Agent Training

FRANKLIN MADISON

Who Is Franklin Madison

Our Mission, Who We Are & How We Operate

Our Mission

To build customer financial security by delivering industry-leading marketing services and insurance products through our brand partners.

Who We Are

The market leader in delivering industry-leading insurance products and marketing services to help banks, credit unions, and affinity partners provide financial security to families when the unexpected happens.

How We Operate

Our activities and interactions with customers, clients, and each other are guided by our core values: Well-Being, Collaboration, Mutual Respect, Visionary, Excellence, and Courage.

At A Glance


Franklin Madison by the numbers.
With decades of experience, we've helped improve engagement for thousands of organizations and protect their consumers to build trust and deepen relationships.
15M+
CONSUMERS PROTECTED
3,500
FINANCIAL INSTITUTIONS SERVED
55
YEARS OF INDUSTRY EXPERIENCE

Who is Franklin Madison?

We are the service provider for the insurance consumers enrolled in with their bank, credit union, or affinity partner.



Marketing

We offer a wide array of supplemental insurance plans from leading insurance carriers



Billing

We facilitate the billing of customer premiums



Claims Assistance

We help with the claims process



Customer Service

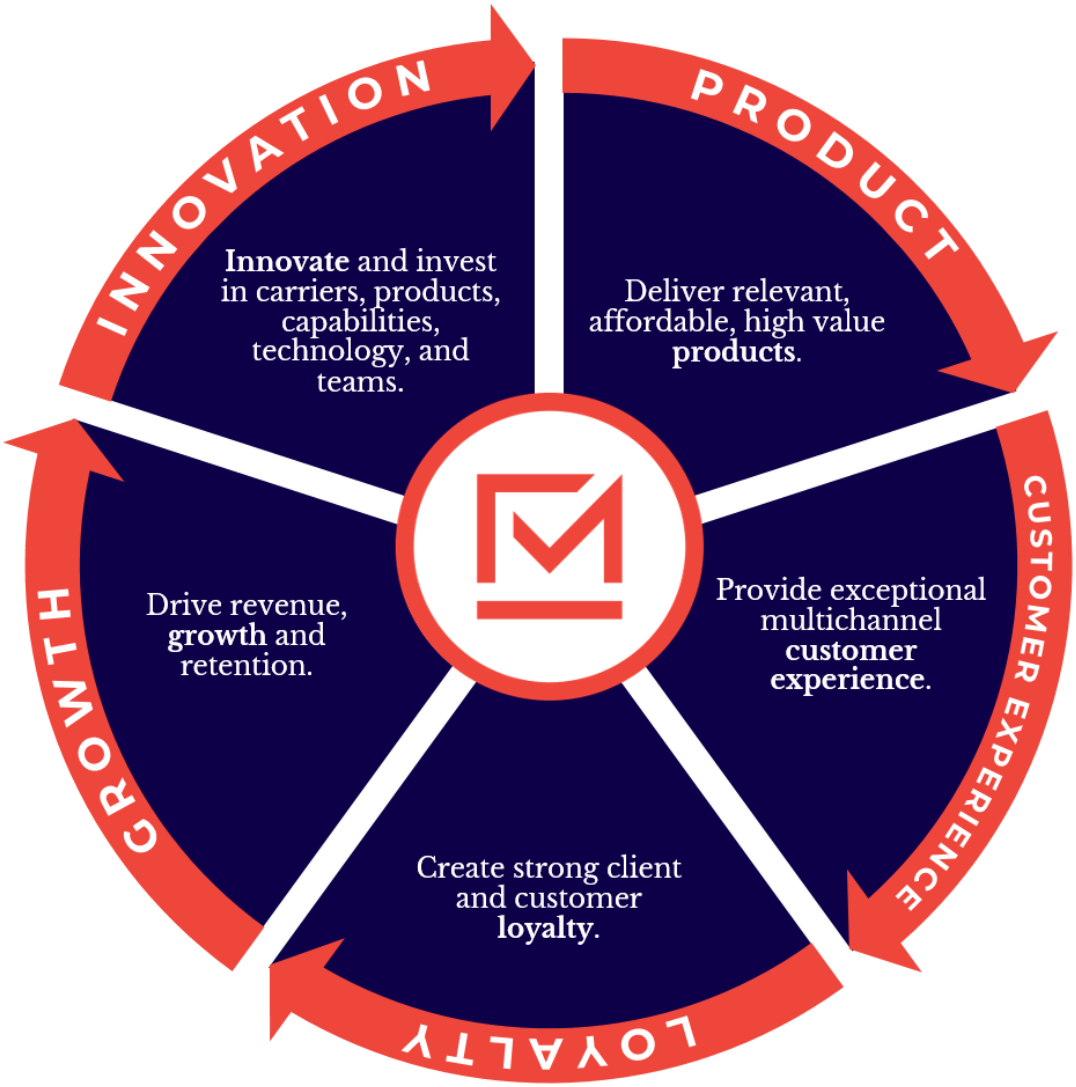
We work diligently to deliver a positive experience by following our three core values:

1. We are committed to treating you with respect, listening to your needs, and always doing what's best for you and your family.
2. Our goal is to provide clear, helpful and straightforward information about our products and services, empowering you to make informed decisions.
3. You can count on us to clearly explain what to expect from our service, ensuring you feel confident every step of the way.

Products

- Accidental Death & Dismemberment (AD&D)
- Hospital Accident Protection (HAP)
- Recuperative Care
- Injury Care Accident Insurance
- Critical Illness
- Guaranteed Acceptance Life Insurance

Building Momentum to Last



Product
Introduction

Terms to Know

Premiums
money customer pays for the insurance policy

Benefits
money the carrier pays to the beneficiary of the customer policy after a valid claim has been filed

Beneficiary
recipient of the insurance benefit

Policy
contract between the insurer (carrier) and insured (customer)

Activation Forms / Creative
marketing piece customer receives via mail and / or email; advertises the product

Fulfillment / Certificate of Insurance
copy of insurance policy and proof of enrollment customer receives after they enroll

Our Carriers

securian FINANCIAL OR MINNESOTA LIFE

CHUBB OR FEDERAL INSURANCE CO

Prudential

ZURICH OR Zurich Insurance Group

Sirius America

Product
Accidental Death & Dismemberment

AD&D Overview

Covers for loss of life, limb, sight, speech and hearing due to a covered accident

Offered with Minnesota Life, Chubb, and Zurich

Bank vs. credit union

Policies for banks are issued to the Financial Services Association

Policies are issued to the credit union

Complimentary vs. paid

Complimentary is the insurance chosen by and paid for by the client as a service to the customer

Paid (supplemental) is the insurance a customer pays for on their own

Individual vs. family coverage type

Age reductions

Differs by carrier and product

AD&D Product Details

Complimentary coverage

$1,000 to $5,000 (client paid & complimentary to the customer)

– Assigned by the client

– Not variable by customer and not able to be “chosen” by the customer

Supplemental coverage

Up to $300,000 ($500,000 in rare cases)

Ancillary benefits

Specific ancillary benefits vary between bank and credit union

Guaranteed Issue

Bank Ancillary Benefits

Common Carrier	this benefit pays twice the elected additional coverage for accidental loss of life involving a collision, crash or sinking of a common carrier while riding as a fare-paying passenger.
Education Benefit	if you suffer an accidental death, a benefit of 2% of your accidental death benefit is payable in equal monthly installments for each year for each dependent child who is enrolled as a full-time student in an institution of higher learning. Maximum benefit is $5,000 per year for up to 4 years. If at the time of the insured's death there are no dependent children, we will pay a benefit in the amount of $1,000.
Anti-Inflation Benefit	for every two years an insured's additional coverage remains continuously in force, it will be increased by 5% until it reaches 125% of the original amount of additional coverage.
Adaptive Home and Vehicle Benefit	provides a benefit if the insured's home and/or private motor vehicle requires modifications to accommodate the insured's dismemberment or total and permanent disability resulting from a covered loss.
Waiver of Premium Benefit	if an insured becomes totally and permanently accidentally disabled prior to age 60, remains continuously disabled for at least 6 months, and continues to pay premiums during this 6-month waiting period, the insured's accidental death and dismemberment insurance will remain in force after the waiting period without payment of premium.

Credit Union Ancillary Benefits

Common Carrier	this benefit pays twice the elected additional coverage for accidental loss of life involving a collision, crash or sinking of a common carrier while riding as a fare-paying passenger.
Education Benefit	if you suffer an accidental death, a benefit of 2% of your accidental death benefit is payable in equal monthly installments for each year for each dependent child who is enrolled as a full-time student in an institution of higher learning. Maximum benefit is $5,000 per year for up to 4 years. If at the time of the insured's death there are no dependent children, we will pay a $1,000 benefit.
Anti-Inflation Benefit	for every two years an insured's additional coverage remains continuously in force, it will be increased by 5% until it reaches 125% of the original amount of additional coverage.
Accident Hospital Indemnity	if you are confined to a hospital as an inpatient as a result of a covered loss for more than 7 consecutive days (starting within 30 days of the accident), then a monthly benefit will be paid. The monthly benefit will equal 1% of the additional coverage amount up to a maximum of $2,500 for up to 12 months and will be retroactive to the first day of confinement. A benefit equal to 1/30th of the monthly benefit will be paid for each day of a period of less than 1 month.
Dependent Child Care	if you die from a covered accident and are survived by your spouse and one or more dependent children, we will pay a childcare benefit for each eligible dependent child (under age 13 at the time of your accidental death) who is enrolled in a licensed day care center. Benefit equal to 2% of the additional coverage amount or $2,000 (whichever is less) each year for up to two years. The maximum amount payable under this benefit is $50,000.

AD&D Exclusions

- This is an accident product – so sickness and infection are not covered
- Act of war
- Breaking the law
    - Taking medication other than how directed
    - Intoxication
    - An accident that occurs while committing a crime
- Risky business – piloting a private aircraft, drag racing
- "Hold my beer" – watch this!
- Other various exclusions unique to the individual carrier's policies

Policy Issuance

- Bank issued to the Financial Services Association
  - Most states do not classify a bank as a group to which an insurance policy can be issued
  - Banks refer to their customers as "customers"
- Credit union policy is issued directly to the individual credit union
  - That means credit unions get to select additional benefits, which may include:
    - ✓ Seat belt benefit
    - ✓ Education benefit
    - ✓ Disappearance and exposure benefit
    - ✓ Child care benefit
  - Credit unions refer to their customers as "members"

AD&D Knowledge Check

- Who are our AD&D carrier partners?
- What is the difference between “complimentary” and “paid”?
- True or False: Banks are considered groups and get their own unique policies with their own chosen benefits.
- Name one benefit, other than the death benefit, covered by AD&D.

Product
Hospital Accident Protection

Hospital Accident Protection (HAP)

Provides cash benefits to the insured in the event of hospitalization due to a covered accident

Available with Chubb and Zurich

ER benefit

Paid when the customer goes to the ER for a covered accident

Inpatient benefit

A benefit is paid for each day the insured is in the hospital

Paid for each 24-hour period as an inpatient for a covered accident

Intensive care benefit

Paid for each 24-hour period the customer is in the ICU for a covered accident

Credit union policies

Unlike AD&D, credit unions do not have their own policies and do not pick their own benefits

HAP

Provides cash benefits to the insured in the event of hospitalization due to a covered accident

$900	$1,800	$450
Daily hospital benefit	Daily intensive care benefit	Emergency room benefit

Coverage and eligibility

Family coverage available

Available to U.S. citizens ages 18 and older

Reduce by 50% at age 65 and 25% at age 75 (except in MN for Chubb)

Marketing considerations

60-day, 100% money back guarantee

10% inflation benefit

State availability

Available in 46 states, plus DC

Availability varies by approved product for specific states (TBD for Zurich)

Monthly pricing Individual: $17.65 per month Family: $29.95 per month

HAP Exclusions

- This is an accident product – so sickness and infection are not covered
- Act of war
- Breaking the law
    - Taking medication other than how directed
    - Intoxication
    - An accident that occurs while committing a crime
- Self-inflicted injury, including suicide
- Risky business – piloting a private aircraft, drag racing
- "Hold my beer" – watch this!
- Other various exclusions unique to the individual carrier's policies

HAP Knowledge Check

- Which carriers offer the HAP product?
- What are the two major benefits of HAP?
- A double benefit is paid under what circumstances?
- What is the daily ER benefit for HAP?

Product
Recuperative Care

Recuperative Care Plans

- Provides cash benefits to the insured in the event of hospitalization due to a covered accident ***or sickness***
- Available with Zurich, Minnesota Life, and Chubb
  - Zurich is referred to as "Daily Hospital Confinement Injury and Illness"
- Benefit ***structures and amounts*** differ by carrier
- Recuperative care policies DO NOT exclude pre-existing conditions

Recuperative Care

Provides cash benefits to the insured upon release from the hospital after hospitalization for a covered accident or sickness

$400
Per hospital day for a covered accident
Varies for NC & FL

$200
Per hospital day for a covered sickness
Varies for NC & FL

Coverage and eligibility

Coverage available for spouse and dependent children

Reduce by 50% at age 65 and 25% at age 75

No termination age

Marketing considerations

60-day free trial period

30-day free trial period for Chubb

State availability

Available in 37 states, plus DC for Minnesota Life

TBD for Zurich

Monthly pricing Individual: $24.00 per month Family: $36.00 per month

Minnesota Life and Zurich Exclusions

No benefit shall be paid for Loss or Injury that is caused by, results from or contributed to by:

1. self-inflicted injury or self-destruction, whether sane or insane;
2. suicide or attempted suicide, whether sane or insane;
3. your participation in or your attempt to commit a crime, assault or felony;
4. * bodily or mental infirmity, illness or disease;
5. the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage;
6. motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto;
7. * infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury;
8. * medical or surgical treatment or diagnostic procedures or any resulting complications;
9. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier;
10. war or any act of war, whether declared or undeclared;
11. riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
12. repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis.

* Exclusions 4, 7, and 8 do not apply to the Sickness benefit

Chubb Exclusions

1. **Cosmetic Surgery** - This insurance does not apply to cosmetic surgery or care or treatment solely for cosmetic purposes or complications therefrom. This exclusion does not apply to cosmetic surgery [resulting from an Accident if initial treatment of the Covered Person is begun within twelve (12) months of the date of the Accident or to treat congenital defects in covered newborns.
2. **Illegal Acts** - This insurance does not apply to any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation.
3. **Incarceration** - This insurance does not apply to any Accident or Sickness caused by or resulting from, directly or indirectly any occurrence while the Covered Person is incarcerated.
4. **Infertility and Sex Changes** - This insurance does not apply to sex changes or the reversal of tubal ligation and vasectomies, artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law.
5. **Alcoholism and Drug or Substance Abuse** - This insurance does not apply to alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.
6. **Intoxication Exclusion Vehicular** - This insurance does not apply to any Accident caused by or resulting from, directly or indirectly, the Covered Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
7. **Narcotic Exclusion** - This insurance does not apply to any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.
8. **Pregnancy** - This insurance does not apply to normal pregnancy. Complications of Pregnancy are covered as any other Sickness.
9. **Pregnancy of a Dependent Child** - This insurance does not apply to pregnancy of a Dependent Child, unless required by law.
10. **Rest care or custodial care and treatment** - This insurance does not apply to any rest care or custodial care or treatment for any Accident or Sickness.
11. **Race or Speed Contest** - This insurance does not apply to any Accident caused by or resulting from, directly or indirectly, the Covered Person being engaged in or participating in a motorized vehicular race or speed contest.
12. **Service in the Armed Forces** - This insurance does not apply to any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority.
13. **Suicide or Intentional Injury** - This insurance does not apply to, and no benefits are payable related to the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.
14. **Voluntary Abortion** - This insurance does not apply to voluntary abortion, except with respect to the Insured Person or his or her covered Spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term.
15. **War** - This insurance does not apply to any Accident or Sickness caused by or resulting from, directly or indirectly, war, undeclared war, civil war, participation in an insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.
16. **Workers Compensation** - This insurance does not cover Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit or which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

Recuperative Care Knowledge Check

- Who are our recuperative care carrier partners?
- Which carrier has a 30-day free trial period?
- What are the two major benefit differences between HAP and recuperative care?
- Which carrier's recuperative care product is referred to as "Daily Hospital Confinement Injury and Illness"?

Product
Injury Care Accident Insurance

Injury Care Accident Insurance

- Provides cash benefits directly to the insured due to a covered injury
- Coverage has one plan that can pay cash benefits in four ways:
    1. Injury Lump Sum
    2. Immediate Care
    3. Ongoing Care
    4. Recovery Care
- Available with Securian Life Insurance Company

Injury Care Accident Insurance

Provides cash benefits directly to the insured due to a covered injury in four ways:

Up to $10,000	Up to $1,200	Up to $5,000	Up to $1,000
Injury Lump Sum	**Immediate Care**	**Ongoing Care**	**Recovery Care**
Per injury for fractures, burns, broken teeth, eye injuries, and more	ER and doctor visits, X-rays, hospitalization, and more	Surgery, skin grafts, prescriptions, and more	Inpatient and outpatient therapy

Coverage and eligibility

Family coverage available

No benefit reduction or termination age

Available to U.S. residents ages 18 and older

Marketing considerations

30-day, free look with no obligation

State availability

Limited since new product

Availability varies by approved product for specific states

Monthly pricing Individual: $20.00 per month Family: $49.50 per month

Injury Care Accident Insurance Exclusions

- This is an accident product – so sickness and infection are not covered
- Act of war
- Breaking the law
    - Taking medication other than how directed
    - Intoxication
    - An accident that occurs while committing a crime
- Self-inflicted injury
- Risky business – piloting a private aircraft, drag racing
- "Hold my beer" – watch this!
- Other various exclusions unique to the individual carrier's policies

Injury Care Accident Insurance Knowledge Check

- Which carriers offer the Injury Care Accident Insurance product?
- What are the four cash benefits Injury Care Accident Insurance?
- At what percentage are family members covered?
- Is there an age reduction?

Product
Critical Illness and Injury

Critical Illness and Injury Insurance

- Provides cash benefits for critical illness and injury treatment costs
- Coverage has one plan that pays cash benefits directly to the insured when diagnosed with the following five critical conditions:

    1. Coma
    2. Heart attack
    3. Invasive cancer
    4. Paralysis
    5. Stroke

- Available with Securian Life Insurance Company

Critical Illness and Injury Insurance

Pays cash benefits to help with recovery after an initial occurrence and a recurrence of a covered diagnosis

$10,000	$10,000	$100,000
Initial occurrence	**Recurrence**	**Total lifetime benefits payable**

	Initial Occurrence Cash Benefits	Recurrence Cash Benefits
Heart Attack	**$10,000**	**$10,000**
Invasive Cancer	**$10,000**	**$10,000**
Stroke	**$10,000**	**$10,000**
Paralysis (due to injury or illness)	**$10,000**	**$10,000**
Coma (due to injury or illness)	**$10,000**	**$10,000**
Total Lifetime Benefits Payable	$100,000	

Requires at least 3-month separation between initial occurrence and recurrence

Coverage and eligibility

No family coverage available
Ages 18 to 64 are eligible
Coverage terminates at age 90
Coverage reduces by 50% at age 65
Coverage is not payable for pre-existing conditions during the first six months

Marketing considerations

30-day, free look with no obligation

State availability

Available in 33 states

Availability varies by approved product for specific states

Monthly pricing based on age at enrollment

Critical Illness and Injury Insurance Exclusions

- Suicide or attempted suicide
- Act of war
- Breaking the law
    - Taking medication other than how directed
    - Intoxication
    - Commission of a felony in which the insured was convicted in a court of competent jurisdiction
- Self-inflicted injury
- Insured’s use of alcohol
- Other various exclusions unique to the individual carrier’s policies

Critical Illness and Injury Knowledge Check

- Which carrier offers the Critical Illness and Injury Insurance product?
- What are the five cash benefits?
- At what percentage are family members covered?
- Is there an age reduction?
- Is there a termination age?

Product
Guaranteed Acceptance Life

Guaranteed Acceptance Life Insurance

Pays a lump-sum benefit upon the death of the insured

Available with Prudential Insurance Company of America

Complimentary coverage

$2,000 (client paid & complimentary to the customer)

– Expires after 12 months

– Amount can vary

– Assigned by the client

– Not variable by customer and not able to be “chosen” by the customer

Supplemental coverage

Offered in three amounts:

$10,000, $25,000, or $50,000

Ancillary benefits

Accelerated benefit due to:

– Terminal illness

– Chronic illness (supplemental coverage)

Guaranteed Acceptance

No health questions

No medical exam

Guaranteed Acceptance Life Insurance

Coverage and eligibility

- Individual coverage only (no family coverage available)
- Age 18 to 65 are eligible to enroll
- No age reductions
- Coverage terminates at age 80
- No exclusions

Monthly rates

Age Range	$10,000 Coverage	$25,000 Coverage	$50,000 Coverage
18 - 24	$1.40	$3.50	$7.00
25 - 29	$1.40	$3.50	$7.00
30 - 34	$1.60	$4.00	$8.00
35 - 39	$2.00	$5.00	$10.00
40 - 44	$2.70	$6.75	$13.50
45 - 49	$4.60	$11.50	$23.00
50 - 54	$6.70	$16.75	$33.50
55 - 59	$11.30	$28.25	$56.50
60 - 64	$18.60	$46.50	$93.00
65 - 69	$28.10	$70.25	$140.50
70 - 74	$75.50	$188.75	$377.50
75 - 80	$162.90	$407.25	$814.50

Members age 18-65 are eligible to enroll for coverage. Coverage ends at age 80.
YOUR RATE CHANGES WHEN YOU ENTER THE NEXT AGE BAND.

Billed monthly

Rate will increase by age band

Guaranteed Acceptance Life Knowledge Check

- Which carrier offers the Guaranteed Acceptance Life insurance product?
- What are the three coverage amounts?
- How long does the complimentary coverage last?
- Is there an age reduction?
- Is there a termination age?

Product
Review

A Few Additional Items

- Not all products are available in every state
  - One reason the marketing code is important
- Never quote a rate without checking to make sure you are looking at the marketing code in Artemis or the rate provided by the caller on the Activation Form – rates vary between states, carriers, and products
- Never say “free”!
- Never say a claim will be paid
  - If a caller asks, let them know that it’s up to the carrier to decide if a claim will be paid

Review

- Which carriers offer AD&D?
- Which carriers offer HAP?
- Which carriers offer Recuperative Care?
- What is the difference between a “complimentary” and a “paid” AD&D insured?
- Name an exclusion for AD&D.
- What are the three HAP benefits?
- What are the four cash benefits for Injury Care Accident Insurance?
- What is the name of the product offered by Zurich?
- Which product has a termination age?
- What are the five cash benefits for Critical Illness and Injury Insurance?

Product
Fulfillment

Fulfillment Review

Each customer is mailed a complete fulfillment kit (Certificate of Insurance)

Welcome Letter



MINNESOTA LIFE

Minnesota Life Insurance Company
A Securian Company
Plan Administrator Office PO Box 40808, Nashville, TN 37204-0808

February 7, 2017 9007 F

JOHN Q SAMPLE
400 DUKE DR
FRANKLIN, SC 29918-3246 1

Dear JOHN Q SAMPLE:

Welcome to Minnesota Life Insurance Company. Please find enclosed your Accidental Death and Dismemberment (AD&D) insurance Coverage documents. You have chosen $10,000 of family protection under this plan. To maintain coverage, you must continue to pay the premiums outlined below during your lifetime. Plus, you have $1,000 of single coverage provided through ABC Bank without cost to you for one year. Your insurance is effective 01/01/2014. All coverage reduces by 50% at age 70 and older, regardless of age at enrollment.

The enclosed insurance certificate outlines the benefits of your insurance coverage as well as applicable limitations and exclusions. Please review it carefully and keep it with your other valuable papers so it is readily available should you ever need to file a claim.

ABC Bank has made arrangements for your monthly premiums of $0.25 to be deducted from your checking account during the first week of each month. Please ensure that you have sufficient funds available on these dates and funds always remain available until the premium is debited from your checking account.

If you would like to increase your coverage, simply complete the Coverage Increase Request form attached to the bottom of this letter and mail it in the envelope provided. Each added $10,000 of family 24-hour AD&D insurance you select in addition to your provided coverage will cost $1.65 per month. If you upgrade your coverage to enhanced-family protection, each $10,000 of coverage costs $2.15 per month.

If you have any questions about your coverage or about the provisions of this plan, just call the Plan Administrator toll-free at 1-855-444-6367 Monday through Friday, 7:00 a.m. to 8:00 p.m., and Saturday, 8:30 a.m. to 5:00 p.m., CST.

Sincerely,

Robert J. Dudacek
Licensed Insurance Agent #9725576

AD6012-1214

▲ DETACH AND RETAIN TOP PORTION RETURN BOTTOM PORTION ▼

Coverage Increase Request
AD&D Insurance

MINNESOTA LIFE
ABC Bank

I currently have $50,000 of Additional Coverage. I understand that by signing below I am increasing my coverage for the rates shown above. Please increase my coverage to:

Check Total Amount Desired: ☐ $100,000 ☐ $200,000 ☐ $150,000 ☐ $75,000

*Upgrade Check Below: Enhanced Family ☐

*When the box is not checked, you will receive Family Coverage.

Please print neatly:
Name of Insured:

Take form to:

736.971.4.71

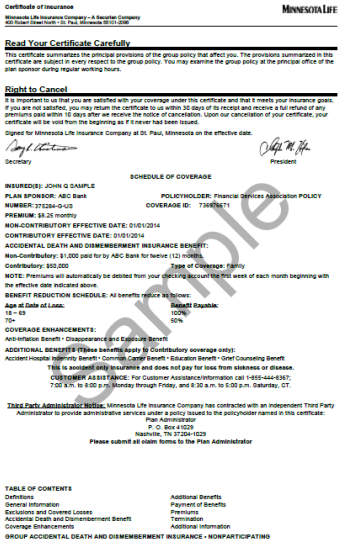
JOHN Q SAMPLE
400 DUKE DR
FRANKLIN, SC 29918-3246

Change Authorization: Yes! Please sign me up for the insurance plan. I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for any additional coverage I select. My payment authorization will remain in effect until the Plan Administrator has received and has had reasonable time to act on my request to cancel by telephone at 1-877-607-4376. Coverage begins on the Effective Date stated on the schedule, provided the first premium is paid and received by Minnesota Life Insurance Company.

Signature: Date:

All coverage reduces by 50% at age 70 and older, regardless of age at enrollment. AD6012-1214(1)(1)

Overview of Coverage



Certificate of Insurance

MINNESOTA LIFE

Minnesota Life Insurance Company – A Securian Company
400 Robert Street North – St. Paul, Minnesota 55101-2098

Read Your Certificate Carefully

This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the plan sponsor during regular working hours.

Right to Cancel

It is important to us that you are satisfied with your coverage under this certificate and that it meets your insurance goals. If you are not satisfied, you may return the certificate to us within 30 days of its receipt and receive a full refund of any premiums paid within 10 days after we receive the notice of cancelation. Upon our cancelation of your certificate, your certificate will be void from the beginning as if it never had been issued.

Signed for Minnesota Life Insurance Company at St. Paul, Minnesota on the effective date.

Secretary President

SCHEDULE OF COVERAGE

INSURED(S): JOHN Q SAMPLE
PLAN SPONSOR: ABC Bank POLICYHOLDER: Financial Services Association POLICY NUMBER: 371284-0-U3 COVERAGE ID: 736971671
PREMIUM: $0.25 monthly
NON-CONTRIBUTORY EFFECTIVE DATE: 01/01/2014
CONTRIBUTORY EFFECTIVE DATE: 01/01/2014
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFIT:
Non-Contributory: $1,000 paid for by ABC Bank for twelve (12) months
Contributory: $50,000 Type of Coverage: Family
NOTE: Premiums will automatically be debited from your checking account the first week of each month beginning with the effective date indicated above.
BENEFIT REDUCTION SCHEDULE: All benefits reduce as follows:

Age of Date of Loss:	Benefit Payable:
18 – 69	100%
70+	50%

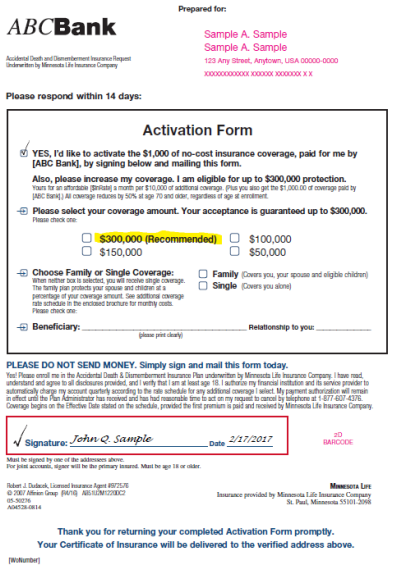
COVERAGE ENHANCEMENTS:
Anti-Inflation Benefit • Disappearance and Exclusion Benefit
ADDITIONAL BENEFITS (These benefits apply to Contributory coverage only):
Accident Hospital Indemnity Benefit • Commuter Carrier Benefit • Education Benefit • Grief Counseling Benefit
This is accident only insurance and does not pay for loss from sickness or disease.
CUSTOMER ASSISTANCE: For Customer Assistance/Information call 1-855-444-6367; 7:00 a.m. to 8:00 p.m. Monday through Friday, and 8:30 a.m. to 5:00 p.m. Saturday, CT.

Third Party Administrator Notice: Minnesota Life Insurance Company has contracted with an independent Third Party Administrator to provide administrative services under a policy issued to the policyholder named in this certificate:
Plan Administrator
P. O. Box 41029
Nashville, TN 37204-1029
Please submit all claim forms to the Plan Administrator

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GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE - NONPARTICIPATING

Signed Proof of Enrollment*



Prepared for:

ABCBank

Sample A. Sample
Sample A. Sample
123 Any Street, Anytown, USA 00000-0000
XXXXXXXXXXX XXXXXX XXXXXXX X X

Accidental Death and Dismemberment Insurance Request
Underwritten by Minnesota Life Insurance Company

Please respond within 14 days:

Activation Form

☑ YES, I'd like to activate the $1,000 of no-cost insurance coverage, paid for me by [ABC Bank], by signing below and mailing this form.

Also, please increase my coverage. I am eligible for up to $300,000 protection.
Yours for an affordable ($rate$) a month per $10,000 of additional coverage. (Plus you also get the $1,000.00 of coverage paid by [ABC Bank].) All coverage reduces by 50% at age 70 and older, regardless of age at enrollment.

Please select your coverage amount. Your acceptance is guaranteed up to $300,000.
Please check one:

☐ $300,000 (Recommended) ☐ $100,000
☐ $150,000 ☐ $50,000

Choose Family or Single Coverage:
When neither box is selected, you will receive single coverage. The family plan protects your spouse and children at a percentage of your coverage amount. See additional coverage rate schedule in the enclosed brochure for monthly costs.
Please check one:
☐ Family (Covers you, your spouse and eligible children)
☐ Single (Covers you alone)

Beneficiary: _____ Relationship to you: _____
(please print clearly)

PLEASE DO NOT SEND MONEY. Simply sign and mail this form today.

Yes! Please enroll me in the Accidental Death & Dismemberment Insurance Plan underwritten by Minnesota Life Insurance Company. I have read, understand and agree to all disclosures provided, and I verify that I am at least age 18. I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for any additional coverage I select. My payment authorization will remain in effect until the Plan Administrator has received and has had reasonable time to act on my request to cancel by telephone at 1-877-607-4376. Coverage begins on the Effective Date stated on the schedule, provided the first premium is paid and received by Minnesota Life Insurance Company.

Signature: John Q Sample Date 2/17/2017

2D BARCODE

Must be signed by one of the addressees above.
For joint accounts, signer will be the primary insured. Must be age 18 or older.

Robert J. Dudacek, Licensed Insurance Agent #9725576
© 2007 Affinion Group. (06/10) ABUSDM1203BC2
05-50276
AD6126-0814

MINNESOTA LIFE
Insurance provided by Minnesota Life Insurance Company
St. Paul, Minnesota 55101-2098

Thank you for returning your completed Activation Form promptly.
Your Certificate of Insurance will be delivered to the verified address above.

[WxNumber]

Key elements include the overview of coverage and signed proof of enrollment

Mailed first class to each customer within 3–5 days of enrollment

* Proof of Enrollment included for new enrollments only

Marketing Code

What is the Marketing Code?

- Identifies variables unique to each marketing piece, such as financial institution, carrier, and cost to the customer
- The marketing code is 6 characters and starts with a H or J
    - This code is located toward the upper right hand corner of the **Activation Form**
- You will ask the caller for this code at the beginning of the call and enter the code in Artemis

Marketing Code Location Exercise

- AD&D
- HAP
- Recuperative Care



Code on Activation Form which begins with the letter G or H

OnPoint COMMUNITY CREDIT UNION

Accidental Death and Dismemberment Insurance Activation Form
Underwritten by Minnesota Life Insurance Company

Prepared for:

<<SPKEY>>

Sample A. Sample
Sample A. Sample
123 Any Street, Address 2, Anytown, ST 12345-6789
XXXXXXXXXXX XXXXX XXXXXX X X

Please respond within 14 days:

Activation Form

☑ YES, I'd like to activate the $2,000 of no-cost insurance coverage, paid for me by OnPoint Community Credit Union, by signing below and mailing this form.

Also, please increase my coverage. I am eligible for up to $300,000 protection.
Yours for an affordable $1.10 a month, or $1.65 a month to cover you and your family, per $10,000 of additional coverage. (Plus you also get the $2,000.00 of coverage paid by OnPoint Community Credit Union.) All coverage reduces by 50% at age 70 and older, regardless of age at enrollment.

Please select your coverage amount. Your acceptance is guaranteed up to $300,000.
Please check one:

☐ $300,000 (Recommended) ☐ $100,000
☐ $150,000 ☐ $50,000

Choose Family or Single Coverage:
When neither box is selected, you will receive single coverage. The family plan protects your spouse/domestic partner and children at a percentage of your coverage amount. See additional coverage rate schedule in the enclosed brochure for monthly costs. Please check one:

☐ **Family** (Covers you, your spouse, domestic partner and eligible children)
☐ **Single** (Covers you alone)

Beneficiary: _____ **Relationship to you:** _____
(please print clearly)

PLEASE DO NOT SEND MONEY. Simply sign and mail this form today.

Yes! Please enroll me in the Accidental Death & Dismemberment Insurance Plan underwritten by Minnesota Life Insurance Company. I have read, understand and agree to all disclosures provided, and I verify that I am at least age 18. I authorize my financial institution and the Plan Administrator to automatically charge my <<ACCT_TYPE>> account <<####>> issued by the financial institution named above quarterly according to the rate schedule for any additional coverage I select. My payment authorization will remain in effect until the Plan Administrator has received and has had reasonable time to act on my request to cancel by telephone at 1-877-420-4888. Your quarterly premium amount and the dates your account will be billed are shown in the letter you will receive from Minnesota Life. Coverage begins on the Effective Date stated on the schedule, provided the first premium is paid and received by Minnesota Life Insurance Company.

√ **Signature:** _____ **Date** _____

2D BARCODE

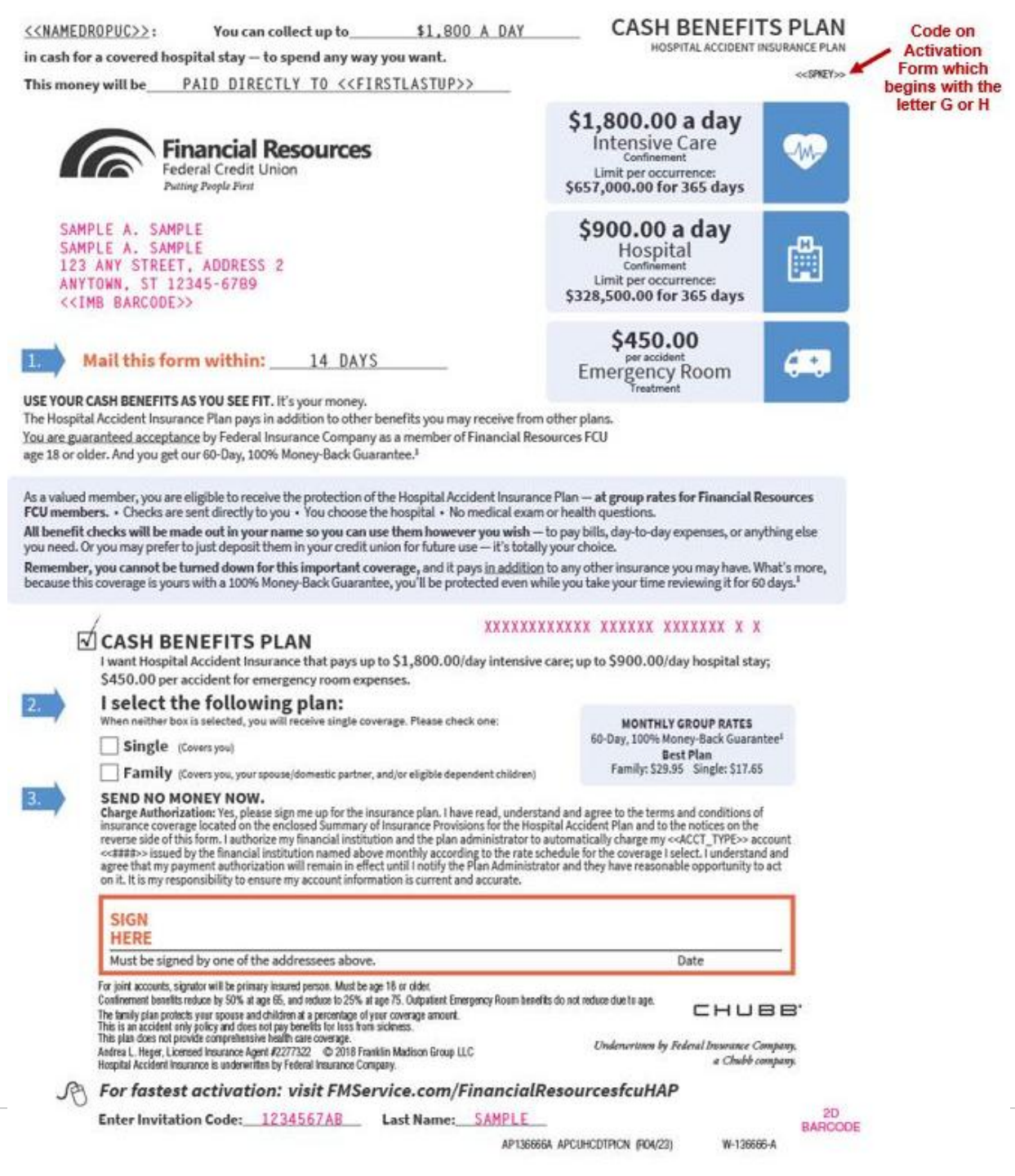
Must be signed by one of the addressees above.
For joint accounts, signer will be the primary insured. Must be age 18 or older.
20-51347

OnPoint Community Credit Union is providing you this insurance opportunity as an added benefit to your membership. Your personal data has not been shared with the Insurance Company in order to provide this offer.

Andrea L. Heger, Licensed Insurance Producer #17321851-GR
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1092310-OR-ON

MINNESOTA LIFE
Insurance provided by Minnesota Life Insurance Company
St. Paul, Minnesota 55101-2098
0720

Thank you for returning your completed Activation Form promptly.
Your Certificate of Insurance will be delivered to the verified address above.



<<NAMEDROPUC>>: You can collect up to $1,800 A DAY
in cash for a covered hospital stay — to spend any way you want.
This money will be PAID DIRECTLY TO <<FIRSTLASTUP>>

CASH BENEFITS PLAN
HOSPITAL ACCIDENT INSURANCE PLAN
<<DPKEY>>

Code on Activation Form which begins with the letter G or H

Financial Resources
Federal Credit Union
Putting People First

SAMPLE A. SAMPLE
SAMPLE A. SAMPLE
123 ANY STREET, ADDRESS 2
ANYTOWN, ST 12345-6789
<<IMB BARCODE>>

$1,800.00 a day
Intensive Care
Confinement
Limit per occurrence:
$657,000.00 for 365 days

$900.00 a day
Hospital
Confinement
Limit per occurrence:
$328,500.00 for 365 days

$450.00
per accident
Emergency Room
Treatment

1. Mail this form within: 14 DAYS

USE YOUR CASH BENEFITS AS YOU SEE FIT. It's your money.
The Hospital Accident Insurance Plan pays in addition to other benefits you may receive from other plans.
You are guaranteed acceptance by Federal Insurance Company as a member of Financial Resources FCU age 18 or older. And you get our 60-Day, 100% Money-Back Guarantee.[1]

As a valued member, you are eligible to receive the protection of the Hospital Accident Insurance Plan — **at group rates for Financial Resources FCU members.** • Checks are sent directly to you • You choose the hospital • No medical exam or health questions.
All benefit checks will be made out in your name so you can use them however you wish — to pay bills, day-to-day expenses, or anything else you need. Or you may prefer to just deposit them in your credit union for future use — it's totally your choice.
Remember, you cannot be turned down for this important coverage, and it pays in addition to any other insurance you may have. What's more, because this coverage is yours with a 100% Money-Back Guarantee, you'll be protected even while you take your time reviewing it for 60 days.[1]

XXXXXXXXXXXX XXXXXX XXXXXXX X X

☑ CASH BENEFITS PLAN
I want Hospital Accident Insurance that pays up to $1,800.00/day intensive care; up to $900.00/day hospital stay; $450.00 per accident for emergency room expenses.

2. I select the following plan:
When neither box is selected, you will receive single coverage. Please check one:
☐ Single (Covers you)
☐ Family (Covers you, your spouse/domestic partner, and/or eligible dependent children)

MONTHLY GROUP RATES
60-Day, 100% Money-Back Guarantee[1]
Best Plan
Family: $29.95 Single: $17.65

3. SEND NO MONEY NOW.
Charge Authorization: Yes, please sign me up for the insurance plan. I have read, understand and agree to the terms and conditions of insurance coverage located on the enclosed Summary of Insurance Provisions for the Hospital Accident Plan and to the notices on the reverse side of this form. I authorize my financial institution and the plan administrator to automatically charge my <<ACCT_TYPE>> account <<###>> issued by the financial institution named above monthly according to the rate schedule for the coverage I select. I understand and agree that my payment authorization will remain in effect until I notify the Plan Administrator and they have reasonable opportunity to act on it. It is my responsibility to ensure my account information is current and accurate.

SIGN HERE
Must be signed by one of the addressees above. Date

For joint accounts, signator will be primary insured person. Must be age 18 or older.
Confinement benefits reduce by 50% at age 65, and reduce to 25% at age 75. Outpatient Emergency Room benefits do not reduce due to age.
The family plan protects your spouse and children at a percentage of your coverage amount.
This is an accident only policy and does not pay benefits for loss from sickness.
This plan does not provide comprehensive health care coverage.
Andrea L. Heger, Licensed Insurance Agent #2277322 © 2018 Franklin Madison Group LLC
Hospital Accident Insurance is underwritten by Federal Insurance Company.

CHUBB
Underwritten by Federal Insurance Company, a Chubb company.

For fastest activation: visit FMService.com/FinancialResourcesfcuHAP

Enter Invitation Code: 1234567AB Last Name: SAMPLE

2D BARCODE

AP136666A APCUHCDTPICN (R04/23) W-136666-A

<<SPKEY>>

Code on Activation Form which begins with the letter G or H

Florida Credit Union®

Sample A. Sample
Sample A. Sample
123 Any Street, Address 2
Anytown, ST 12345-6789

PLEASE SIGN AND MAIL:
WITHIN **14 DAYS**

Get one plan that pays two cash benefits.

ALL-SICKNESS CASH BENEFIT
$300.00 a day*
$2,100.00 a week
per hospitalization due to sickness up to 365 days
Maximum Payable to you per occurrence is $100,500.00

ACCIDENT CARE CASH BENEFIT
$300.00 a day*
$2,100.00 a week
per hospitalization due to a covered accident up to 365 days
Maximum Payable to you per occurrence is $100,500.00

Activation Form

xxxxxxxxxx xxxxx xxxxxx x x

Group Accident and Sickness Insurance

☑ **All Cash Benefits Paid Directly to <<NAMEABBR>>**
You will be conveniently billed $26.25 a month for you
or $39.75 a month to cover you and your family.

1. *Please Check One:*

Select the Following Coverage:
When neither box is selected, you will receive single coverage.

☐ **Family** (Covers you, your spouse/domestic partner and/or dependent children. See Summary of Insurance Provisions for coverage options.)

☐ **Single** (Covers only you)

Yes, please sign me up for the insurance plan. I have read, understand and agree to the terms and conditions of insurance coverage located on the enclosed Summary of Insurance Provisions for the Recuperative Care Plan and to the notices on the reverse side of this form. I authorize my financial institution and the plan administrator to automatically charge my <<ACCT_TYPE>> account <<####>> issued by the financial institution named above monthly according to the rate schedule for the coverage I select. I understand and agree that my payment authorization will remain in effect until I notify the Plan Administrator and they have reasonable opportunity to act on it. It is my responsibility to ensure my account information is current and accurate.

Send No Money — You Have a 30-Day Free Review

2. *Please Sign Below:*

✓ _____

Sign Here Must be signed by one of the addressees above. **Date**

For joint accounts, signator will be primary insured person. Must be age 18 or older.
Benefits will reduce by 50% at age 65. The family plan covers spouse and children at a percentage of your coverage amount.
*Your $300.00 cash benefit is payable to you in one lump sum for each day in the hospital covered by your $200.00 in-hospital and $100.00 recuperation benefits.

Andrea L. Heger, Licensed Insurance Agent #2277322
(R06/23) © 2019 Franklin Madison Group LLC
AP136669-SA W-136669-A

CHUBB®

Insurance is underwritten by
Federal Insurance Company, a Chubb company

For faster activation, visit FMService.com/FloridacuRCP1
enter Access Code: XXXXXXXXX *Last Name:* Sample

20 BARCODE

Marketing Code Knowledge Check

- Where is the marketing code located on the Activation Form?
- Which letter does the marketing code start with?
- How many characters is the marketing code?
- What questions would you ask to help the caller find the marketing code?

Knowledge Base

How to Navigate the Knowledge Base

- Let’s review how to navigate the knowledge base

Using the Knowledge Base

- Let’s find the following information in the knowledge base:
  - AD&D Minnesota Life information
  - Cancellation rebuttal
  - Billing question
  - Caller wants to be removed from the mailing list
  - What constitutes family coverage for Chubb HAP
  - How much will AD&D cost per quarter
  - Additional benefits
  - Caller is no longer a customer / member of the financial institution

UDAAP Policy

Unfair, Deceptive or Abusive Acts or Practices Policy

Unfair

An act or practice is deemed "unfair" when:

- Likely to cause monetary harm to consumers;
- The injury is not reasonably avoidable by consumers (because, for example, the consumer does not have access to important information); and
- The injury is not outweighed by countervailing benefits to consumers or to competition

Deceptive

An act or practice is deemed "deceptive" when:

- It misleads the consumer;
- The consumer's interpretation of the representation, omission, act, or practice is reasonable under the circumstances; and
- The misleading representation, omission, act, or practice is material

Abusive

An act or practice generally is deemed "abusive" if it:

- Materially interferes with the ability of a consumer to understand a term or condition of a consumer financial product or service; or

Takes unreasonable advantage of:

- A lack of understanding on the part of the consumer of the material risks, costs, or conditions of the product or service;
- The inability of the consumer to protect his or her interests in selecting or using a consumer financial product or service; or
- The reasonable reliance by the consumer on a covered person to act in the interests of the consumer

Contact-center requirements	Conduct regular training and regularly monitor contact center calls to prevent unfair, deceptive, or abusive acts or practices.	When a consumer retains a product, clearly and conspicuously reaffirm the decision to remain enrolled.

Elder Abuse Policy

Elder Abuse Policy

Verbal / Physical Abuse

Employee response

Any contact center employee who hears verbal threats or physical abuse must immediately contact a team lead.

Team lead action

Contact the police or fire department in the insured's city or town, using the insured's address on file.

Other Abuse

Employee response

Any contact center employee who suspects abuse of an elder or other individual that is not verbal or physical must immediately report it to a team lead.

Team lead action

Document the call and contact Franklin Madison's legal department.

Examples: financial exploitation or multiple attempts by an unauthorized person to obtain information.

Immediate notification

Immediately report any abuse incident to Franklin Madison's compliance manager or legal department.