

SUMMARY OF COVERAGE

**Accidental Death and Dismemberment Insurance Underwritten by Minnesota Life Insurance Company
YOU CAN PURCHASE \$50,000 TO \$300,000 OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PROTECTION**

This Summary of Coverage explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Minnesota Life Insurance Company detail exclusions, limitations, reduction of benefits and other terms of coverage. This program including specific exclusions and limitations, may vary and may not be available to residents of all states. Coverage provided under policy form series 05-50286, 05-50341 and any state variation thereof.

Who is eligible for Accidental Death & Dismemberment Coverage?

All account holders over age 18 who reside in the U.S. are eligible for \$5,000 of complimentary Accidental Death & Dismemberment Insurance coverage. When purchasing additional coverage, all eligible account holders may also insure their spouse and their unmarried dependent children by selecting family coverage. Dependent Children are defined between and including the ages of birth and 19 years, or under age 25 if enrolled as a full-time student in an accredited college, university, vocational or technical school as evidenced by your federal tax return.

ADDITIONAL BENEFITS — ADDITIONAL COVERAGE ONLY

Anti-Inflation — For every two years an insured’s additional coverage remains continuously in force, it will be increased by 5%. This provision can continue to increase coverage until it reaches 125% of the original amount of insurance.

Common Carrier Benefit — Provides benefits for accidental loss of life involving a collision, crash or sinking of a common carrier while riding as a fare-paying passenger. Benefit is equal to 2 times the amount of additional coverage. “Common carrier” includes any public air, land or water conveyance operated under a license for commercial passenger service.

Education Benefit — This benefit pays an education benefit for each eligible dependent child who was enrolled as a full-time student in an accredited institution of higher learning on the date of the insured’s death. Benefits will also be paid for dependent children who are in the 12th grade on the date of the insured’s death, but who subsequently enroll in an accredited institution of higher learning within 365 days of the insured’s covered accident. The Education Benefit for each student who qualifies is 2% of the insured’s accidental death benefit. This benefit would be paid

in equal monthly installments each year the student qualifies after the insured’s death, up to a maximum of \$5,000 per year up to 4 years. If at the time of the insured’s death there are no dependent children, we will pay a benefit in the amount of \$5,000.

Accident Hospital Indemnity — If you are confined to a hospital as an inpatient as a result of a covered loss for more than 7 consecutive days (starting within 30 days of the accident), then a monthly benefit will be paid. The monthly benefit will equal 1 % of the additional coverage amount up to a maximum of \$1,500 for up to 12 months and will be retroactive to the first day of confinement. A benefit equal to 1/30th of the monthly benefit will be paid for each day of a benefit period of less than one month.

Dependent Child Care Benefit — If you die as a result of an accidental death and you are survived by your lawful spouse and one or more dependent children, we will pay additional benefits for child care expenses for your dependent children. The benefit for each child per year will be the lesser of: (1) 3% of the amount of your contributory coverage; or (2) \$2,000; or (3) incurred child care expenses.

RATE CHART

Amount of Additional Coverage*	Cost Per Month	
	Individual Plan	Family Plan
\$ 50,000	\$ 5.00	\$ 7.50
\$ 100,000	\$ 10.00	\$ 15.00
\$ 150,000	\$ 15.00	\$ 22.50
\$ 300,000	\$ 30.00	\$ 45.00

** All coverage reduces by 50% at age 70 and older, regardless of age at enrollment.*

**Insurance Product is not insured by NCUA or any Federal Government Agency;
Not a deposit of or guaranteed by the credit union or any credit union affiliate.**

IMPORTANT COVERAGE INFORMATION

SUMMARY OF COVERAGE

Accidental Death and Dismemberment Insurance Underwritten by Minnesota Life Insurance Company
YOU CAN PURCHASE \$50,000 TO \$300,000 OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PROTECTION

Accidental Death & Dismemberment Benefit

The Accidental Death & Dismemberment benefit covers the eligible account holder in the event of loss of life, limb, sight, speech or hearing due to a covered accident. The amount of the accidental death and dismemberment benefit reduces by 50% at age 70 and older, regardless of age at enrollment. If an eligible account holder's injury results in any of the following losses within 90 days after the date of the accident, we will pay a percentage of the combined complimentary and additional coverage ("Principal Sum"), if selected, as shown below:

Loss of life — 100% of principal sum; loss of speech and hearing — 100% of principal sum; loss of both hands or both feet or sight of both eyes — 100% of principal sum; loss of one hand and one foot — 100% of principal sum; loss of one hand or one foot and sight of one eye — 100% of principal sum; loss of sight of one eye — 50% of principal sum; loss of one hand or one foot — 50% of principal sum; loss of speech or hearing — 50% of principal sum; loss of thumb and Index finger of same hand — 25% of principal sum.

Loss of hands or feet means complete severance at or above the wrists or ankle joints without subsequent reattachment. Loss of sight, speech, or hearing means the entire and irrecoverable loss of sight, speech, or hearing, which cannot be corrected by medical or surgical treatment or by artificial means. Loss of thumb and index finger means complete severance of both the thumb and the index finger at or above the metacarpophalangeal joints without subsequent reattachment.

A surgically reattached hand, foot, thumb or index finger will be deemed a permanent loss if, 12 months after reattachment, the limb has regained less than 50% of its normal function. The percentage of normal function must be certified by a licensed physician.

Consumer Protection Disclosures

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates.

Benefits Reduction

All coverage reduces by 50% at age 70 and older, regardless of age at enrollment.

Family Coverage Benefit Schedule (available only with additional coverage)

If you elect family coverage, a benefit in the amount of 60% of coverage you choose will be paid in the event of your spouse's covered loss if you do not have dependent children or 50% if you have dependent children. A benefit in the amount of 20% of coverage you choose will be paid in the event of your dependent child's covered loss.

Exclusions¹

The insurance provides limited coverage. This means we will provide benefits only when the insured's loss results directly, and independently from all other causes, from an accidental bodily injury which was unintended, unexpected and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of the insured's loss. The injury and loss must occur within 90 days after the date of the accidental injury. In no event will we pay a benefit where the insured's loss or injury is caused directly or indirectly by, results from, or there is contribution from, any of the following: 1. self-inflicted injury or self destruction, whether sane or insane; 2. suicide or attempted suicide, whether sane or insane; 3. the insured's participation in or attempt to commit a crime, assault or felony; 4. bodily or mental infirmity, illness or disease; 5. the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; 6. motor vehicle collision or accident where the insured is the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto; 7. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; 8. medical or surgical treatment or diagnostic procedures or any resulting complications; 9. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; 10. war or any act of war, whether declared or undeclared; 11. repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis.

Beneficiary

The Loss of Life benefit will be paid to the beneficiary designated by you. If there is no beneficiary, or if you do not name one, we will pay the accidental death and accidental death-related benefits to your lawful spouse; otherwise to the duly appointed representative of your estate.

Right to Cancel

The insured may cancel coverage at any time. If the insured cancels during the first 30 days after receiving the insurance document, the insured will receive a refund of any premium paid.

¹ Please note, exclusions may vary from state to state. Please review your certificate of insurance for your specific state exclusions.

**Questions? Please call the Insurance Service Center at: 1-800-832-6858
Econ-0-Check, 3 Gresham Landing, Stockbridge, GA 30281-6341**