



January 1, 2020

Dear Committee Member,

As a member of the MCUL Official Family, you are eligible for coverage under the League's Accident Insurance Policy for League Volunteers.

Please complete the beneficiary form and e-mail it to Kathryn Hall at Kathryn.Hall@mcul.org._____

If you have any questions, please contact Kathryn at (800) 262-6285 ext. 470.

Thank you.

BENEFICIARY FORM

Life Insurance Company of North America
a CIGNA company

| | | | |
|--|------------------------------|-----------------------|-----------|
| Complete this block each time this card is used. Please PRINT LEGIBLY. | | | |
| Insured's Name | | | |
| Insured's Address | | | |
| Name of Policyholder | MICHIGAN CREDIT UNION LEAGUE | Policy No. or renewal | ABL605073 |

BENEFICIARY DESIGNATION

I hereby designate the following beneficiary with respect to indemnity for loss of life, revoking any previous beneficiary designation with respect to the above identified policy. (Show given name and relationship to insured. If more than one beneficiary, state how each should share):

Name of beneficiary and relationship to insured.

Signature **X**----- Date / /

VOLUNTEER ACCIDENT INSURANCE

As a MCUL committee member, you are eligible for coverage under the Accident Insurance Policy for League Volunteers. Please complete and return the enclosed beneficiary card to the League so that you will be covered. A return envelope is enclosed for your convenience.

POLICY HOLDER: Michigan Credit Union League and its Subsidiaries.
PERSONS INSURED: Directors, Alternate Directors, Members of Standing and Special CffF and other Volunteers on special assignment including Chapter Chairpersons.

AMOUNT OF COVERAGE:

| | |
|---|----------|
| (a) Loss of Life or Two or More Members (Hand, Foot, Eye) or Loss of both Speech and Hearing (Per Accident) | \$50,000 |
| OR | |
| Loss of One Member (Hand, Foot, Eye) or Loss of either Speech or Hearing (Per Accident) | \$25,000 |
| (b) Permanent and Total Disability (after one year, less benefits paid under "c") | \$50,000 |
| (c) Weekly Indemnity (after 7 days; up to 80% of base pay) | \$ 125 |
| (d) Medical Expense, including ambulance (\$25 deductible) | \$ 5,000 |

CONDITIONS: All those hazards to which an insured may be exposed during;

Travel to a scheduled meeting of the policyholder from home, place of employment or other location to the meeting and return to home or place of employment, whichever occurs first.

Coverage is certified aircraft operated by properly certified pilot.

Unavoidable exposure to the elements and a one-year disappearance clause.

EXCLUSIONS: Commutations travel.

Attendance at chapter or credit union meetings unless on special assignment as a representative of the League.

Self-inflicted injury or suicide.

War or any act thereof or while serving in the Armed Forces.

Illness, disease or pregnancy.

Aerial photography, space flight, etc.

A description of this protection, although briefed here, is detailed in the policy and improves considerably the protection offered those who are so generous of their time and effort on behalf of the League and its subsidiaries.