of any Accident, Accidental Bodily Injury or Loss. Additionally no benefits will be paid for any Accident, Accidental Bodily Injury or Loss caused by or resulting from any of the following: 1) 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); 2) 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 doesn't apply to bacterial infection caused by an Accident or by an Accidental consumption of a substance contaminated by bacteria); 3) an Insured Person's commission or attempted commission of any illegal act including but not limited to any felony; 4) 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); 5) 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); 6) an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury; 7) a declared or undeclared War.



DEFINITIONS: **We, Us and Our** means Federal Insurance Company. **Policyholder** means Financial Services Association. **Accident or Accidental** means a sudden, unforeseen, and unexpected event which: 1) occurs while the Insured Person is insured under this policy which is in force; and 2) is the direct cause of loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries, or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Common Carrier** means any motorized land, water or air conveyance, operated by an organization other than the policyholder; organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any conveyance used for recreational activities. **Dependent Child** means a Primary Insured Person's unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with a Primary Insured Person. The Dependent Child must be primarily dependent upon such Primary Insured Person for maintenance and support, and must be: 1) under the age of nineteen (19); 2) under the age of twenty five (25) if enrolled as a full-time student at an Institution of Higher Learning; or 3) classified as an Incapacitated Dependent Child. **Domestic Partner** means a person designated in writing at enrollment by a Primary Insured Person who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the Primary Insured Person by blood; 3) has exclusively lived with the Primary Insured Person for at least twelve (12) months prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the Primary Insured Person at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the Primary Insured Person nor the Domestic Partner can be married to, nor be in a civil union with anyone else. **Hazards:** 1. 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which an Insured Person may be exposed. 2. Common Carrier Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while the Primary Insured Person is in, entering or exiting a Common Carrier or a Conveyance operated by a military transport service as an emergency replacement for a Common Carrier. 3. Private Passenger Automobile Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while a Primary Insured Person is entering, exiting, driving or riding in a Private Passenger Automobile. This Private Passenger Automobile Business and Pleasure Hazard does not apply while a Primary Insured Person is: 1) driving or riding as a passenger in, entering or exiting a Private Passenger Automobile in a race or contest of any type; or 2) in any vehicle that is licensed to carry passengers for hire. Insured Person means a person, qualifying as an eligible person: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. Loss means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four fingers at or above the metacarpal phalangeal joint on the same hand or at least three fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total Loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means Financial Services Association. **Private Passenger Automobile** means a four wheeled motor vehicle with a maximum seating capacity of nine (9) people, manufactured, designed and registered as a private passenger vehicle for travel on public roads. **Spouse** means an Insured Person's husband or wife or who is recognized as such by the laws of the jurisdiction in which the Primary Insured Person resides.

BENEFICIARY – The Loss of Life benefit will be paid to the beneficiary designated by the Insured Person. If no such designation has been made, the benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee unless otherwise noted.

CLAIM PROVISIONS – Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within 20 days after the occurrence or commencement of any Loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within 15 days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** Proof of Loss must be given to Us within 90 days after the date of Loss, or as soon as reasonably possible. Failure to give Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one year after the deadline to submit Proof of Loss, except in cases where the claimant lacks legal capacity. **Claim Payment:** We will pay the Insured Person or beneficiary the applicable Benefit Amount within 60 days after We receive Proof of Loss if the Insured Person, the Policyholder and the beneficiary, where applicable, have complied with all the terms of this policy. **Physical Examination and Autopsy:** We have the right to have You examined by a Physician approved by Us, as often as reasonably necessary while a claim is open. We may also have an autopsy done by a Physician, unless prohibited by law. Any examinations or autopsies that We require will be done at Our expense. **Legal Action Against Us:** No legal action may be brought to recover on the policy until sixty (60) days after We have been given Proof of Loss. No such action may be brought after three (3) years from the time Proof of Loss is required to be given. In no case will We be liable for benefits that are not payable under the terms of the policy or that exceed the applicable Benefit Amounts or limits of insurance of the policy.

Governing Jurisdiction and Conformance With Statutes – This policy is governed by the laws of the jurisdiction in which it is delivered to the Policyholder. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this policy is delivered are amended to conform to such statutes, laws or regulations.

Third Party Administrator Notice – Federal Insurance Company has contracted with an independent third party administrator to provide administrative services under group policy # 9907-32-43 described in this description of coverage. Services provided include but are not limited to enrollment, fulfillment, and claims coordination. **To File a Claim or for Customer Service Related Issues such as billing matters or general questions,** please contact the plan administrator:

Plan Administrator
P.O. Box 40606
Nashville, TN 37204

Please submit all claim forms to Administrator.

Or **FOR CLAIMS RELATED MATTERS ONLY** you may submit a claim directly to Federal Insurance Company. To file a claim directly with Federal Insurance Company contact the Claim Administrator, Crawford and Company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: Crawford and Company, P.O. Box 4090, Atlanta, GA 30302, Phone Number 855-378-9446 Fax Number 855-830-3728. All customer service related issues including, but not limited to, enrollment, fulfillment, general questions and payment questions should be directed to the plan administrator, Affinion.