

FIRST COMMUNITY BANK OF CENTRAL ALABAMA
MEMBERSHIP ENROLLMENT/AGREEMENT

Customer Name (print): _____

Checking Account Number: _____

Member acknowledges receipt of the program membership materials and agrees to the terms of the insurance coverage, other services, any applicable monthly membership dues, and any announced changes in services or fees. The program selected includes insurance as described in the insurance certificate. Refer to insurance certificate for coverage details and all terms of the coverage.

I have read and acknowledge receipt of the disclosures and Membership Agreement below.

Customer Signature: _____
Required Date

Membership Agreement *(Please read carefully before signing)*

Upon signing this Membership Enrollment, you and any joint holders of your account, and family members if applicable, are enrolled as members of Econ-O-Check Association (EA) (Member). As soon as your signed enrollment is received by your Financial Institution (FI), your club checking account will go into effect, as well as your membership with EA. The benefits of the program, including your insurance coverage, will also take effect as of this date. Some of the benefits provided with your club checking account and EA membership may require registration and activation. These additional benefits are available to Member at no additional cost and must be requested by Member – instructions are provided in the membership kit. Benefits and/or insurance coverage will end the earliest of: (1) the first of the month after the month in which dues were last paid, (2) termination of your membership, or (3) termination of the policy. A detailed insurance certificate can be found in your membership kit. Checking account fee (if applicable) will be deducted from your checking account by your FI and will be used to cover the cost of membership dues for EA and any insurance premium. Upon completion of this enrollment form, this sponsorship results in an EA membership provided to the Member, of which your financial institution is a sponsor.

This insurance product is not a deposit; not FDIC insured; not insured by any federal government agency; and is not guaranteed by the financial institution/affiliate.

For Accidental Death Coverage:

I wish to name as my beneficiary:

- (i) Beneficiary: _____ Percentage: _____
- (ii) Beneficiary: _____ Percentage: _____
- (iii) Beneficiary: _____ Percentage: _____

Signature: _____

Note: If there is no designated beneficiary or no designated beneficiary is living at the time of death, the benefits will be paid in accordance with the master policy on file.

FOR FINANCIAL INSTITUTION USE ONLY:

Financial Services Representative: _____

Enrollment Date: _____ ☐ Individual Account ☐ Joint Account
(Date Received by FI)



FIRST COMMUNITY BANK
OF CENTRAL ALABAMA

Welcome to First Choice Bundle!

As a First Choice Bundle member you have access to the following benefits:

No Fee Official Checks

\$10,000 Identity Fraud Expense Reimbursement Coverage*

Restoring one's name and good credit is time consuming and expensive. Identity theft victims must endure a number of costly steps to re-establish their identities and dispute fraudulent debts and accounts opened by an identity thief. You are protected with up to \$10,000 of identity theft coverage to cover expenses incurred in the recovery of a stolen identity...such as lost wages, legal fees, certified mail and long distance charges. Members who fall victim to identity theft receive an ID Theft Recovery Kit to assist in the process of restoring identity profiles and credit records.

\$10,000 Accidental Death & Dismemberment Insurance

First Choice Bundle includes up to \$10,000 of 24-hour Accidental Death & Dismemberment Insurance. Coverage is divided equally among joint account holders and reduces by 50% at age 70.

Credit File Monitoring

Monitoring your credit report for changes is one of the best ways to combat identity theft and ensure the accuracy of what's being reported about you. Members will be entitled to receive daily credit file monitoring and automated alerts of key changes to their Equifax credit reports. Members will also receive a free Credit Score and Credit Report. **(Registration/Activation Required)**

Gas & Gift Cards

For life on the move - account holders receive 20% savings on Gas and Gift Cards. Cards are convenient to purchase, easy to use and have no hidden fees or expiration dates. **(Registration Required. Terms and conditions apply.)**

As noted above, some of the features and benefits provided by First Choice Bundle require registration and activation.

Start enjoying your benefits now! Simply return your membership enrollment to any of our convenient locations or fax it to 334-567-3295. Once we receive your enrollment we will provide your access code so you can register, request and/or activate your benefits.

Thank you for allowing **First Community Bank of Central Alabama** the opportunity to serve your banking needs. We appreciate your relationship with us. If you have any questions regarding **First Choice Bundle**, please visit your local **First Community Bank** office. You may also call Econ-O-Check and the Benefits Service Center for questions about the non-financial benefits listed above, 1-866-210-0361.

*Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of Chartis Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Your new Summary of Benefits is enclosed.

Special Insurance Program Notes

The descriptions herein are summaries only. They do not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for complete details of coverage and exclusions. Insurance is offered through the company named on the certificate of insurance.

Insurance Products:

Not insured by FDIC or any Federal Government Agency
Not a deposit of or guaranteed by the bank or any bank affiliate

PLATEAU INSURANCE COMPANY

2701 North Main Street, Crossville, TN 38555 Ph.(800) 752-8328

(herein referred to as the Company)

Policyholder: Econ-O-Check Association

Policy Number: 21201

BLANKET ACCIDENT INSURANCE DESCRIPTION OF COVERAGE

Who Is Eligible

The persons eligible for coverage under the Blanket Policy (herein called the Policy) issued to the Policyholder are all members of Policyholder (herein called You or Your) who have elected a membership package.

What Activities are Covered

Accident insurance is provided if You suffer an Injury while participating in a Covered Activity(ies). A Covered Activity(ies) is defined in the Policy as any activity(ies) that is not listed in Exclusions. Covered Activity(ies) are:

24 Hour Accidental Injury

Definitions

Injury shall mean bodily injury caused by an accident that: (1) occurs while the Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Your Effective and Termination Dates

Effective Date. Your coverage under the Policy begins, provided premiums have been paid by You or on Your behalf, on the later of: 1) the date the Policy becomes effective; or 2) the date Your written enrollment is received by us, the Program Sponsor or Policyholder.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated, (2) the end of the period for which Your premiums have been paid; or (3) the date You cease to be a member of Policyholder as per the records of the Program Sponsor.

Schedule of Benefits - Accidental Death and Dismemberment Benefit

Covered Activity(ies):

24 Hour Coverage

Maximum Amount

\$10,000

Benefits provided under a joint membership will be divided equally among all joint members who are on file with the Policyholder. In the event of a claim, the benefit for the claimant will be the percentage of the Maximum Amount equal to his or her percentage interest in the joint membership.

The Aggregate Limit is \$5,000,000 per accident for all plans combined.

Description of Benefits

Maximum Amount. As applicable to each Benefit provided by the Policy for each Insured, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured's eligible class, subject to the Reduction Schedule.

Reduction Schedule. The Maximum Amount for 24 Hour Accidental Injury Coverage used to determine the amount payable for a loss will be reduced if an Insured is age 70 or older on the date of the accident causing the loss with respect to the Benefit(s) provided by the Policy. The Maximum Amount for 24 Hour Accidental Injury Coverage is reduced to a percentage of the Maximum Amount that would be used if the Insured were under age 70 on the date of the accident, according to the following schedule: 50% of the benefit at Age 70.

Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70. "Age" as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.

The Maximum Amounts as shown above in the Schedule of Benefits are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Accidental Death. If You suffer an Injury that results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

Both Hands or Both Feet	100%	Speech and Hearing in Both Ears	100%
Sight of Both Eyes	100%	One Hand or One Foot	50%
One Hand and One Foot	100%	The Sight of One Eye	50%
One Hand and the Sight of One Eye	100%	Speech or Hearing in Both Ears	50%
One Foot and the Sight of One Eye	100%	Thumb and Index Finger of Same Hand	25%

'Loss' of a hand or foot means complete severance through or above the wrist or ankle joint. 'Loss' of sight of an eye means total and irrecoverable loss of the entire sight in that eye. 'Loss' of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. 'Loss' of speech means total and irrecoverable loss of the entire ability to speak. 'Loss' of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under the Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured has suffered accidental death within the meaning of the Policy.

Limitation on Multiple Covered Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest.

Limitation on Multiple Covered Activities. If an Insured's Injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

Multiple Memberships. If an Insured has two or more memberships, the maximum amount payable will be no more than two times the largest maximum amount payable for that loss.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the Benefits provided by this Policy. The maximum amount payable for all such losses for all Insureds under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Benefit Schedule. If the combined maximum amount otherwise payable for all Insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those Benefits combined. Aggregate Limit \$5,000,000 per accident for all plans combined.

Exclusions: The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from: 1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury; 2) sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; 3) declared or undeclared war, or any act of declared or undeclared war (Note: This policy covers Armed Services Personnel only for loss resulting from non-military or non-combat activities within the United States of America); 4) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if You are: a. riding as a passenger in any aircraft not licensed for the transportation of passengers; b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; 5) Your being under the influence of drugs or intoxicants, unless taken under the advice of a physician.

Claims Procedures: All claims should be reported to the Policyholder as soon as possible at the following phone number: Econ-O-Check Association – Insurance Service Center/Claims Department, 3 Gresham Landing, Stockbridge, GA 30281, ph: (866) 210-0361.

The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The written proof should include the Insured's name, the Policyholder's name and the Policy number. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required. Upon receipt of due written proof of loss, payment for a covered loss of life of an Insured will be made to the beneficiary or beneficiaries designated by the Insured and filed with Company. If there is no designated beneficiary or no designated beneficiary is living after Insured's death, the benefits will be paid in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate. Any payment the Company makes in good faith fully discharges the company's liability to the extent of the payment made. Benefits payable under this Policy for any covered loss will be paid within 30 days of the Company's receipt of due written proof of the loss.

IMPORTANT: If any conflict should arise between the contents of this Description of Coverage and the Master Policy (underwritten by Plateau Insurance Company of Crossville, Tennessee, referred to as the Company), or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.

**Summary Description of Benefits
for the Personal Internet & Identity Coverage Master Policy**

This Summary is provided to inform you that as a member of Econ-O-Check Association you are entitled benefits under the Master Policy referenced below. This Summary Description of Benefits does not state all the terms, conditions, and exclusions of the Policy. Your benefits will be subject to all of the terms, conditions, and exclusions of the Master Policy, even if they are not mentioned in this Summary. A complete copy of the Policy will be provided upon request.

The Master Policy of Personal Internet Identity Coverage has been issued to Econ-O-Check Association (the “**Master Policy Holder**”), under Policy Numbers: [7078268 and 1423608 respectively] underwritten by insurance company subsidiaries or affiliates of Chartis Inc., to provide benefits as described in this Summary.

General Information

Should you have any questions regarding the Membership Program provided by the Master Policyholder, or wish to view a complete copy of the Master Policy, please call the customer service number located in your membership materials.

Limit of Insurance

Aggregate Limit of Insurance:	<u>\$ 10,000</u>	per policy period
Lost Wages:	<u>\$ 1,000</u>	per week, for 5 weeks maximum
Travel Expenses	<u>\$ 1,000</u>	per week, for 5 weeks maximum
Elder Care and Child Care	<u>\$ 1,000</u>	per policy period
Deductible	<u>\$ 0</u>	per policy period

Filing a Claim

If you have any questions regarding the identity theft insurance or wish to file a claim under the Master Policy, contact:
1-888-716-5437

This is a group master policy issued to Econ-O-Check Association. If this master policy is terminated, your benefits will cease effective that date. It is the obligation of the master policyholder to inform you of any termination of the master policy.

BENEFITS

We shall pay you for the following:

- a) Costs
 - i. Reasonable and necessary costs incurred by you in the United States for re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of a stolen identity event;
 - ii. Reasonable and necessary costs incurred by you in the United States for notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of your efforts to report a stolen identity event and/or amend or rectify records as to your true name or identity as a result of a stolen identity event;
 - iii. Reasonable and necessary costs incurred by the insured for up to six credit reports from established credit bureaus (with no more than two reports from any one credit bureau) dated within 12 months after your knowledge or discovery of a stolen identity event.
 - iv. costs approved by us, for providing periodic reports on changes to, and inquiries about the information contained in the insured’s credit reports or public databases (including, but not limited to credit monitoring services);
 - v. cost of travel within the United States incurred as a result of the insured’s efforts to amend or rectify records as to the insured’s true name and identity; and
 - vi. Reasonable and necessary costs for elder care, spousal care or child care incurred as a result of your efforts to amend or rectify records as to your true name or identity;

[*\$10K std*]

- vii. Reasonable and necessary costs incurred by you for ordering medical records for the purpose of amending and/or rectifying these documents as a result of a stolen identity event
- viii. Reasonable and necessary costs incurred by you for the replacement of identification cards, drivers licenses and passports as a result of a stolen identity event
- b) **Lost Wages**

Actual lost wages earned in the United States, whether partial or whole days, for time reasonably and necessarily taken off work and away from your work premises solely as a result of your efforts to amend or rectify records as to your true name or identity as a result of a stolen identity event. Actual lost wages includes remuneration for vacation days, discretionary days, floating holidays, and paid personal days excludes business interruption or future earnings of a self-employed professional. Computation of lost wages for self-employed persons must be supported by, and will be based on, prior year tax returns. Coverage is limited to wages lost within twelve months after your discovery of a stolen identity event.
- c) **Legal defense fees and expenses**

Reasonable and necessary fees and expenses incurred in the United States by you with our consent for an attorney approved by us for:

 - i. An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event;
 - ii. Defending any civil suit brought against you by a creditor or collection agency or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as a result of a stolen identity event; and
 - iii. Removing any civil judgment wrongfully entered against you as a result of the stolen identity event.
 - iv. Defending criminal charges brought against the insured as a result of a stolen identity event; provided, however, we will only pay criminal defense related fees and expenses after it has been established that the insured was not in fact the perpetrator.
 - v. Challenging the accuracy or completeness of any information in the insured's medical history as a result of a medical identity theft. It is further agreed that solely with respect to subparagraph (c) the insured, with our express prior written consent, may select such attorney.
 - vi. Challenging the accuracy or completeness of any information in the insured's tax history as a result of a stolen identity event. It is further agreed that solely with respect to subparagraph (c) the insured, with our express prior written consent, may select such attorney.

A stolen identity event is the theft of your personal identification, social security number, or other method of identifying you, which has or could reasonably result in the wrongful use of such information. All loss resulting from stolen identity event(s) and arising from the same, continuous, related or repeated acts shall be treated as arising out of a single stolen identity event occurring at the time of the first such stolen identity event. A stolen identity event does not include the theft or unauthorized or illegal use of your business name, d/b/a or any other method of identifying your business activity.

Coverage Scope

The Master Policy provides benefits to you only if you report a stolen identity event to us by the contact number stated above as soon as you become aware of a stolen identity event, in no event later than 90 days after the stolen identity event is discovered by you and you follow the instructions given to you in a claims kit that you will be provided. These instructions will include notifying major credit bureaus, the Federal Trade Commission's Identity Theft Hotline and appropriate law enforcement authorities. This claims kit will also instruct you how to file for benefits under the policy if the stolen identity event results in losses covered under the policy.

You will only be covered if a stolen identity event is reported to us within 90 days of discovery. You will not be covered if the stolen identity event first occurs after termination of the master policy or termination of your membership in the Master Policyholder's program.

Limits Of Insurance

The most we shall pay you are the Limits of Insurance shown above. All Legal Costs shall be part of and subject to the Aggregate Limit of Insurance. **LEGAL COSTS ARE PART OF, AND NOT IN ADDITION TO, THE LIMIT OF INSURANCE.**

The Lost Wages Limit of Insurance shown above is a sublimit of the Aggregate Limit of Insurance and is the most we shall pay you for lost wages.

Deductible

1. You shall be responsible for the applicable Deductible amount shown above and you may not insure against it.
2. You shall be responsible for only one Deductible during any one policy period.

Other Insurance

We shall be excess over any other insurance, including, without limitation, homeowner's or renter's insurance. If you have other insurance that applies to a loss under this policy, the other insurance shall pay first. This policy applies to the amount of loss that is in excess of the Limit of Insurance of your other insurance and the total of all your deductibles and self-insured amounts under all such other insurance. In no event shall we pay more than our Limits of Insurance as shown above.

DUPLICATE COVERAGES

Should you be enrolled in more than one membership program insured by us, or any of our affiliates, we will reimburse you under each membership program:

- a) subject to the applicable deductibles and limits of liability of each insured membership program
- b) but in no event shall the total amount reimbursed to you under all membership programs exceed the actual amount of loss.