

Statement of Benefits FOR ACADIA FEDERAL CREDIT UNION MEMBERS

To add Accidental Death and Dismemberment coverage for you and your family, simply complete and return the form below. Following are pricing and benefit details of this valuable protection.

POTENTIAL COVERAGE \$4,000

(premiums paid by the credit union)

ADDITIONAL COVERAGE

for as little as \$1.00 for each \$10,000 of coverage.

Amount of Additional Coverage	Cost Per Month	
	Member Only	Family Plan
\$ 10,000	\$ 1.00	\$ 1.50
\$ 25,000	\$ 2.50	\$ 3.75
\$ 50,000	\$ 5.00	\$ 7.50
▶▶ \$100,000	\$10.00	\$15.00
\$200,000	\$20.00	\$30.00
\$300,000	\$30.00	\$45.00

Coverage (no-cost and additional) is reduced by 50% at age 70. The total amount of Accidental Death and Dismemberment additional coverage you may have with us, for all certificates, is \$500,000. Other coverage amounts are available.

SEE IMPORTANT INFORMATION ON BACK

Acadia Federal Credit Union Members Please Note:

Here are some valuable benefits you get with Additional Coverage:

- Cost of Living Benefit
- Child Care Benefit
- College Education Benefit for Children and Spouse

sign below
to request
coverage

CUT ON DOTTED LINE. RETURN BOTTOM PORTION. RETAIN TOP PORTION FOR YOUR FILES. ✂

ENROLLMENT FORM Accidental Death & Dismemberment Insurance

CMFG Life Insurance Company • PO Box 331 • Waverly, IA 50677

\$4,000 Member Accident Coverage paid by Acadia Federal Credit Union

Additional Coverage

(Check additional amount desired below):

- \$10,000
 \$25,000
 \$50,000
 \$100,000
 \$200,000
 \$300,000

Family Plan Desired (Check One): Yes No
(If neither box is checked family coverage is assumed.)

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Member's Name _____

Member's Address _____

City _____ State _____ Zip _____

Member's Date of Birth _____

Member's Phone Number _____

Member's Beneficiary _____

(The beneficiary for insurance on dependents is the Member)

Relationship of Beneficiary to Member _____

PLEASE CHECK BOX INDICATING THE COVERAGE YOU WANT ▼

PLEASE PRINT. USE BLACK INK. ▼

AUTHORIZATION: Applies to Additional Coverage only. I authorize CMFG Life Insurance Company to retain my account information and deduct premiums each quarter from my Credit Union Savings Account # (please write in your account number) _____, OR Credit Union Checking Account # (please write in your account number) _____, for the Additional Coverage selected. This authorization remains in effect until revoked by me in writing or by phone.

If you leave this section blank, we will mail your bill to you quarterly.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Member

Date

Your credit union enables this insurance program to be offered and is entitled to compensation from TruStage. The insurance is not a deposit and is not federally insured, sold or guaranteed by your credit union. To stop receiving offers from TruStage, please call 1-888-787-8243.

NOTICE SUMMARY OF INSURANCE PLAN

TruStage™ Accidental Death and Dismemberment Insurance from CMFG Life Insurance Company can be an affordable supplement to life insurance, once your life insurance needs are met. It pays a cash settlement in case your loved ones should lose you to a fatal accident, and it pays cash to you for a covered injury.

Coverage For Today's Needs: The chart below shows coverage amounts. Loss must be from a covered injury within 365 days of the accident. Coverage includes the no-cost Basic Coverage and a percent of Additional Coverage, if selected. Once you or your insured spouse reach age 70, the no-cost and additional coverage amount for that person is reduced by 50%.

	Percentage of No-Cost Coverage ¹		Percentage of Member's Additional Coverage		Percentage of No-Cost Coverage ¹		Percentage of Member's Additional Coverage
Loss of life.....	100% ²	plus	100% ²	Loss of thumb and index finger			
Loss of two: hand, foot, or eye.....	100% ²	plus	100% ²	of same hand.....	100%	plus	25% ⁵
Loss of entire sight in both eyes.....	100% ²	plus	100% ²	Loss of thumb.....	Lesser of 10% or \$1,000 ⁶		
Loss of speech or hearing.....	100% ³	plus	50% ⁴	Loss due to quadriplegia.....	50% ⁷		
Loss of one hand, one foot or sight of one eye.....	100% ³	plus	50% ⁴	Loss due to paraplegia or hemiplegia (paralysis of 2 limbs).....	25% ⁷		

¹See Statement of Benefits for No-Cost Coverage amount.

²Greater of 100% or \$5,000 for members of VT credit unions.

³Greater of 100% or \$2,500 for members of VT credit unions.

⁴Greater of 50% or \$2,500 for members of VT credit unions.

⁵Greater of 25% or \$2,500 for members of VT credit unions.

⁶Greater of 25% or \$1,000 for members of NH credit unions.

⁷No benefit available due to loss of thumb under the Basic Coverage.

No benefit available under Basic or Additional Coverage for members of VT credit unions. For members of NH credit unions, benefit is greater of 10% or \$500 (up to a maximum of \$1,000) under Additional Coverage.

⁷No benefit available due to paraplegia, hemiplegia or quadriplegia under the Basic Coverage. Exception: For members of VT credit unions, Basic Coverage benefit is greater of 100% or \$2,500 for loss suffered due to paraplegia, hemiplegia or quadriplegia; Additional Coverage benefit is greater of 50% or \$2,500 for loss suffered due to quadriplegia and greater of 25% or \$2,500 for loss suffered due to paraplegia or hemiplegia. For members of NH credit unions, Additional Coverage benefit is greater of 25% or \$1,000 for loss suffered due to paraplegia or hemiplegia.

Additional Coverage—Member Only Plan or Family Plan: If you request Additional Coverage, you may choose to protect yourself (Member Only Plan) or your family (Family Plan). Please indicate your choice on the Enrollment Form.

Eligibility: Credit union members ages 18 and over, their spouses,* and their unmarried, dependent (or handicapped) children are eligible. Eligibility ages and requirements for dependent and handicapped children may vary by state, so it's best to refer to the Certificate of Insurance or call for this information.

* The definition of spouse includes a legal partner as defined by state law.

FAMILY PLAN

This Family Plan protects you, your spouse and your dependent (or handicapped) children. Your spouse will be insured at 50% of the coverage level you choose. Dependent and handicapped children will be covered for 20%. If you have no dependent or handicapped children, your spouse will be covered for 60%. If you do not have a spouse, each of your dependent children will be insured for 25% of the coverage level you choose.

YOU ALSO GET THESE BENEFITS WITH YOUR ADDITIONAL COVERAGE

FOR MEMBER PLAN AND FAMILY PLAN

Hospital Benefits. If you or your covered spouse or child is hospitalized within one year due to injuries caused by a covered accident, and are confined for more than 7 days, we will pay a hospital benefit from the first day of confinement. The benefit will equal 1% of the Additional Coverage for that person for each full month of confinement, up to \$1,000 a month or \$12,000 a year. This benefit is not available to members of Maryland, New Hampshire or Vermont credit unions.

Double Accidental Death Benefits. If you die within one year of an accident as a result of traveling on a bus, train, or other public form of transportation as a ticketed passenger—your Additional Coverage benefit doubles.

FOR FAMILY PLAN ONLY

College Education Benefit for Children. If you or your spouse dies from a covered injury, a benefit equal to 2% of the deceased person's Additional Coverage amount (up

to \$4,000 per year) will be paid for each of your children attending college full-time on the date of the accident. Or, the plan will cover children who are in the 12th grade and attend college full-time within 1 year following the accident. This education benefit is payable each year your covered child qualifies after your death...up to a maximum of 5 years.

College Education for Spouse. If you die from a covered injury, a benefit equal to 2% of your Additional Coverage amount (up to a maximum of \$4,000 per year) will be paid for your covered spouse if he or she is currently attending college full-time or enrolls as a full-time student within 1 year of the date of the accident. This benefit is payable for each year your spouse continues his or her education without interruption for a maximum of 5 consecutive years.

Child Care Assistance. If you or your covered spouse dies from a covered injury while the Family Plan is in force, a child care assistance benefit will be paid to your beneficiary. This benefit will be paid for each month (following the death) that any of your covered children (under age 14) require child care service. Child care service must be provided for at least 120 hours per month. The monthly benefit amount (payable for 1 year following the accident) is 1/12 of 6% of the deceased person's Additional Coverage amount, up to a maximum of \$400 per month.

Exclusions: This coverage does not cover loss caused by or resulting from: intentionally self-inflicted injury; suicide or attempted suicide while sane or insane; being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; declared, undeclared war or war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them, including but not limited to insurrection, rebellion, and revolution; the use of any weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; flying as a pilot or crew member; participating in any kind of race or competition as a professional; operating a motor vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the accident occurs; committing or attempting to commit an assault or felony; any disease, sickness, bodily or mental illness or complication resulting from medical treatment, surgery, pregnancy or childbirth. Some exclusions may not apply or may vary by state as described in the certificate issued.

Termination of Coverage: Your coverage cannot be canceled as long as your premiums are paid and the group policy is not terminated.

Effective Date of Coverage: You will be mailed a Certificate of Insurance. Your coverage becomes effective with the date shown on the Certificate.

Limitations: The general terms of the insurance plan are described in this summary. A Certificate of Coverage containing exact coverage and benefits will be provided to each participating Member.

CMFG Life Insurance Company

P.O. Box 61 • Waverly IA 50677-0061 • Toll-free 1-855-261-2189
The insurance is not a deposit, and is not federally insured, sold, or guaranteed by your credit union.