

\$250,000 WORLDWIDE

Form Number 161-11/99



AUTOMATIC TRAVEL ACCIDENT INSURANCE

ELIGIBILITY AND PERIOD OF COVERAGE

As an eligible credit or debit cardholder* of a sponsor financial institution of Financial Institution Benefit Association (FIBA), you are eligible for coverage on the date your card is issued. This plan is effective June 1, 1998.

You and your dependents** become covered automatically when the entire travel fare is charged to your Credit Card or debited from a Debit Card account while this insurance is effective and if account is eligible. It is not necessary to notify the Financial Institution, the Insurance Company or the Plan Administrator when the tickets are purchased. Coverage ends when the policy is terminated.

*Eligible card on file with the plan administrator.

**Your spouse, unmarried dependent child(ren), under age 19 (23 if a full-time student).

BENEFITS

If a Covered Person's injury happens while on a Covered Trip and results in any of the following losses within 365 days after the date of accident, we will pay \$250,000 for loss of life, both hands or both feet or sight of both eyes, one hand and one foot, speech and hearing, either hand or foot and sight of one eye; \$125,000 for loss of either hand or foot, sight of one eye, speech or hearing; \$62,500 for loss of thumb and index finger of either hand.

Only one amount, the greater, will be paid for any one accident. In no event will multiple charge cards obligate the Insurance Company in excess of the stated benefit for any one loss sustained by a Covered Person as a result of any one accident.

Loss means actual severance through or above the wrist or ankle joints with regard to hands and feet; entire and irrecoverable loss of sight, speech or hearing; actual severance through or above the metacarpophalangeal joints with regard to thumb and index finger.

Injury means bodily injury resulting directly and independently of all other causes from an accident which occurs while the Covered Person is covered under this policy, but not loss resulting from sickness or disease.

Covered Trip means a trip a) while the Covered Person is riding on a Common Carrier as a passenger and not as a pilot, operator or crew member; and b) charged to your eligible credit card and; c) that begins and ends at the places designated on the ticket purchased for the trip. Covered trip will also include travel on a Common Carrier, hotel or airport shuttle, directly to, from or at any Common Carrier Terminal, which travel immediately precedes departure to or follows arrival at the destination designated on the ticket purchased for the Covered Trip.

Common Carrier means any scheduled airline, land or water conveyance licensed for transportation of passengers for hire.

EXCLUSIONS

The policy does not cover any loss caused by or resulting from: intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane; war or act of war, declared or not.

BENEFICIARY

We will pay any benefit due for loss of life to the first surviving of your spouse, children, parents, siblings or to your estate. All other benefits due and not assigned will be paid to you, if living.

NOTICE OF CLAIM

Written notice of claim should be mailed to the plan administrator.

THE COST

The premium for this insurance is paid by the financial institution by income derived from its banking activities, or out of the annual fee paid by each card member.

DESCRIPTION OF COVERAGE

A Travel Accident Insurance Policy, established for you and underwritten by the Hartford Life Insurance Company. Please read this description carefully. All provisions of the plan are in the master policy, ADD-8180, issued to the Financial Institution Benefit Association. Your card issuing bank is a member of the association. Any difference between the policy and this description will be settled according to the provisions of the policy.

QUESTIONS?

Answers to specific questions can be obtained by writing to the Plan Administrator.

PLAN ADMINISTRATOR
Financial Insurance Marketing Group
P.O. Box 31065
Tampa, FL 33631-3065

PLAN UNDERWRITTEN BY:
Hartford Life Insurance Company
Hartford Plaza
Hartford, CT 06115



Hartford Life