

\$1,000 Accident Insurance Enrollment Form

SUMMARY OF INSURANCE PROVISIONS-General Electric Capital Assurance Company

As a member of the Credit Union age 18 or over, you are eligible for \$1,000 of Accidental Death and Dismemberment Insurance. Premiums for this Basic Coverage will be paid by your Credit Union. THERE IS NO COST TO YOU. In order to put your coverage in force, YOU MUST COMPLETE THE ENCLOSED ENROLLMENT FORM AND MAIL.

At age 70, coverage is reduced to \$500.

This summary explains in general terms the insurance described, but in no way changes or affects the insurance afforded under such Policy as actually issued. All coverages are subject to actual Policy conditions and exclusions. Each member participating in the plan will receive a Certificate of Insurance describing the exact coverage and benefits provided.

The insurance is provided under Policy Series 6363.

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 following amounts (reduced 50% at age 70):

Loss of life	\$1,000	Loss of entire sight in one eye	\$500
Loss of two members (hand, foot, or eye)	\$1,000	Loss of one hand or foot	\$500
Loss of speech and hearing	\$1,000	Loss of speech or hearing	\$500
Loss of entire sight in both eyes	\$1,000	Loss of thumb and index finger on same hand	\$250

Who is Eligible?

All members of the Credit Union age 18 or over when applying, are eligible for coverage. Every member of the Credit Union age 18 or over who completes and returns an enrollment form will be accepted.

Individual Terminations

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

General Exclusions

The Master Policy does not cover any loss caused by or resulting from; suicide or self-destruction or any attempt thereat; declared war or any act of war; alcohol intoxication (does not apply in Minnesota) or being under the influence of any narcotic, drug or sedative, unless administered on the advice of a physician (does not apply in Michigan); committing or attempting a felony or illegal act; riding in any aircraft or device for aerial navigation except as a passenger for transportation only (not as a pilot or crew member) in an aircraft certified as airworthy by the appropriate authority of the country of its registry.

Local (207) 582-2676
Fax (207) 582-7163
Toll-Free 1-800-464-2425

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24 HR. AUDIO RESPONSE
1-800-757-8068
info@gardinerfcu.org



Gardiner Federal Credit Union
RR5 Box 105
8 Brunswick Road
Gardiner Maine, 04345

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Accident Insurance Enrollment Form

Please provide the \$1,000 Basic Coverage described in the Summary of Insurance Provisions. I understand there is **NO COST** to me; the credit union pays the premium.

Credit Union Name: Gardiner Federal Credit Union

Beneficiary _____ Relationship _____

Member Share Account No. (for identification purposes)

Member Name _____ Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Must be 18 or over to enroll.

Enrollment Form Instructions

You must complete your enrollment form and mail it back to receive the insurance that will be provided at NO COST TO YOU. Simply follow these instructions...

1. Read the attached summary for the details on the protection being provided.
2. Complete and SIGN your enrollment form. **IMPORTANT: Your completed form must be on file for you to receive the \$1,000 of coverage provided at NO COST TO YOU.**
3. Detach Enrollment Form at perforation, fold with address side out, affix stamp, and mail it back. NO COVERAGE CAN BE PUT IN FORCE UNTIL YOUR ENROLLMENT FORM IS ON FILE.

Your Certificate of Insurance will be mailed to you approximately 30 days after your effective date. For more information please call TOLL-FREE 1-800-252-2148 weekdays and ask for the "Insurance Desk".

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