

NOTICE SUMMARY OF INSURANCE PLAN

TruStage® Accidental Death & Dismemberment Insurance from CMFG Life Insurance Company can be an affordable supplement to life insurance. It pays a cash benefit if you die in an accident, or if you have a covered injury caused by an accident. If you choose Additional Coverage the value of your coverage automatically increases each year at no added cost to you. This policy offers a 30-day satisfaction guarantee. **Policy and optional coverages may not be available in all states. Features and amounts may vary by state.**

The chart below shows coverage amounts. Loss must be from a covered injury within 365 days of the accident. Coverage includes the No-Cost 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 Coverage	No-Cost Coverage	Member's Additional Coverage	No-Cost Coverage	Member's Additional Coverage
Loss of life.....	100%	plus	100%	Loss of one hand, one foot or sight
Loss of two: hand, foot, or eye.....	50%	plus	50%	of one eye.....
Loss of entire sight in both eyes.....	100%	plus	100%	Loss of thumb and index finger of same hand.....
Loss of speech or hearing.....	100%	plus	25%	Lesser of 5% or \$1,000

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.

IMPORTANT BENEFITS OF YOUR ADDITIONAL COVERAGE

Increasing Benefit: Each year, the value of your Additional Coverage increases by 5%—up to a total of 50% over 10 years—at no added cost to you. For example, \$100,000 grows to \$150,000 over 10 years, while your monthly rate stays the same.

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 seven consecutive 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.

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.

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; mental illness or chemical dependency; 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.

AVAILABLE WITH ADDITIONAL COVERAGE

When you have Additional Coverage, you may purchase Cancer Coverage or Cancer, Heart Attack and Stroke Coverage for an additional cost.

Cancer Coverage pays you or a covered family member a one-time cash benefit upon a single diagnosis of a covered form of cancer. This money can help cover out-of-pocket medical bills and daily expenses, helping to ease financial issues while you focus on getting well.

Cancer, Heart Attack and Stroke Coverage pays you or a covered family member a one-time cash benefit upon a single diagnosis of a covered form of cancer, heart attack or stroke. This money can help cover out-of-pocket medical bills and daily expenses, helping to ease financial issues while you focus on getting well.

These coverage options allow you to choose your own doctor or hospital and provide reimbursement regardless of where care is provided. Reimbursement requires a qualifying diagnosis of the corresponding coverage. Cancer: a malignant tumor, spread of malignant cells and invasion of body tissues by such malignant cells. Heart Attack: obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli. Stroke: Cerebrovascular accident producing measurable, functional and permanent neurological impairment.

Cancer Coverage or Cancer, Heart Attack and Stroke Coverage Exclusions: Only one benefit is payable per covered person covered under this certificate. Coverage for a covered person stops when a lump sum benefit is paid. All other covered persons would, however, continue to be eligible for a benefit upon diagnosis.

Pre-existing & First Year: No benefits are paid for any cancer, heart attack or stroke diagnosed during the 12 months after the date your coverage starts if the cancer, heart attack or stroke is related to any symptoms or conditions experienced in the 12 months before the coverage effective date or due to any illness diagnosed or treated 12 months before the coverage effective date. During the first year, benefits related to a diagnosis of cancer will be equal to 25% of your coverage amount. The full coverage amount will be payable upon a covered diagnosis of cancer, heart attack or stroke after the first year of coverage. If coverage lapses and is reinstated, pre-existing & first year exclusions will start over on the date of reinstatement. Exclusions may vary per state. See your certificate for additional details.

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

Premium Rates: We reserve the right to change rates, but only on a group basis and with advance notice. Your premiums won't change due to a change in health or occupation.

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. This product does not contain coverage for mental illness or chemical dependency. THIS IS LIMITED BENEFIT COVERAGE. A Certificate of Insurance containing exact coverage and benefits will be provided to each participating Member upon receipt of enrollment.

CMFG Life Insurance Company

P.O. Box 1084 • Madison WI 53701 • Toll-free 1-855-261-2189
If you have questions regarding your insurance coverage or need to file a grievance, please contact our office at 1-800-798-6600. The insurance is not a deposit and is not federally insured, sold, or guaranteed by your credit union.