



**JOIN.
PROTECT.
PROVIDE.**

No-cost to you insurance protection –
just for credit union members.

**JOIN.
PROTECT.
PROVIDE.**

Three simple words. One great benefit.

Joining our credit union makes you a part of our family. And, we protect our family members with **\$3,000 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 \$3,000 Insurance enrollment form, or call **1-877-309-6576**, we'll send you information that helps you provide more insurance protection for you and your family.

Enroll in
our no-cost
to you
insurance
protection
today, and
enjoy added
security for
you and
your family.

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 \$3,000 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: Minnesota Life Insurance Company

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 Minnesota Life Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full 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 under policy form series 05-50285, 05-50274T, 05-50277, and any state variation thereof.

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

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 1-877-309-6576 weekdays, 7:00 a.m. to 8:00 p.m. and Saturdays, 8:30 a.m. to 5:00 p.m., CST.

Who is Eligible

All eligible customers who reside in the U.S., age 18 or older, are eligible for \$3,000 of complimentary accidental death and dismemberment insurance coverage.

General Exclusions

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

In Missouri, there is no exclusion for suicide unless it is proven the insured intended to commit suicide when application was made under the group policy.


Insurance provided by Minnesota Life Insurance Company
400 Robert Street North, St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

PROVIDE.

ENROLL NOW! JUST FILL OUT AND MAIL THIS FORM TODAY.

We must have your form on file to begin the enrollment process and issue a Certificate of Insurance in your name. See Summary for details.

 **YES.** Thank you for the \$3,000 no-cost insurance coverage paid for me by my credit union (single coverage) and for sending me additional insurance information to help me better provide for my family.

COMPLETING THE ENROLLMENT FORM:

- Completely fill out form in all capital letters – if we cannot read the form, we cannot process it.
- (*) means required information. If required information is missing on the form, we cannot process it and will discard the form.
- To confirm eligibility, you must include your Credit Union Name, State and Account Number for account verification, or provide a voided check with your enrollment form. You will not be billed for the \$3,000 credit union paid coverage.
- Mail completed form in an envelope to: **PLAN ADMINISTRATOR P.O. BOX 5598 BINGHAMTON, NY 13902-9926**

*NAME

*ADDRESS

*CITY

*STATE

*ZIP

 -

*CREDIT UNION NAME

*STATE

NAME OF BENEFICIARY

RELATIONSHIP OF BENEFICIARY

*SHARE ACCOUNT NUMBER OR ENCLOSE A VOIDED CHECK

IF ENCLOSING A VOIDED CHECK
PLEASE CHECK BOX

*SIGNATURE

*DATE

Signator will be primary insured person. Must be age 18 or older. **All coverage is reduced 50% at age 70 and older.**

DOUG SMITH, Licensed Agent #910348-TN

Licensed in all applicable jurisdictions.

Canyon State Credit Union 322172849 CVXG1N

CUT HERE. FOLD, AND MAIL FORM IN AN ENVELOPE.