



FirstOak
BANK

The Thanks
You
Deserve

<Endorsement>
<Barcode>
<Sam Sample>
<123 Anywhere Street>
<City, GA 30281>

Dear Sam Sample,

You deserve our best every day – exceptional service, value and protection from the unexpected. We would like to offer you **complimentary coverage of \$1,000 Accidental Death and Dismemberment (AD&D) insurance paid by FirstOak Bank, underwritten by Federal Insurance Company, Whitehouse Station, NJ.**

To accept this AD&D coverage, simply return the enclosed Activation Form within 14 days – or enroll online at www.ThankYouProgram.com using the Invite Code and Participant Code on the Activation Form enclosed – and we'll take care of the rest.

There are no medical exams, no lengthy application forms, and no health questions of any kind.

Protect Your Family

Accidental Death and Dismemberment Insurance delivers peace of mind in the event of a covered injury or unexpected loss of life. Enjoy more security with more coverage.

Additional Coverage Options

You are preapproved for up to \$300,000 of added coverage at affordable group rates. Simply choose your preferred coverage amount, and the premium will be automatically deducted from your account each month.

Do you have questions? Our Insurance Service Center is ready to help at 1-800-832-6858.

Sincerely,

Christy Mavers
VP/Retail Banking Manager

D. Hutcheson
Licensed Insurance Agent

P.S. Please respond within 14 days to enjoy your No-Cost AD&D coverage of \$1,000.

Benefits begin reducing at age 70. See Summary of Coverage for complete details, including all terms and exclusions. No-Cost-To-You insurance coverage is paid for entirely by FirstOak Bank and will provide complimentary protection from the effective date as stated on the schedule of coverage, provided the master policy remains in effect, and you remain a checking account customer.

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.

Protection from the unexpected - complimentary coverage that gives you peace of mind paid by FirstOak Bank.

We want to personally thank you for banking with us.



Activation Form

Accidental Death & Dismemberment Insurance Plan
Underwritten by Federal Insurance Company, Whitehouse Station, NJ

Enrollment Is Simple.

If you are 18 years or older, simply:

Visit www.ThankYouProgram.com to enroll today.

You will need the **Invite Code** and **Participant Code** located here.

**For faster processing
please respond within 14 days**

www.ThankYouProgram.com

Invite Code: <XXXXXX>
Participant Code: <XXXXXX>

If you prefer to mail the Activation Form, complete the information below and return it in the postage-paid envelope provided.

Yes! Activate the \$1,000 coverage paid by FirstOak Bank by signing below and mailing this form.

Please increase my coverage. I am eligible for up to \$300,000 of coverage:

Pay an affordable \$1.25 a month per \$10,000 of additional coverage or \$1.90 per \$10,000 to cover your family.

Please select your Additional Coverage* (Check one box only):

- \$300,000 \$100,000
 \$150,000 \$50,000
 Check Here To Select Family Plan (covers You, your Spouse and Dependent Children)

<MailRef>
<Customer Name>
<Address>
<City, State Zip>

Policy Number
<XXXXXXXX>

Name of Beneficiary: _____ <Barcode>

Relationship to Insured: _____

I hereby enroll in the Group Accidental Death and Dismemberment Insurance Policy underwritten by Federal Insurance Company. If selecting additional coverage, I authorize Econ-O-Check Corporation to deduct my premium on a monthly basis according to the cost per month enclosed and remit to the Insurance Company from my FirstOak Bank checking account ending in [1234], and shall appear on my monthly statement as ECON. This authority is to remain in effect until I cancel it by written notification to Econ-O-Check at least 30 days in advance of the intended termination date of my coverage. The additional coverage begins on the Effective Date stated on the Certificate of Insurance provided the first premium is paid. See Summary of Coverage for complete details. A \$1.00 administrative fee will be added for each automatic account billing. Note: All coverage amounts reduce to 65% when the primary insured reaches age 70. **I acknowledge that I have received, read and understand the Insurance Disclosures on the reverse side of this form.**



Signature of Customer _____ Date ____/____/____
Mo. Day Yr.

A signature by the addressee above is required.
If purchasing additional coverage, signer will be the primary insured (must be age 18 or older).
The form will not be processed if there is no signature.

**Benefits begin reducing to 65% at age 70, to 45% at age 75, to 30% at age 80, and 15% at age 85. See Summary of Coverage for complete details.*

CHUBB®
Insurance is underwritten by
Federal Insurance Company,
a member insurer of the Chubb Group of Companies.

DISCLOSURES

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person. **Kansas Residents:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime as determined by a court of law. **Louisiana Residents:** Any person who, knowingly submits a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Oregon Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB). Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

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.

SUMMARY OF COVERAGE

**Accidental Death and Dismemberment Insurance Underwritten by Federal Insurance Company, Whitehouse Station, NJ
YOU CAN PURCHASE \$50,000 TO \$300,000 OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PROTECTION**

Basic Coverage

As a member of the financial institution shown on the enclosed Coverage Activation Form, you are eligible for a \$1,000 complimentary Accidental Death and Dismemberment Insurance plan if you are age 18 or older. Coverage is reduced to \$650 at age 70, to \$450 at age 75, to \$300 at age 80 and further reduced to \$150 at age 85. Premiums for the basic coverage are paid by your financial institution. **THERE IS NO COST TO YOU.**

at age 75, to 30% at age 80 and 15% at age 85. For example: you are age 50 and enroll for \$100,000 - at age 70, your coverage is reduced to \$65,000. At age 75, your coverage is reduced to \$45,000. At age 80, your coverage is reduced to \$30,000 and at age 85, your coverage is reduced to \$15,000.

Family Coverage

If you select family coverage, your Spouse is automatically insured for 50% of your additional coverage amount (increases to 60% if no Dependent Children). Your Dependent Children are automatically insured for 20% of your additional coverage amount (increases to 25% if no Spouse).

Additional Coverage

In addition to the basic coverage offered by your financial institution, you may also wish to select additional coverage. You may purchase additional coverage with a Principal Sum between \$50,000 and \$300,000. The applicable premium for the additional coverage amount selected will be charged each month to your account with the financial institution. **All coverage amounts are reduced to 65% when the insured is age 70, to 45%**

EXAMPLE: Account Holder - \$50,000 + \$1,000 basic coverage
Spouse Coverage - \$25,000 (\$30,000 if no Children)
Child Coverage - \$10,000 per child (\$12,500 per child if no Spouse)

For insured account holders, coverage will automatically reduce according to the schedule above.

Rate Chart

Amount of Additional Coverage*	Cost Per Month**	
	Individual Plan	Family Plan
\$ 50,000	\$ 6.25	\$ 9.50
\$ 100,000	\$ 12.50	\$ 19.00
\$ 150,000	\$ 18.75	\$ 28.50
\$ 300,000	\$ 37.50	\$ 57.00

* Benefits begin reducing to 65% at age 70, to 45% at age 75, to 30% at age 80, and 15% at age 85.

** A \$1.00 Administrative Fee will be added for each automatic account billing.

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.

**Questions? Please call the Insurance Service Center at: 1-800-832-6858
Econ-O-Check, 3 Gresham Landing, Stockbridge, GA 30281-6341**

Additional Accidental Death and Dismemberment Insurance Coverage
\$50,000 - \$300,000 starting at just \$6.25 per month.

CHUBB®
Insurance is underwritten by
Federal Insurance Company,
a member insurer of the Chubb Group of Companies.

What Is Covered

We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must occur while the Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one year after the Accident. Insured Persons are covered 24 hours a day, 365 days a year, while on business or pleasure.

Accidental Death and Dismemberment Benefits

100% of the Benefit Amount is payable for Accidental: loss of life; loss of speech and loss of hearing; loss of speech and one of: loss of hand, foot or sight of one eye; loss of hearing and one of: loss of hand, foot or sight of one eye; loss of both hands; both feet, loss of sight or any combination thereof, and Quadriplegia; 75% of the Benefit Amount is payable for Accidental Paraplegia; 50% of the Benefit Amount is payable for Accidental: loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing; and Hemiplegia; and 25% of the Benefit Amount is payable for Accidental loss of thumb and index finger of the same hand, and Uniplegia. If an Insured Person suffers multiple Losses as the result of one Accident, then we will only pay the single largest Benefit Amount applicable to all such Losses. Loss must occur within one (1) year after the Accident. "Loss" means with regard to hands and feet, complete severance at or above the wrist or ankle joints; speech or hearing, total and irrecoverable loss thereof; thumb and index finger, complete severance at or above the metacarpophalangeal joint.

Who Can Be Covered

All members who have elected coverage and paid the required premium as well as the Spouse and Dependent Children of such member. Eligibility ages and requirements for dependent and incapacitated children may vary by state. Please call the Insurance Service Center for more information. No person insured as a Primary Insured Person can be insured as a Dependent; and no person shall be insured as a Dependent of more than one Primary Insured Person. Please see your insurance document for details.

Effective Date of Insurance

Insurance becomes effective on the latest of: 1) the date on which a person first meets the eligibility criteria as an Insured Person, or 2) the beginning of the period for which required premium is paid for such Insured Person.

Date Insurance Ends

Insurance will end at the earliest of: 1) the date the policy ends; 2) the expiration of the period for which required premium has been paid for such Insured Person; 3) the date on which a person ceases to meet the eligibility criteria as an Insured Person.

Exclusions

Benefits will not be paid for any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trade sanctions prohibiting the insurance, or there is any other legal prohibition against providing the insurance. In addition, no benefits will be paid for any Accident, Accidental Bodily Injury or Loss caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency); 3) emotional trauma, mental or physical illness, disease, normal pregnancy, normal childbirth or elective abortion, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof; except infections which result from Accidental Bodily Injuries. This exclusion does not apply to a bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria; 4) an Insured Person's commission or attempted commission of any illegal act including but not limited to any felony; 5) Loss caused by or resulting from any occurrence while an Insured Person is incarcerated after conviction; 6) from an Insured Person being intoxicated at the time of an Accident. Intoxication is defined by the

laws of the jurisdiction where such Accident occurs; 7) from an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician; 8) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority; 9) an Insured Person's suicide; attempted suicide or intentionally self-inflicted injury; 10) a declared or undeclared War.

Other Benefits (for those who purchase additional coverage)

1. Common Carrier Benefit. The elected Principal Sum shall be doubled for any Loss occurring while the Insured Person is in, entering or exiting a Common Carrier or a Conveyance operated by a military transport service as an emergency replacement for a Common Carrier. Common Carrier means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder; organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include a conveyance used for recreational activities.

2. Coma Benefit. If an Insured Person is confined to a Hospital or other licensed facility to receive medically necessary treatment for a Coma within 30 days of an Accident, and the Insured Person remains in the Coma for 30 consecutive days, this benefit will pay a monthly benefit amount of 2% of the Principal Sum. The maximum benefit amount is 100% of the Principal Sum. The Coma monthly payment will be made until the earliest of the date: 1) You or Your Insured Dependent die; 2) You or Your Insured Dependent are no longer in a Coma; or 3) total payments equal 100% of the Principal Sum. If You or Your Insured Dependent die within 365 days after the Accident, then we will pay a lump sum equal to the Insured Person's Principal Sum, less any Benefit Amount for Coma already paid.

3. Education Expense Benefit. If You or your insured Spouse suffers Accidental Loss of Life, this benefit will reimburse actual incurred costs for an eligible Dependent Child(ren)'s tuition, fees, room and board, required books and course supplies billed by an institution of higher learning. This benefit pays for each eligible Dependent Child who is enrolled at, or subsequently enrolls as a full-time student at an institution of higher learning within two years of the Loss of Life. This benefit will reimburse up to 2% of the Principal Sum to \$5,000 annually for each eligible child for up to four (4) consecutive years. The maximum total payment shall not exceed 100% of the Principal Sum. The Benefit Amount for Education Expense is payable in addition to any other applicable Benefit Amounts under this policy.

4. Enhanced In-Hospital Benefit. If an Accident causes the Insured Person to be hospitalized for more than 3 days, this benefit will pay a benefit amount of \$200 per day, to a maximum of 365 days. In-Hospital means registered as an in-patient and confined to a Hospital while being treated by a Physician. In-Hospital does not include confinement solely for convalescent or nursing care. The Benefit Amount for In-Hospital is payable in addition to any other applicable Benefit Amounts under this policy.

This coverage is not available in NY, WA. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB). Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself. 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.

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U.S. POSTAGE
PAID
MAILED FROM
ZIP CODE 39205
PERMIT NO. 527



IMPORTANT DOCUMENTS INSIDE:
Please sign and return within 14 days
