



Great news regarding your checking account!

As a United Texas Credit Union account holder, you deserve our best each day. It's why we strive to deliver the best service and best banking experience possible. We are delighted to announce the November 1, 2021, enhancement of your Ultimate Checking account.

In addition to all the convenient banking features you've come to expect from United Texas Credit Union, you'll enjoy vital new protection for you and your finances, helpful ways to save, and big rewards on everyday purchases. It all begins on November 1, 2021.

Your Ultimate Checking account will now deliver all this and more:

- **Earn 0.5% cash back on all signature-based debit card transactions with no caps or minimums. Rewards are paid automatically, every month.**
- **Online Banking**
- **Online Bill Pay**
- **Instant Issue Debit Mastercard®**
- **Apple Pay, Google Pay, or Samsung Pay Mobile Wallets**
- **Real-Time Card Fraud Protection**
- **Qualifying members have up to \$750 of Overdraft Privilege**
- **Overdraft Protection via a Savings, Line of Credit, or Mastercard credit card**
- **E-Statements**
- **Mobile Banking app with Mobile Check Deposit**
- **Access to over 5,500 shared branches and surcharge-free access to almost 30,000 ATMs nationwide through the CO-OP Network**
- **Identity theft protection with credit file monitoring:** Help better protect yourself and your joint account holder with our IDProtect® identity theft monitoring and resolution service¹, that includes credit file monitoring, access to credit report and scores^{2,4}, monitoring of over 1,000 databases, identity theft expense reimbursement³, fully managed resolution services, and more.
- **Protection from the unexpected:** Receive up to \$10,000 of 24-hour Accidental Death & Dismemberment Insurance.³
- **Cellular Telephone Protection³:** Receive up to \$400 of replacement or repair cost. (**Cellular telephone bill must be paid using your Ultimate Checking account or a credit card issued by United Texas Credit Union.**)
- **Debit Advantage®:** Receive Buyer's Protection³ & Extended Warranty³ for items purchased with this account. (**Item(s) must be purchased entirely with this account for coverage.**)
- **RideShare Protection³:** Coverage while traveling in a vehicle operated by a Transportation Network Company. Not Available to Residents of MO, NY, and WA.
- **Roadside Assistance Service³:** 24-hour coverage for roadside assistance services including vehicle towing, fuel/oil/fluid/water delivery, and battery/lock-out/tire assistance up to \$100 per occurrence. Maximum of two reimbursement claims per twelve-month period.
- **Health Discount Savings:** Enjoy savings on vision, dental services, and prescriptions. **This is NOT insurance. (registration/activation required)**
- **Shopping Rewards™:** Earn cash rewards when you shop online at dozens of your favorite retailers. (**registration/activation required; available online only**)
- **Travel and Leisure Discounts:** Save big with deep discounts at thousands of local and national businesses. (**available online only**)

The account transition is completely seamless, and all account information remains the same – absolutely no changes to your account numbers, debit cards, direct deposit/withdrawal arrangements, or mobile & online access.

Ruby Level - \$6.00 Monthly Fee. Please review below for ways to reduce or waive your monthly fee.

Sapphire Level - \$4.00 Monthly Fee

To reach the Sapphire level, you must have an "Active" Checking Account with 15 or more signature-based debit card transactions each month **OR** at least \$15,000 in combined loan and/or deposit balances. You must also meet **one** of the qualifications listed below:

- Minimum \$500 Direct Deposit, ACH, or Mobile Check Deposits per month
- Debit Card or Credit Card with at least one transaction per month
- E-Statements

Diamond Level – No Monthly Fee

You must qualify for the Sapphire level and have **all** of the items listed below:

- Minimum \$500 Direct Deposit, ACH, or Mobile Check Deposits per month
- Debit Card or Credit Card with at least one transaction per month
- E-Statements

Beginning November 1, 2021, your Ultimate Checking account will include the following benefits:

IDProtect® identity theft monitoring and resolution services¹ for you and your joint account holder:

- **Up to \$10,000 Identity Theft Expense Reimbursement Coverage³** – For expenses associated with restoring your identity (*Guide to Benefit with complete details of coverage and exclusions enclosed.*)
- **Fully Managed Identity Theft Resolution Services** - Access to a dedicated fraud specialist assigned to manage your case until your identity is restored.
- **Debit and Credit Card Registration (*registration/activation required*)**
- **Credit File Monitoring** – Daily credit file monitoring and automated alerts of key changes to your single bureau credit report. (*registration/activation required*)
- **Credit Report** – Ability to request a single bureau credit report every six months or upon opening a resolution case. (*registration/activation required*)
- **Credit Score^{2,4}** – Ability to request a single bureau score every month. (*registration/activation required*)
- **Credit Score Tracker⁴** – Receive valuable insight into your credit score²
- **Identity Monitoring** – Monitoring of over 1,000 databases. (*registration/activation required*)
- **Online Identity Theft News Center and Valuable Phone and Web Resources (*registration/activation required*)**

Accidental Death & Dismemberment Insurance³ – Receive up to \$10,000 of 24-hour Accidental Death & Dismemberment Insurance. (*Coverage divides equally on joint accounts and reduces by 50% at age 70.*) (*Insurance document with complete details of coverage enclosed.*) **Need to file a claim? Call 1-866-210-0361.**

Cellular Telephone Protection³ – Receive up to \$400 of replacement or repair costs if your cell phone is stolen or damaged, in the U.S. and abroad. \$50 deductible applies. Up to two claims per twelve-month period. Covers up to four phones on a cellular telephone bill. (*Cellular telephone bill must be paid using your Ultimate Checking account or a credit card issued by United Texas Credit Union. Guide to Benefit with complete details of coverage and exclusions enclosed.*)

Debit Advantage® - Buyer's Protection³ & Extended Warranty³ – Buyer's Protection covers items for 90 days from the date of purchase against accidental breakage, fire, or theft. Extended Warranty extends the U.S. manufacturer's original written warranty up to one full year on most new retail purchases if the warranty is less than five years. (*Item(s) must be purchased entirely with eligible account. Guide to Benefit with complete details of coverage and exclusions enclosed.*)

Rideshare Protection³ - Up to \$100,000 of accidental death and dismemberment coverage and \$10,000 of accident medical expense benefit if injured while traveling in a vehicle operated by a Transportation Network Company, as defined in the insurance certificate. Coverage also includes up to \$250 personal property benefits for replacement of property stolen, damaged, or destroyed due to an accident while traveling in a vehicle operated by a Transportation Network Company. Not Available to Residents of MO, NY, and WA. (Travel costs for rideshare must be paid for through eligible checking account or a credit card issued by your financial institution.) (*Guide to Benefit with complete details of coverage and exclusions enclosed.*)

Roadside Assistance Service³ - 24-hour coverage for roadside assistance services including vehicle towing, fuel/oil/fluid/water delivery, and battery/lock-out/tire assistance up to \$100 per occurrence. Maximum of two reimbursement claims per twelve-month period. (*Guide to Benefit with complete details of coverage and exclusions can be found online at [UTXCU.ClubChecking.com](https://www.utxcu.clubchecking.com) or through the Club Checking mobile app.*)

Health Discount Savings – Enjoy savings on vision, dental services, and prescriptions. **This is NOT insurance.** (*registration/activation required*)

\$shopping Rewards™ - Receiving \$shopping Rewards is simple! As a member, you have access to exclusive offers and discounts at thousands of leading online retailers. Simply shop online using our customized shopping portal and receive cash back. Your cash back can be held in your \$shopping Rewards account to use towards future purchases or conveniently sent to you as a check. Yes, it's that easy! (*registration/activation required; available online only*)

Travel and Leisure Discounts – Money-saving discounts from thousands of local and national businesses. Members can redeem and print coupons online or access discounts from a mobile device. Digital Access makes saving super easy and convenient, giving instant savings anywhere, and anytime. (*available online only*)

All of these benefits are yours with Ultimate Checking. Some of them do require no-fee registration and must be requested or activated. Registration and activation are easy!



Go to **[UTXCU.ClubChecking.com](https://www.utxcu.clubchecking.com)** or download the **Club Checking** mobile app. Using Access Code **TX133805**, simply follow the step-by-step instructions to register and activate benefits.

Once you are registered, continue to access your benefits online at **[UTXCU.ClubChecking.com](https://www.utxcu.clubchecking.com)** or with the Club Checking mobile app!



Call 1-866-210-0361 for questions related to any of the benefits, or for assistance with registration and activation.

Disclosures:

¹ Benefits are available to personal checking account owner(s) and their joint account owners subject to the terms and conditions for the applicable Benefits. Some Benefits require authentication, registration and/or activation. Benefits are not available to a "signer" on the account who is not an account owner or to businesses, clubs, trusts, organizations and/or churches and their members, or schools and their employees/students.

²Credit Score is a VantageScore 3.0 based on single bureau data. Third parties may use a different VantageScore or a different type of credit score to assess your creditworthiness. Once you have activated credit file monitoring, you may request your credit score. Once you have done so, you will have access to your score on a monthly basis.

³Special Program Notes: The descriptions herein are summaries only and do not include all terms, conditions and exclusions of the Benefits described. Please refer to the actual Guide to Benefit and/or insurance documents for complete details of coverage and exclusions. Coverage is provided through the company named in the Guide to Benefit or on the certificate of insurance. Guide to Benefit and insurance documents are enclosed. If you wish to name a beneficiary for your accidental death and dismemberment insurance coverage, please complete a beneficiary form. If there is no designated beneficiary on file, benefits will be paid according to the Master Policy. As an eligible account holder, you are enrolled as a member of the Econocheck Association, of which your financial institution is a sponsor. For more information, please visit [utxcu.clubchecking.com](https://www.utxcu.clubchecking.com) or call 866-210-0361. **Insurance Products are not insured by any Federal Government Agency; not a deposit of or guaranteed by the credit union or any credit union affiliate. This Institution is not federally insured. MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.**

⁴ Credit Score Tracker: Once credit file monitoring has been activated and you have requested your first credit score, you may request a new credit score each month to be plotted on your Credit Score Tracker graph. Monthly email notifications will be sent to let you know when your new score is available.

Personal Identity Theft

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 the Personal Identity Theft benefit?

The Personal Identity Theft benefit offers reimbursement for covered expenses you incur to restore your identity. The maximum reimbursement payable as a result of a Covered Stolen Identity Event is \$10,000.00.

Who is eligible for this benefit?

To be eligible for this benefit, you must be a valid account holder, and reside in the United States or Canada.

What is a Covered Stolen Identity Event?

“Covered Stolen Identity Event” means the theft or unauthorized or illegal use of your name or Social Security number, or any other method of identifying you.

What is covered?

Covered costs under the Personal Identity Theft benefit are:

- Costs you incur for re-filing applications for loans, grants, or other credit or debt instruments that are rejected solely because the lender received incorrect information as a result of a Covered Stolen Identity Event.
- Costs for notarizing affidavits or other similar documents, long distance telephone calls, and postage reasonably incurred as a result of your efforts to report a Covered Stolen Identity Event or to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Reasonable and necessary costs incurred by you for ordering medical records for the purpose of amending and/or rectifying these documents as a direct result of a Covered Stolen Identity Event.
- Costs incurred by you for a maximum of six (6) credit reports, requested as a result of a Covered Stolen Identity Event, from any entity approved by the Benefit Administrator.
- Actual lost wages for time taken 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 Covered Stolen Identity Event.

- Costs for reasonable fees for an attorney appointed by the Benefit Administrator and related court fees you incur with the consent of the Benefit Administrator for: (1) suits brought against you by a creditor or collection agency or similar entity acting on behalf of a creditor for nonpayment of goods or services or default on a loan, (2) removing any civil judgments wrongfully entered against you, (3) defending criminal charges brought against you, provided, it has been established that the covered individual was not in fact the perpetrator; as a result of a Covered Stolen Identity Event.
- Reasonable and necessary cost of travel within the United States incurred as a result of your efforts to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.
- Reasonable and necessary costs for elder care, spouse care, or child care incurred as a result of your efforts to amend or rectify records as to your true name or identity as a result of a Covered Stolen Identity Event.

What is not covered?

- Any dishonest, criminal, malicious, or fraudulent acts by you.
- Any damages, loss, or indemnification unless otherwise stated in this disclosure.
- Costs associated with any legal action or suit other than those set forth under Covered costs.
- Sick days and any time taken from self-employment.
- Any costs as a result of theft or unauthorized use of an account by a person to whom the account has been entrusted.

When and where am I covered?

Payment for Covered costs will be limited to costs incurred in the United States, its territories and possessions, Puerto Rico, or Canada for a loss occurring during the benefit period.

How do I file a claim?

Call our Benefit Administrator, toll-free, at **(866) 210 – 0361** immediately when you reasonably believe a Covered Stolen Identity Event has occurred and provide information including, but not limited to how, when, and where the Covered Stolen Identity Event occurred.

The Benefit Administrator may also require other reasonable information or documents regarding the loss.

What documents do I need to submit with my claim?

A signed, sworn proof of loss or affidavit containing the information requested by the Benefit Administrator must be submitted within ninety (90) days of discovery of the Covered Stolen Identity Event.

How will I be reimbursed?

Once your claim has been verified, under normal circumstances, reimbursement will be initiated within five (5) business days of receipt and approval of all required documents.

Do I have to do anything else?

- If you reasonably believe that a law may have been broken, a report must promptly be filed with the police.
- You must take all reasonable steps to mitigate possible costs.

Additional Provisions for Personal Identity Theft:

This benefit applies to you, an eligible account holder. You must use due diligence and do all things reasonable to avoid or diminish any loss of or damage to property protected by the benefit.

If you make any claim knowing it to be false or fraudulent, no coverage shall exist for such claim and your benefits 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 a Covered Stolen Identity Event, a claim file will be opened and shall remain open for six (6) months from the date of the Covered Stolen Identity Event. 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 Covered Stolen Identity Event.

After the Benefit 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 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.

No legal action for a claim may be brought until sixty (60) days after we receive a Proof of Loss. No legal action against us may be brought more than three (3) years after the time for giving Proof of Loss. Further, no legal action may be brought against us unless all the terms of this Guide to Benefit have been complied with fully.

This benefit is for acts occurring while the benefit is in effect. 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, or statement messages. The benefit described in this Guide to Benefit will not apply to accountholders whose accounts have been suspended or canceled.

Termination dates may vary by financial institutions. Your financial institution can cancel or non-renew this benefit, and if they do, they will notify you at least thirty (30) days in advance. This information is a description of 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.

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.

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

\$10,000

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.

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) claims per twelve (12) month period. The maximum benefit limit is four hundred dollars (\$400.00) per claim and eight hundred dollars (\$800.00) 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 checking account or with a credit card issued by your financial 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 four hundred dollars (\$400.00) 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 four hundred dollars (\$400.00) per claim occurrence, and eight hundred dollars (\$800.00) per twelve (12) month period.

You will receive no more than the purchase price less Your fifty-dollar (\$50.00) deductible as recorded on Your submitted receipt.

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 who is 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 for the purchase of Your new Cellular Wireless Telephone.

How do I file a claim?

Call the Benefit Administrator at **(866) 210-0361** 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 ask You for some preliminary claim information and will send You the appropriate claim form. This claim form must be completed, signed, and returned 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 currently 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, 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) an itemized estimate of repair from an authorized Cellular Wireless Telephone repair facility; or (b) the Accountholder to submit the Cellular Wireless Telephone to the Benefit Administrator to evaluate the damage; or (c) an itemized store receipt for the replacement Cellular Wireless Telephone showing the purchase was made at a Cellular Wireless service provider's retail or Internet store (for example: Verizon Wireless, AT&T, Sprint, etc.).
- 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, may choose to repair or replace the Cellular Wireless Telephone or reimburse the Accountholder for the lesser of a) four hundred dollars (\$400.00) excess of the fifty-dollar (\$50.00) deductible; or b) the current suggested retail price of a replacement Cellular Wireless Telephone of like kind and quality, excluding taxes, delivery and transportation charges, and any fees associated with 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 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 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.

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.

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 a card issued in the United States for an Account 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 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 Eligible Person'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.

Loss	% 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.

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

Accident Medical Expense Benefit – The Company will pay 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:
 - o primarily and customarily used to serve a medical purpose;
 - o can withstand repeated use; and
 - o 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. A damaged or totally destroyed item may be:

1. Repaired or rebuilt; or
2. 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?

Accidental Death and Dismemberment Benefit

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.

Accident Medical Expense Benefit

The following exclusions apply 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 Family Member of the Eligible Person.
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.

Personal Property Benefit

The following exclusions apply to 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 through which 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 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.

Definitions

Account means a credit card or a debit card tied to an account issued to an Eligible Person by the Eligible Person's financial institution through which this coverage is provided.

Company means Indemnity Insurance Company of North America.

Eligible Person means a cardholder that is an authorized user of an 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.
- 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 of an Account 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 Benefit have been complied with fully.
- This benefit is provided to eligible accountholders of an Account 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 benefits described in this Guide to Benefit will not apply to accountholders whose Accounts have been suspended or canceled.
- Termination dates may vary by financial institution. 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 ("Provider") is the Company 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.

UNITED TEXAS CREDIT UNION
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
BENEFICIARY FORM

Member Name (print): _____

Checking Account Number: _____

Account holder #1: I wish to name as my beneficiary:

Account holder #2: I wish to name as my beneficiary:

1. _____ Percentage: _____

1. _____ Percentage: _____

2. _____ Percentage: _____

2. _____ Percentage: _____

3. _____ Percentage: _____

3. _____ Percentage: _____

Signature: _____

Signature: _____

Note: If there is no designated beneficiary or no designated beneficiary is living at the time of death, the benefits will be paid in accordance with the master policy on file.

This insurance product is not a deposit; not NCUA insured; not insured by any federal government agency; and is not guaranteed by the financial institution/affiliate.

FOR FINANCIAL INSTITUTION USE ONLY:

Financial Services Representative: _____

Enrollment Date: _____
(Date Received by FI)

☐ Individual Account

☐ Joint Account

☐ New Enrollment

☐ Beneficiary Change