



# JOIN. PROTECT. PROVIDE.

You've already taken the first step toward greater financial security by joining our credit union family. Now, take the next important step. Complete and return the enrollment form to receive your no-cost-to-you \$1,000 Accidental Death & Dismemberment Insurance. And, because providing greater security for your family is important, we'll also send you additional coverage information.

## SUMMARY OF INSURANCE PROVISIONS Underwritten by: Monumental Life Insurance Company, Cedar Rapids, Iowa

This brochure 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 Monumental Life Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the master Group Policy issued to the policyholder. This program, including specific exclusions and limitations, may vary and may not be available to residents of all states.

### Coverage Provided

When covered injury results in any of the following losses within one year from the date of the accident, the Company will provide, in one sum, the amounts below (reduced 50% at age 70):  
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.

### ACCIDENT TYPE/COVERAGE AMOUNTS

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

### Who is Eligible

All members of the Credit Union age 18 or over when applying, are eligible for coverage. Every member of the Credit Union age 18 or over who completes and returns an enrollment form will be accepted. Coverage will become effective on the first day of the month on the next available quarterly effective date following receipt of your enrollment form.

### Termination

As long as you remain a member of the Credit Union and the Master Policy remains in force, your coverage will be renewed. The Group Master Policy is renewable annually.

### General Exclusions

We will not pay a benefit for a Loss which is caused by, results from, or contributed to: suicide, attempted suicide, or intentionally self-inflicted Injury, while sane or insane (in CO and MO, while sane); declared or undeclared war or act of war; Full-time military service; participating in a riot; committing an assault or felony; Sickness or its medical or surgical treatment including diagnosis; operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight or as a passenger in a transport plane operated by the Air Mobility Command (AMC) of the United States of America; alcohol intoxication as defined in the state where the accident causing the Injury occurred; taking of any drug, medication, narcotic, or hallucinogen. Exclusions may vary in your state. See your certificate of insurance for details.

### Fraud Warning

Certain state insurance departments require that we advise you of the following statements: AR, CO, DC, LA, ME, NM, OH, OK, RI and TN residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison. FL residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. NJ residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. PA residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Monumental Life Insurance Company, Cedar Rapids, Iowa



All coverage amounts reduce to 50% at age 70. Your Certificate will be mailed to you in approximately 30 days. Coverage will become effective on the first day of the month on the next available quarterly effective date following receipt of your enrollment form. For more information, please call toll free 1-855-416-7385 weekdays, 7:00 a.m. to 8:00 p.m. and Saturdays, 8:30 a.m. to 5:00 p.m., CST.

# Three simple words. One great benefit.

Joining our credit union makes you a part of our family. And, we protect our family members with **\$1,000 Accidental Death and Dismemberment Insurance coverage** – at no cost to you. All you have to do is complete the enrollment form attached. It's that easy. ■ We understand that you have family members and loved ones to provide for, too. We're happy to extend you the opportunity to better provide for them. When you submit your no-cost-to-you \$1,000 Insurance enrollment form, or call **1-855-416-7385**, we'll send you information that helps you provide more insurance protection for you and your family.