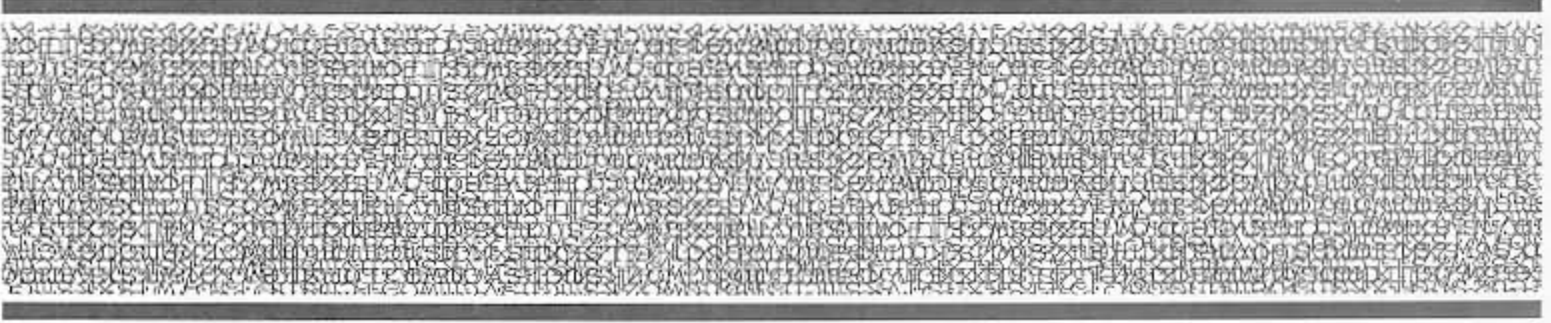


\$1,000 ACCIDENT INSURANCE FOR ALL MEMBERS

As an eligible member of the Credit Union you are entitled to receive \$1,000.00 of 24-hour Accidental Death and Dismemberment Insurance simply by completing and mailing the attached enrollment form. There is NO COST to you! The credit union pays the premiums. It's just one of the many benefits of credit union membership.

IMPORTANT! Your completed form must be on file in order for a Certificate of Insurance to be issued in your name. (See Summary of Insurance Provisions inside for details.) **We urge you to complete your form and mail it today!**

CNA NY 1.0



CREDIT UNION
ACCIDENT INSURANCE ADMINISTRATOR
P.O. BOX 2429
REDWOOD CITY CA 94064-2429

PLACE STAMP
HERE.
Post Office
will not deliver
mail without
postage.



From _____
Have you signed your enrollment form?

SUMMARY OF INSURANCE PROVISIONS—Continental Casualty Company

As a member of the Credit Union age 18 or over, you are eligible for \$1,000 of Accidental Death and Dismemberment Insurance. Premiums for this Basic Coverage will be paid by your Credit Union. THERE IS NO COST TO YOU. In order to put your coverage in force, YOU MUST COMPLETE THE ENCLOSED ENROLLMENT FORM AND MAIL. At age 70 coverage is reduced to \$500.

This summary explains in general terms the insurance described, but in no way changes or affects the insurance afforded under such Policy as actually issued. All coverages are subject to actual Policy conditions and exclusions. Each member participating in the plan will receive a Certificate of Insurance describing the exact coverage and benefits provided. The insurance is provided under Policy Form No. PI-54914-A.

Coverage Provided

When covered injury results in any of the following losses within one year from the date of the accident, the Company will provide, in one sum, the following amounts (reduced 50% at age 70):

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

The loss of a hand or foot means complete severance through or above the wrist or ankle joint; for thumb or index finger, it means complete severance through or above the metacarpophalangeal joints. The loss of sight of eye means irrecoverable loss of entire sight. The loss of speech means complete and irrecoverable loss thereof; for hearing it means complete and irrecoverable loss of hearing in both ears.

Who is Eligible

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

Individual Terminations

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

General Exclusions

The Master Policy does not cover any loss to an Insured Person caused by or resulting from: suicide or any attempt thereof by the Insured Person while sane or self-destruction or any attempt thereof by the Insured Person while insane; declared or undeclared war or any act thereof; service in the armed forces of any country other than the United States; military combat or combat-related training exercises; sickness or disease, except pyogenic infections which occur through an accidental cut or wound; participation in speed or endurance contests; alcoholic intoxication or influence of drugs unless taken as prescribed by a physician; or the commission of or attempt to commit a felony. Insurance under the Policy includes riding as a passenger (but not as a pilot or crew member) in any aircraft being used for the transportation of passengers except aircraft owned, leased, or operated by or on behalf of the Policyholder.

ACCIDENT INSURANCE ENROLLMENT FORM

Continental Casualty Company

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

Please print neatly:

Credit Union Name _____

City _____ State _____ Zip _____

Beneficiary _____ Relationship _____

Member Share Account No. (for identification purposes) _____

Member Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date ____/____/____

Must be 18 or over to enroll. Policy Form No. PI-54914-A (Rev. 11/95) Form CNA NY 1.0

ENROLLMENT FORM INSTRUCTIONS

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

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

For more information please call TOLL-FREE 1-800-252-2148 weekdays and ask for the "Insurance Desk".