Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: HCCUA - Dental NDNGRP 4/06 FL
SERFF Tr Num: NGLI-125910676
State: ArkansasLH

TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form

SERFF Status: Closed
Co Tr Num:
Co Status:
Author: Mandi Schwarz
Date Submitted: 11/19/2008

State Tr Num: 40895
State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Disposition Date: 11/21/2008
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name: HCCUA - Dental NDNGRP 4/06 FL
Project Number: HCCUA - Dental NDNGRP 4/06 FL
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/21/2008
State Status Changed: 11/21/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Association

Deemer Date:

Filing Description:

The purpose of this filing is to request your approval of a previously approved group dental product, for use with the association The Health Care Credit Union Association, Inc. Please see cover letter.

Company and Contact

Filing Contact Information

Mandi Schwarz,
2 East Gilman Street
Madison , WI 53701

mcschwarz@nglic.com
(608) 443-5371 [Phone]
(608) 443-5365[FAX]

Filing Company Information

National Guardian Life Insurance Company
P.O. Box 1191
Madison, WI 53701-1191
(800) 626-7931 ext. 5790[Phone]

CoCode: 66583
Group Code:
Group Name:
FEIN Number: 39-0493780

State of Domicile: Wisconsin
Company Type: LAH
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	$0.00	11/19/2008	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/21/2008	11/21/2008

Disposition

Disposition Date: 11/21/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NGLI-125910676*	*State:*	*Arkansas*
Filing Company:	*National Guardian Life Insurance Company*	*State Tracking Number:*	*40895*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*HCCUA - Dental NDNGRP 4/06 FL*		
Project Name/Number:	*HCCUA - Dental NDNGRP 4/06 FL /HCCUA - Dental NDNGRP 4/06 FL*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Enrollment Forms	Approved-Closed	Yes
Supporting Document	Welcome Letter and Member Handbook	Approved-Closed	Yes
Supporting Document	Articles of Incorporation and By-laws	Approved-Closed	Yes
Supporting Document	Member List	Approved-Closed	Yes
Supporting Document	Financial Statement	Approved-Closed	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Certification/Notice	Approved-Closed	11/21/2008
Bypass Reason:	Information was submitted with previously approved forms.		
Comments:			

		Review Status:	
Bypassed -Name:	Application	Approved-Closed	11/21/2008
Bypass Reason:	Not applicable.		
Comments:			

		Review Status:	
Satisfied -Name:	Cover Letter	Approved-Closed	11/21/2008
Comments:			
Attachment:			

AR - Letter 11-19-08.pdf

		Review Status:	
Satisfied -Name:	Enrollment Forms	Approved-Closed	11/21/2008
Comments:			
Attachments:			

General Membership Enrollment Form.pdf
Complete Choice Enrollment Form.pdf

		Review Status:	
Satisfied -Name:	Welcome Letter and Member Handbook	Approved-Closed	11/21/2008
Comments:			
Attachments:			

Welcome Letter.pdf
Member Handbook Pt.1.pdf
Member Handbook Pt.2.pdf
Member Handbook Pt.3.pdf

Satisfied -Name: Articles of Incorporation and By-laws

Review Status: Approved-Closed 11/21/2008

Comments:

Attachments:

HCCUA Articles of Incorporation.pdf

HCCUA By-Laws 5-15-08.pdf

Satisfied -Name: Member List

Review Status: Approved-Closed 11/21/2008

Comments:

Attachment:

AR - Member List.pdf

Satisfied -Name: Financial Statement

Review Status: Approved-Closed 11/21/2008

Comments:

Attachment:

HCCUA Financials.pdf

NGL Insurance Group

November 19, 2008

Ms. Rosalind Minor
Arkansas Department of Insurance – via SERFF

RE: National Guardian Life Insurance Company
NAIC # 66583 FEIN# 39-0493780
Request for Use of Previously Approved Group Dental Insurance Form with Association Group
Group Certificate Form: NDNGRPCT 4/06
Approved 10/10/06
SERFF Tracking #: USPH-6SNJTW225

This filing is being submitted in accordance with Arkansas Code 23-79-109 and 23-86-106 regarding health insurance certificates issued to residents of Louisiana, through an Association outside of your state. The association, The Health Care Credit Union Association, Inc. (the "Association"), is incorporated in Florida.

Group Dental Insurance Master Policy NDNGRP 04/06 FL was approved in Florida on November 20, 2007 and will be issued to the Association. Certificates will be issued in Arkansas on an out-of-state basis.

Group Dental Insurance Certificate NDNGRPCT 4/06 was approved by your Department on October 10, 2006 under SERFF filing USPH-6SNJTW225. The purpose of this filing is to request your approval of the use of this certificate form to residents of your state who are members of the Association.

Enclosed is information and documentation evidencing HCCUA as a valid entity for the issue of a master group dental insurance policy, in accordance with the Association Checklist your Department utilizes.

1. The Health Care Credit Union Association, Inc.
   2300 Corporate Boulevard NW, Suite 131
   Boca Raton, FL 33431

   Primary Operations and Staff
   The Health Care Credit Union Association, Inc.
   1496 Briaroaks Trail
   Atlanta, GA 30329

2. HCCUA was established on January 10, 1985 in Florida as a not-for-profit corporation.

3. Currently, no office for HCCUA exists in Arkansas.

4. The Arkansas part of HCCUA does not have any officers, committees or chapters.

5. Various amounts of Annual dues are charged depending upon the membership program selected. Please see the enclosed enrollment forms for the various amounts of dues.

6. The mission of HCCUA is to improve the physical and financial health of its members by encouraging them to make good economic and lifestyle choices, including taking full

advantage of the products and services that credit unions have to offer. HCCUA provides a constantly expanding array of services and educational programs focused on facilitating their members' ability to do this. HCCUA works hard to show its members ways to protect, maintain and improve their physical health in order to minimize their need for Health Services. HCCUA's educational programs teach how to select such services wisely when their members do need them. They also continually search for and provide access to cost-effective means to obtain the medical and health-related benefits that their members need. In addition to the many basic benefits included with the membership, members also have access to valuable credit union products, health care services and resources to help understand how to improve financial health and how to better enable its members pay for the products and services they need.

7. Examples of the benefits and services provided by HCCUA members are those set forth in the enclosed Welcome Letter, Member Handbook and supplement.

8. All enrolling members must be or agree to become members of and maintain an active account with an approved credit union or a "participating" credit union that has appointed/approved/authorized HCCUA as a "select employee group" or "SEG" so that HCCUA members are eligible to utilize their products and services (e.g., Delta Community Credit Union, IBM Southeast Employees' Federal Credit Union and People's Credit Union).

9. HCCUA programs are marketed primarily through national television spots, as well as regional radio sptos and "Take One" cards displayed at various national retail chains.

10. Enclosed is a copy of HCCUA's Bylaws and Articles of Incorporation and all amendments thereto.

11. Enclosed is a list of HCCUA's dues paying members residing in Arkansas. HCCUA considers this information to be most proprietary and privileged such that we request the Department to treat it as such and destroy it after use.

12. Enclosed is a copy of HCCUA's most recent financial statement.

13. HCCUA does not receive any compensation whatsoever from an insurer providing the limited supplemental insured coverages to its members.

Other information may also be obtained by visiting HCCUA's website at www.hccua.org.

We appreciate your time and consideration in this matter. Please contact me in the event we can respond to any questions you may have, or if you need anything further.

Sincerely,

Mandi Schwarz
Paralegal
National Guardian Life Insurance Company
608-443-5371
mcschwarz@nglic.com

Health Care Credit Union Association General Member Application

MEMBER INFORMATION

I am applying to the Health Care Credit Union Association ("HCCUA"), a Florida not-for-profit, non-stock corporation, for membership ("Membership") in the General Membership Class and the features and benefits provided to such class (the "Program"). I understand that I will not become an HCCUA Member unless and until HCCUA accepts my application and sends me my Membership card, and that I will have 15 days from the "Effective Date" shown on my Membership card to cancel and receive a full refund, so long as I have not used the Program benefits. I have read and signed the reverse side of this application and the payment authorization at the bottom of this page.

NAME (First, Middle, Last)				HOME TELEPHONE NUMBER ( )
STREET ADDRESS	CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER - -
EMAIL ADDRESS				DATE OF BIRTH / /

GENERAL MEMBERSHIP CLASS		INDIVIDUAL	MEMBER + SPOUSE	MEMBER + CHILDREN	FAMILY
A	General Membership Dues /Per Month	☐ $39.00	☐ $49.00	☐ 49.00	☐ $59.00
B	One-Time Association Enrollment Fee	☑ $50.00			
OPTIONAL PREMIUM BENEFITS					
C	Unlimited Doctor Visits By Phone /Per Month	☐ $33.00	☐ $35.00	☐ $39.00	☐ $39.00
D	Premium Roadside Assistance /Per Month	☐ $3.00	☐ $3.00	☐ $3.00	☐ $3.00
E	Health Advocate /Per Month	☐ $20.00	☐ $20.00	☐ $20.00	☐ $20.00
F	Professional Tax Preparation & Advice /Per Year	☐ $120.00	☐ $120.00	☐ $120.00	☐ $120.00
G	Financial Education and Credit Counseling /Per Year	☐ $120.00	☐ $120.00	☐ $120.00	☐ $120.00
H	Comprehensive Wellness Testing /Per Year	☐ $120.00	☐ $120.00	☐ $200.00	☐ $200.00

*The $39/$49/$59 amount shown in A above is a monthly charge for Basic Dues. The $50.00 amount shown in B above is a One-Time Association Enrollment Fee. The amounts shown in C/D/E are optional premium benefits and will be charged on a monthly basis in addition to Basic Dues. The amounts shown in F/G/H are annual fees for optional premium benefits. You will automatically be charged for optional premium benefit annual fees on or shortly after the anniversary of your enrollment unless you have cancelled the optional premium benefit or your Membership prior to that time.

Total of (A, B, C, D, E, F, G and H) = $_____.00

	Name	Gender	Date of Birth
Spouse:			__/__/__
Dependent1:		☐ M ☐ F	__/__/__
Dependent2:		☐ M ☐ F	__/__/__
Dependent3:		☐ M ☐ F	__/__/__
Dependent4:		☐ M ☐ F	__/__/__
Beneficiary Name(s):		Relationship:	Telephone #

PAYMENT OPTIONS (Choose One)

1. ☐ Checking acct. Bank Draft	ROUTING NUMBER (9 digits) ☐☐☐☐☐☐☐☐☐	ACCOUNT NUMBER	
2. ☐ Debit Card	ACCOUNT NUMBER	EXP. DATE (MMYY):	SEC.CODE:
3. ☐ Credit Card	ACCOUNT NUMBER	EXP. DATE (MMYY):	SEC.CODE:

ACCOUNT HOLDER'S INFORMATION (IF DIFFERENT FROM MEMBER)

NAME (First, Middle, Last)			
STREET ADDRESS	CITY	STATE	ZIP CODE

AUTHORIZATION OF CHARGES

I hereby request and authorize bank or credit institution listed above to charge my account for drafts or EFT notices drawn by HCCUA or its delegate, Ican Benefit Group, LLC ("IBG"), or an authorized agent of either HCCUA or IBG ("Agent"). If paying by credit card, I authorize HCCUA or IBG or Agent to charge my card the amount detailed in this application. This authorization shall remain in effect until revoked in writing and in accordance with the currently published cancellation clause in the HCCUA Membership Terms & Conditions, and the bank receives such notice. I agree that HCCUA, IBG and Agent shall be fully protected in charging such payments to my account. I agree that HCCUA's, IBG's and Agent's treatment and rights in respect to each charge shall be the same as if it were personally signed by me. I further agree that should any such charge be dishonored, whether with or without cause, or intentionally or unintentionally, HCCUA, IBG and Agents shall have no liability whatsoever if such dishonor results in the forfeiture of any Benefits of Membership in the selected HCCUA Program. I have instructed HCCUA to send this authorization to my Bank or credit institution.

MEMBER SIGNATURE

ACCOUNT HOLDER SIGNATURE (IF DIFFERENT FROM MEMBER)

Please complete this form and mail to: Ican Benefit Group - 700 Banyan Trail, Suite 200, Boca Raton, FL. 33431

Agent Use Only:	Agent #	Agent Name

Form HCCUAGENMEM (08/28/2008)

GENERAL MEMBERSHIP BENEFIT [*THESE BENEFITS PROVIDED TO ALL HCCUA MEMBERS]:* ***Please note: This is a only intended to be a brief overview of general membership benefits-Please refer to your HCCUA Member Handbook for a full description of each benefit, including any limitations or exclusions as they may apply.***	
Credit Union Systematic Savings	Automatic monthly deposits into your Credit Union savings or checking account
ID Theft Protection	A combination of three different services to create layers of protection of your identity
Identity Theft Monitoring	Monitors your identity across multiple data sources
Identity Theft Resolution	Guided assistance in restoring your true identity in the event of identity theft
Identity Theft Insurance **(Not Available in NY)**	Up to $25,000 for costs associated with regaining your identity (4 weeks lost wages of $500/week)
Credit Score Improvement Consulting	Consultation with specialists about credit score improvement and credit report correction assistance
Legal Care Solutions	Free and deeply discounted legal services from local attorneys
Licensed Clinical Counseling	Live around-the-clock licensed clinical counseling on a wide variety of topics
Doctor Visits By Phone	On-demand access to licensed physicians who can answer you medical questions, provide diagnosis, recommend treatment options and call in prescriptions
Roadside Assistance	Roadside assistance from the oldest motorclub in the country – includes towing, jump start, lost key/lockout, fuel delivery, tire changes, minor on-site repairs, trip planning, theft/hit and run rewards and reimbursement for legal defense and trip interruption expenses
Entertainment & Travel Discounts	20%-50% savings on dining, travel, hotel, car rental, events & attractions, vacations, florists, online shopping, family recreation, golf and movies
Pet Care Savings	10%-30% off pet supplies and 25% off medical services from participating network suppliers and veterinarians, plus free Pet Assistance Locator Service (PALS Tags)

Health Care Credit Union Association General Membership Application

NOTICE:* THE HEALTH CARE CREDIT UNION ASSOCIATION (THE "ASSOCIATION"): (1) DOES NOT CONDITION MEMBERSHIP IN THE ASSOCIATION ON ANY HEALTH STATUS-RELATED FACTOR RELATED TO AN INDIVIDUAL OR THEIR FAMILY OR DEPENDENTS; (2) MAKES HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE TO ALL MEMBERS REGARDLESS OF ANY HEALTH STATUS-RELATED FACTOR RELATED TO AN INDIVIDUAL OR THEIR FAMILY OR DEPENDENTS; AND (3) DOES NOT MAKE HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE OTHER THAN IN CONNECTION WITH A MEMBER OF THE ASSOCIATION.

I, [PRINT NAME] _____, have applied for Membership in the Health Care Credit Union Association ("HCCUA"). I confirm that I and any dependents that are applying for Membership in HCCUA are either legal residents or citizens of the United States and that all the information I have supplied in this application is true and correct to the best of my knowledge. I understand that if my application is accepted, my Membership can be cancelled by HCCUA within 30 days of the date of this application at the discretion of HCCUA and thereafter only in accordance with HCCUA's certificate of incorporation, bylaws and published Member terms and conditions (the "Association Documents"). If my application is not accepted or if my Membership is cancelled by HCCUA, other than for non-payment, within 30 days of the date of this application, HCCUA will refund all amounts I have paid. I understand that all dues and fees are required to be paid current in order to maintain my Membership and participate in the Program, and that my Membership will be subject to the Association Documents. In addition, I realize and acknowledge that: (i) upon acceptance of my application, fulfillment materials will be sent to me that will include a HCCUA Membership Handbook, which contain Membership Terms and Conditions that apply to and govern my Membership and Program in general, and explanations of the specific terms, conditions and exclusions from coverage under the insured benefits of the Program if any; and (iii) I will have to thoroughly review all of those materials in order to accurately understand the Benefits of the Program.

Member Applicant	**[SHADED AREA FOR HCCUA/IBG USE ONLY] The undersigned, as a HCCUA Board Delegate, hereby acknowledges accepts and approves this application for Membership:**
Signature:	**Signature:**
Printed Name:	**Printed Name:**
Date:	**Date:**

Health Care Credit Union Association Complete Choice Member Application

MEMBER INFORMATION

I am applying to the Health Care Credit Union Association ("HCCUA"), a Florida not-for-profit, non-stock corporation, for membership ("Membership") in the Membership Class indicated below, including the program of features and benefits specific to such class (the "Program"). I understand that I will not become an HCCUA Member unless and until HCCUA accepts my application and sends me my Membership card, and that I will have 15 days from the "Effective Date" shown on my Membership card to cancel and receive a full refund, so long as I have not used the Program benefits. I have read and signed the reverse side of this application and the payment authorization at the bottom of this page.

NAME (First, Middle, Last)				HOME TELEPHONE NUMBER ( )
STREET ADDRESS	CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER - -
EMAIL ADDRESS				DATE OF BIRTH / /

MEMBERSHIP PROGRAM SELECTION		INDIVIDUAL	MEMBER + SPOUSE	MEMBER + CHILDREN	FAMILY
A	Complete Choice Enhanced 1100	☐ $159.95	☐ $219.95	☐ $199.95	☐ $269.95
B	Complete Choice Enhanced 3300	☐ $229.95	☐ $329.95	☐ $299.95	☐ $409.95
C	Complete Choice Enhanced 6600	☐ $269.95	☐ $399.95	☐ $359.95	☐ $489.95
D	One-Time Association Enrollment Fee		☑ $100.00		

*All of the amounts shown in A, B and C above are monthly charges for HCCUA Dues and include all basic Complete Choice Enhanced Program benefit fees.

Total of (A or B or C) + D = $_____.00

DEPENDENT INFORMATION (if Member + Spouse, Member + Children or Family Membership Selected)

	Name	Gender	Social Security Number	Date Of Birth
Spouse:		☐ M ☐ F		___/___/___
Dependent1:		☐ M ☐ F		___/___/___
Dependent2:		☐ M ☐ F		___/___/___
Dependent3:		☐ M ☐ F		___/___/___
Dependent4:		☐ M ☐ F		___/___/___

Beneficiary Name(s):	Relationship:	Telephone Number: ( )

PAYMENT OPTIONS (Choose One)

1. ☐ Checking acct. Bank Draft	ROUTING NUMBER (9 digits) ☐☐☐☐☐☐☐☐☐	ACCOUNT NUMBER	
2. ☐ Debit Card	ACCOUNT NUMBER	EXP. DATE (MMYY)	SEC. CODE
3. ☐ Credit Card	ACCOUNT NUMBER	EXP. DATE (MMYY)	SEC.CODE

ACCOUNT HOLDER'S INFORMATION (IF DIFFERENT FROM MEMBER)

NAME (First, Middle, Last)				
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER

AUTHORIZATION OF CHARGES

I hereby request and authorize bank or credit institution listed above to charge my account for drafts or EFT notices drawn by HCCUA or its delegate, Ican Benefit Group, LLC ("IBG"), or an authorized agent of either HCCUA or IBG ("Agent"). If paying by credit card, I authorize HCCUA or IBG or Agent to charge my card the amount detailed in this application. This authorization shall remain in effect until revoked in writing and in accordance with the currently published cancellation clause in the HCCUA Membership Terms & Conditions, and the bank receives such notice. I agree that HCCUA, IBG and Agent shall be fully protected in charging such payments to my account. I agree that HCCUA's, IBG's and Agent's treatment and rights in respect to each charge shall be the same as if it were personally signed by me. I further agree that should any such charge be dishonored, whether with or without cause, or intentionally or unintentionally, HCCUA, IBG and Agents shall have no liability whatsoever if such dishonor results in the forfeiture of any Benefits of Membership in the selected HCCUA Program. I have instructed HCCUA to send this authorization to my Bank or credit institution.

MEMBER SIGNATURE	DATE
ACCOUNT HOLDER SIGNATURE (IF DIFFERENT FROM MEMBER)	DATE

Please complete this form and mail to: Ican Benefit Group - 700 Banyan Trail, Suite 200, Boca Raton, FL. 33431

Agent Use Only:	Agent #: (Agent, please fill in your agent #)	Agent Name:

Health Care Credit Union Association Membership Application

NOTICE:* THE HEALTH CARE CREDIT UNION ASSOCIATION (THE "ASSOCIATION"): (1) DOES NOT CONDITION MEMBERSHIP IN THE ASSOCIATION ON ANY HEALTH STATUS-RELATED FACTOR RELATED TO AN INDIVIDUAL OR THEIR FAMILY OR DEPENDENTS; (2) MAKES HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE TO ALL MEMBERS REGARDLESS OF ANY HEALTH STATUS-RELATED FACTOR RELATED TO AN INDIVIDUAL OR THEIR FAMILY OR DEPENDENTS; AND (3) DOES NOT MAKE HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE OTHER THAN IN CONNECTION WITH A MEMBER OF THE ASSOCIATION.

I, [PRINT NAME] _____ , have applied for Membership in the Health Care Credit Union Association ("HCCUA"). I confirm that I and any dependents that are applying for Membership in HCCUA are either legal residents or citizens of the United States and that all the information I have supplied in this application is true and correct to the best of my knowledge. I understand that if my application is accepted, my Membership can be cancelled by HCCUA within 30 days of the date of this application at the discretion of HCCUA and thereafter only in accordance with HCCUA's certificate of incorporation, bylaws and published Member terms and conditions (the "Association Documents"). In addition, if my application is accepted, I agree to either provide proof of membership in an approved Credit Union, or agree to join an approved Credit Union as a condition of Membership. If my application is not accepted or if my Membership is cancelled by HCCUA, other than for non-payment, within 30 days of the date of this application, HCCUA will refund all amounts I have paid. I understand that all dues and fees are required to be paid current in order to maintain my Membership and participate in the Program, and that my Membership will be subject to the Association Documents. The Program includes limited benefit medical indemnity coverage that provides specific dollar amounts of coverage under association group insurance policies, and it has been clearly explained to me that **THIS IS NOT MAJOR MEDICAL COVERAGE, NOR IS IT MEDICARE SUPPLEMENT INSURANCE, AND IT IS NOT INTENDED TO REPLACE OR SUBSTITUTE FOR ANY MAJOR MEDICAL COVERAGE OR MEDICARE SUPPLEMENT INSURANCE, AND THE COVERAGE IS SUBJECT TO LIMITATIONS AND EXCLUSIONS AS DETAILED IN THE MATERIALS THAT HAVE BEEN PROVIDED TO ME.** Furthermore, I represent and confirm that neither I nor any of my dependents are or will be canceling coverage under a major medical policy as a result of or in connection with this application for HCCUA Complete Choice Enhanced Class Membership. In addition, I realize and acknowledge that: (i) upon acceptance of my application, fulfillment materials will be sent to me that will include a HCCUA Membership Handbook, a HCCUA "Complete Choice Enhanced Health Benefits Supplement" and the relevant insurance certificates; (ii) those materials contain Membership Terms and Conditions that apply to and govern my Membership and Program in general, as well as explanations of the specific terms, conditions and exclusions from coverage under the insured benefits of the Program; and (iii) I will have to thoroughly review all of those materials in order to accurately understand the Benefits of the Program.

Member Applicant	**[SHADED AREA FOR HCCUA/IBG USE ONLY]** **The undersigned, as a HCCUA Board Delegate, hereby acknowledges accepts and approves this application for Membership:**
Signature:	**Signature:**
Printed Name:	**Printed Name:**
Date:	**Date:**

HCCUA℠
HEALTH CARE CREDIT UNION
ASSOCIATION

Creating extraordinary lives

866-227-5400
MEMBER SERVICES
www.HCCUA.org

Dear New Member,

We'd like to welcome you to the **Health Care Credit Union Association**, one of the fastest growing associations in America. As a member of HCCUA you have selected our **Complete Choice Enhanced** program, which is managed and supported by iCan Benefit Group, LLC. Your HCCUA membership gives you many valuable lifestyle and health benefits, and also provides you with the affordable health insurance that is described in detail in this Member Kit.

For example, your benefits include our health advocate service, unlimited doctor visits by phone, licensed clinical counseling by phone, identity theft protection, credit counseling, credit score improvement, the HCCUA Roadside Assistance Program provided by Allstate Motor Club®, professional tax preparation, free and discounted legal services provided by Legal Club of America®, thousands of discounts on hotels, dining, movies, shopping and travel provided by Entertainment.com®, and pet care savings from Pet Assure®.

With your defined benefit medical insurance, you can use any medical provider you choose. However, you'll find it to your advantage to select your medical providers from the PHCS Preferred Provider Network, the country's largest network provider. By using an in-network provider, you can receive treatment at PHCS negotiated rates—a smart way to save money. Chances are you'll find that your primary care physician is a participant in PHCS. If not, you can call our toll-free member services number above and we'll be happy to "nominate" your doctor to be invited to join the PHCS Network.

A very important benefit available to you at no charge 90 days after your original enrollment is the Annual Comprehensive Adult Wellness Test. This extensive panel of almost 50 blood tests and a detailed written report of testing results is an exceptional tool for monitoring your overall health and potentially identifying medical problems early, while treatment can be most effective. Be sure to take advantage of this benefit by calling member services to schedule your test. (Testing can be conducted in any state other than NJ, NY and RI.)

Our mission at HCCUA is to help members lead better, healthier, happier lives—extraordinary lives—and save money in the process. In the Member Handbook you'll enjoy reading in more detail about all of the many exciting General and Premium Benefits included in your Complete Choice Enhanced program.

Please note that your certificates of insurance are included with your Member Handbook. Your HCCUA Member ID Card and Insured Medical/Rx Card are enclosed in the special cardholder.

MORE >>

>>CONTINUED

How to use your **HCCUA Member ID Card**—the one with the **blue** top

- The front of the card displays your member information.
- The back of the card lists several important phone numbers that you will use to access your valuable benefits. You can show your card to take advantage of the money-saving discounts you will get from participating retailers such as:
  — **HCCUA Roadside Assistance** provided by **Allstate Motor Club®**
  — **Entertainment.com®** discounts on dining, travel, and more
  — **Pet Assure®** discounts on veterinary services for your pets

How to use your **Insured Medical/Rx Card**—the one with the **red**/**gold** top

- The front of the card is your Insured Medical benefit information—red side.
- The back of the card is your Insured Prescription benefit information—gold side.
- IMPORTANT: Show your new card to all providers you use for medical needs or prescriptions.
- You can use any medical provider. However, if your provider participates in the PHCS Preferred Provider Network you can receive treatment at PHCS negotiated rates.
- To confirm that a provider is part of the PHCS Preferred Provider Network, call the provider's office and ask for whoever handles insurance. They'll be able to tell you.
- If you are the Primary Member and have a covered spouse and/or covered dependants, they will use the additional cards enclosed.

If you have a question on any of your benefits, or about your health insurance, call the member services department toll free at **866-227-5400** from Monday through Thursday, 8:00am to 6:30pm or Fridays 8:00am to 6:00pm Eastern time. A member-service specialist—someone who has all the answers—will be able to help you. You can also log onto **HCCUA.org** where you will find additional information about your membership benefits including terms & conditions.

Wishing you an ***Extraordinary Life***!

Lynn Simek-Morgan, Ed.D.
President—Health Care Credit Union Association

Jacquie Damgaard, Ph.D.
Executive Director—Health Care Credit Union Association

HCCUA℠

HEALTH CARE CREDIT UNION ASSOCIATION

Creating extraordinary lives!

MEMBER HANDBOOK

MH1008

Welcome to the Health Care Credit Union Association!

Dear Member,

Welcome to The Health Care Credit Union Association (the "Association," "HCCUA" or "we"). HCCUA is a non-profit organization that exists to provide you with privileges, programs, services and many valuable benefits that you can use to improve, maintain and protect your physical, financial and family health and quality of life. We want to support you in making healthy lifestyle choices and using preventive healthcare. We work hard to help enable you to plan for your future and make good, well-informed and cost-effective decisions about your health and finances, as well as provide you with the tools you need to do that.

When it comes to looking after your financial health, Credit Unions can provide many of the tools you need. As a Member, you are eligible to join any of HCCUA's carefully selected affiliate credit unions across the country ("Credit Unions"), including IBM Southeast Employees Federal Credit Union, Delta Community Credit Union and Peoples Credit Union, and to take full advantage of the products, services and incredibly favorable terms they offer. Like Credit Unions, we want all of our Members to be thrifty and develop savings plans. You have already chosen to open an account with a Credit Union, and to encourage you to make a habit of saving for the future, HCCUA is going to make a deposit of $5 into your account every month for as long as you remain a Member. And, to make it simple and easy for you to increase your savings, HCCUA will include any additional amount you choose in your monthly billing and deposit it directly into your Credit Union account with no fees or charges for the service.

When it comes to taking care of your physical and family health, the Association can provide you with many wonderful tools, including optional benefits such as annual adult wellness testing, telephonic doctor visits and licensed clinical counseling by phone, and personal health advocate consulting and support services. We can show you ways to minimize your need for health services, how to select such services wisely and how to minimize the cost when you do need them. We can also help teach you about the different kinds of health insurance coverage available in today's marketplace and about selecting and obtaining coverage cost-effectively. Finally, if you cannot afford or qualify for major medical insurance or a traditional health plan, or if you want to supplement your existing coverage, HCCUA can even provide you with guaranteed issue group defined benefit accident, sickness, hospitalization and prescription drug indemnity insurance under master policies issued to HCCUA by a variety of highly rated insurance companies.

In addition to the many benefits mentioned above, your general HCCUA Membership gives you identity theft monitoring, identity theft resolution services, identity theft insurance, credit score improvement services, free legal services, an Allstate Motor Club roadside assistance plan, pet supply/veterinary discounts with free pet tags and lost pet locator services, and great savings on entertainment, event tickets, dining, golf, movies, travel, hotels, car rentals, vacations and more! You can also choose other optional benefits such as tax advice, preparation and audit assistance.

And it doesn't end there. HCCUA constantly strives to provide the best possible resources and services to educate, serve and protect you, our Member, and we are committed to continuing to look for ways to bring

you new and improved programs, privileges, services and benefits that will contribute to your overall health, well-being and quality of life. As always, every benefit and service will have to first satisfy our stringent requirements for delivering true value to our Members in order to make this exclusive list.

We are very proud to present you with the benefits of Membership described in detail in this Member Benefits Handbook. If you have any questions, comments or suggestions about the Association or your Membership and benefits now or in the future, we would love to hear from you. Please do not hesitate to call us. Our highly trained Member Services Representatives are standing by to help you maximize the value of your membership benefits. Member Services can be reached toll-free at 866-227-5400 Monday through Thursday between 8:00 am and 6:30 pm EST, Friday 8:00 am to 6:00 pm EST or email us at membership@hccua.org.

Jacquie Damgaard, Ph.D.
Health Care Credit Union Association
Executive Director

Lynn Simek-Morgan, Ed.D.
Health Care Credit Union Association
President

100% RISK-FREE REVIEW & MONEY-BACK PLEDGE!

If you decide that you are not satisfied for any reason you can cancel and receive a full refund if you have not used your Benefits and request cancellation within 15 days of the Admission Date shown on your HCCUA membership card.

(See Terms and Conditions for complete details.)

HCCUA℠
HEALTH CARE CREDIT UNION ASSOCIATION

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1 - Savings estimates are based on assumed level of typical usage at retail rates for individually purchased services
2 - Not available in NY

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Summary Description	Member Savings[1]
Automatic monthly deposits into your Credit Union savings or checking account	Most bank fees waived
A combination of three different services to create layers of protection of your identity	$240 - $360 per year
Monitors your identity across multiple data sources	
Guided assistance in restoring your true identity in the event of identity theft	
Up to $25,000 for costs associated with regaining your identity (4 weeks lost wages of $500/week)	
Consultation with specialists about credit score improvement and credit report correction assistance	$120+ per year
Free and deeply discounted legal services from local attorneys	$1,500 - $5,000+ per year
Live around-the-clock licensed clinical counseling on a wide variety of topics	$360 - $3,000+ per year
On-demand access to licensed physicians who can answer your medical questions, provide diagnosis, recommend treatment options and call in prescriptions	$250+ per year
Roadside assistance from the oldest motorclub in the country – includes towing, jump start, lost key/ lockout, fuel delivery, tire changes, minor on-site repairs, trip planning, theft/hit and run rewards and reimbursement for legal defense and trip interruption expenses	$100 - $200+ per year
20%-50% savings on dining, travel, hotel, car rental, events & attractions, vacations, florists, online shopping, family recreation, golf and movies	$2,000 - $4,000+ per year
10%-30% off pet supplies and 25% off medical services from participating network suppliers and veterinarians, plus free Pet Assistance Locator Service (PALS Tags)	$750 - $2,000+ per year
(OPTIONAL FOR OTHER MEMBERS AT ADDITIONAL CHARGE):	
Consult-A-Doctor™ service with unlimited use	$700 - $1,250+ per year
Full panel blood test providing a thorough bio-chemical assessment of almost all major organs	$300 - $600 per year
Unlimited access to your own Personal Health Advocate by toll-free hotline	$360 - thousands per year
HCCUA Roadside Assistance Plan with substantially increased coverage amounts	$150 - $300+ per year
Personalized financial & credit counseling services 24/7, 365 days a year	$100 - $500+ per year
Comprehensive tax program with free and discounted tax return preparation and unlimited tax advice	
A discount program that can save you 10%-50% on hundreds of health care services such as Medical care, Dental care, Vision care, Alternative care, Wellness programs, Long-term care, Hearing care, Infertility treatment, Behavioral health and health supplies.	$1,500 - $5,000+ per year
Defined benefits paid for covered out-patient doctor visits, hospitalization, miscellaneous hospital expense, in-patient surgery, out-patient surgical facilities, anesthesia, blood tests, x-rays, advanced diagnostic studies, wellness care, durable medical equipment and emergency room visits	Varies with usage
Insured generic prescriptions with low co-pays and network discounts on brand-name medications	Varies with usage
Defined benefits paid for accident medical expenses or accidental death or dismemberment	Varies with usage

3 - Not available within HI, NY, NJ, RI
4 - Please refer to the www.HCCUA.org website for state specific restrictions

HCCUA℠
HEALTH CARE CREDIT UNION ASSOCIATION

MEMBERSHIP PROGRAM COMPARISON CHART

Benefit	General Membership Benefits	Easy Choice	Complete Choice 1000 3000 5000	Complete Choice Plus 1100 3300 6600	Complete Choice Enhanced 1100	Complete Choice Enhanced 3300	Complete Choice Enhanced 6600
GENERAL MEMBERSHIP BENEFITS							
Credit Union Membership & Systematic Savings	✓	✓	✓	✓	✓	✓	✓
ID Theft Protection	✓	✓	✓	✓	✓	✓	✓
Identity Theft Monitoring	✓	✓	✓	✓	✓	✓	✓
Identity Theft Resolution	✓	✓	✓	✓	✓	✓	✓
Identity Theft Insurance[1]	✓	✓	✓	✓	✓	✓	✓
Credit Score Improvement Consulting	✓	✓	✓	✓	✓	✓	✓
Legal Care Solutions	✓	✓	✓	✓	✓	✓	✓
Licensed Clinical Counseling	✓	✓	✓	✓	✓	✓	✓
Doctor Visits By Phone	✓	✓	✓	✓	✓	✓	✓
Roadside Assistance	✓	✓	✓	✓	✓	✓	✓
Entertainment & Travel Discounts	✓	✓	✓	✓	✓	✓	✓
Pet Care Savings	✓	✓	✓	✓	✓	✓	✓
Member Services & Assistance	✓	✓	✓	✓	✓	✓	✓
PREMIUM MEMBERSHIP BENEFITS							
Health Advocacy Services		✓	✓	✓	✓	✓	✓
Comprehensive Wellness Testing & Profile[2]		✓		✓	✓	✓	✓
Financial Education & Credit Counseling					✓	✓	✓
Professional Tax Preparation, Advice & Audit Assistance					✓	✓	✓
Premium Roadside Assistance					✓	✓	✓
Unlimited Doctor Visits By Phone						✓	✓
Credit Score Improvement Assistance							
HEALTH DISCOUNT PROGRAM		✓					
DEFINED GROUP INSURANCE BENEFITS[3]							
Sickness & Accident Hospital Indemnity Plans Summary Description			✓	✓	✓	✓	✓
Accident Medical Expense / Accidental Death & Dismemberment Plan		✓	✓	✓	✓	✓	✓
Outpatient Prescription Drug Plan		✓	✓	✓	✓	✓	✓

1 - Currently not available in NY
2 - Not available within HI, NY, NJ, RI
3 - Please refer to the www.HCCUA.org website for state specific restrictions

CREDIT UNION SYSTEMATIC SAVINGS

Member Services
866-227-5400
www.hccua.org

HCCUA is an authorized Select Employer Group of certain credit unions, including IBM Southeast Employees Federal Credit Union, Delta Community Credit Union and Peoples Credit Union (the "Credit Unions"). As a HCCUA Member, you are automatically eligible to become a member of any of the Credit Unions and take advantage of their many valuable products and services, with typical terms and rates significantly better than those available through traditional banks including:

- **Savings Accounts**
- **Checking Accounts**
- **Money Market Accounts**
- **Certificates of Deposit**
- **Health Savings Accounts**
- **Credit Cards**
- **Home Loans**
- **Auto Loans**
- **Check Cashing Cards**
- **Free ATM usage**
- **Reduced or waived bank fees**
- **And many others…**

For a complete list of participating and HCCUA-approved Credit Unions, membership applications or information about specific products and services offered, go to www.hccua.org or call 1-888-866-7903.

SYSTEMATIC MEMBER SAVINGS

To get you into the habit of systematically saving for the future, HCCUA makes a $5.00 automatic monthly deposit on your behalf into your Credit Union account. To encourage you to increase the amount you save each month, HCCUA makes it easy and painless. Anytime you would like to increase your monthly savings deposits, simply call us and we will begin to automatically include the amount you request in your monthly billing and deposit the increased amount into your Credit Union account each month with no additional administrative fees or expenses. If you later decide to change the amount of your systematic savings, simply call us again*. For any month of membership during which you do not maintain an active account with a participating Credit Union, you agree that the $5.00 monthly deposit included in your General Membership will be donated to HCCUA to be used for association and public education about credit unions and their products and services.

HOW TO ACCESS:
Call 1-888-866-7903 weekdays 8:00 am to 6:30 pm (6:00 PM on Fridays) Eastern Standard Time.

* In order to avoid credit card processing fees, HCCUA can only bill and collect additional systematic savings contributions through Electronic Funds Transfer (EFT).

IDENTITY THEFT PROTECTION

Our combination of three powerful identity theft services gives you and any covered dependents protection to help detect identity fraud before it actually occurs, services to help you restore your identity if it is stolen and insurance coverage to help you with any costs associated with restoring your identity as a result of identity fraud.

IDENTITY MONITORING

Identity Monitoring monitors the activity associated with an identity across multiple data sources to detect the type of fraudulent activity that takes place prior to the theft of any individual's identity.

Monitored data sources include:

- Credit Bureau Data
- Bankruptcy Lien and Judgment Filings
- Public Records
- DMV's
- Utilities
- Private Contributory Databases

As identity fraud usually precedes identity theft, this type of proactive alert system is critical to mitigating the extensive and expensive damage perpetrated after an identity is stolen and manipulated.

IDENTITY THEFT RESOLUTION PROGRAM

Identity Theft is a rapidly growing crime that can happen to you any time and any place, resulting in a huge amount of damage that is very expensive and difficult to repair on your own. If you are a HCCUA Member and discover that you or a covered dependent are a victim of this crime, you have the peace of mind of knowing that there are ID Theft Specialists who treat every Identify Theft as an emergency and are always prepared to help you when you need it. And, because ID Theft can happen at any time and any place, ID Theft Specialists can even provide foreign language translation services and emergency cash advance benefits. You also have the option to enroll in mail based credit monitoring.

Once you report an incident, by calling Member Services at 1-888-866-7920, you will receive a useful ID Theft Resolution Kit to help guide you through the process of recovery and an ID Theft Specialist will handle most of the necessary recovery steps on your behalf. They will review your credit records with you on the phone and, as needed, will assist you with cancellation of lost or stolen credit cards, disputing fraudulent account activity or charges and placing a fraud alert on your credit records with all major credit bureaus, and filing a police report and for restoration of any lost documents.

HOW THE BENEFIT WORKS

Upon the Member's submission of a completed Authorization Form, the ID Theft Specialist will perform for the Member any or all of the following steps that are necessary to attempt to undo or prevent further damage:

A. Obtain all pertinent credit information and history from the Member on the phone to determine if a fraud or theft has occurred.

B. Educate the Member on how Identity Theft occurs and inform him or her of protective measures to take to avoid further occurrences.

C. Provide the Member with a helpful ID Theft Resolution Kit.

D. Provide the Member with a uniform ID Theft Affidavit ("Affidavit"), answer any question with regard to completing the Affidavit and submit the Affidavit to the proper authorities, credit bureaus, and creditors.

E. Obtain list of creditors to be contacted from the Member and contact them with separate itemized fraudulent account statements for each fraudulent occurrence.

F. Report or assist the Member reporting the fraudulent activity to the local authorities and forward a report of the said fraudulent activity to the Member's creditors.

G. Notify or assist the Member with notifying the fraud department of the Member's creditors.

H. Notify all three major credit-reporting agencies to obtain a free credit report for the Member and place an alert on the Member's records with the agencies, and obtain a list of additional creditors from them.

I. If the Identity Theft Affidavit proves that the Member is a victim of Identity Theft, the ID Theft Recovery Program will provide mail access for the Member to credit monitoring for one year.

J. Place a "security freeze" on the Member's credit records, in states where the law permits.

K. Notify local authorities of the ID Theft incident and help the Member to obtain and complete necessary reports.

L. Submit an Authorization Form and Affidavit to the Member's creditors requesting cancellation of their card(s) and an issuance of a new one(s).

M. If other forms of identification were stolen or missing, such as an ATM card, Driver's License, Social Security Card, Passport and so forth, notify or assist the Member with notifying the appropriate bank or agency of the situation so that they may take appropriate action and reissue a new form of identification.

N. Provide the Member with assistance in filing or submitting paperwork for special Id Theft Protective measures, specific to his or her state of residence.

O. Translate whenever necessary, such as when caller is overseas and needs help communicating with the local police in order to file a report of an Identity Theft incident.

P. Provide an emergency cash advance of up to $500 to the Member when theft occurs 100 miles or more away from the Member's primary place of residence, subject to certain requirements and conditions set forth in the HCCUA Membership Handbook.

Q. On a weekly basis, until file is closed, contact the Member with an updated status report.

R. When needed, follow up with creditors to ensure that the matter has been properly handled.

NOTE: Europ Assistance USA does not guarantee the results of its intervention on your behalf. Any identity theft or incident discovered by you prior to the service effective date is ineligible for service. This service is valid only for assistance with US bank accounts. Europ Assistance USA cannot be held responsible for failure to provide or for delay in providing services where such failure or delay is caused by conditions beyond its control, including but not limited to civil disturbance and strike, rebellion, riot, civil commotion, war or uprising, nuclear accidents, natural disasters, acts of God or where rendering service is prohibited by local law or regulations.

IDENTITY THEFT INSURANCE

Each member will also receive up to $25,000 worth of insurance coverage* underwritten by a nationally recognized Insurance Carrier with an "A" or better AM Best Rating. This coverage will help members offset some of the costs of restoring their identity to its original status, including:

- Lost wages: $500.00 per week, for 4 weeks maximum
- Re-filing of loans
- Defense cost for certain civil law suits: Reasonable and necessary fees and expenses incurred in the United States by the insured with insurer's consent for an attorney appointed by them for:
  - **(a)** Defending any civil suit brought against the insured by a creditor, collection agency or other entity acting on behalf of a creditor for non- payment of goods or services or default on a loan solely as a result of a stolen identity event.
  - **(b)** Removing any civil judgment wrongfully entered against the insured solely as a result of a stolen identity event.
- Reimbursement of fees: Reasonable and necessary costs incurred in the United States by the insured for:
  - **(a)** Re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of a stolen identity event.
  - **(b)** Notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of the insured's efforts to report a stolen identity event and/or amend or rectify records as to the insured's true name or identity as a result of a stolen identity event.
  - **(c)** 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 the insured's discovery of a stolen identity event.

*Identity Theft Insurance not Available in the state of New York

HOW TO ACCESS:
Identity Theft Services: 1-888-866-7920
For Identity Monitoring, once you receive an alert call the above number immediately.
For Identity Theft Insurance, call 1-888-866-7920 and reference the Policy Number: 916304
Please have your Member Number available.

CREDIT SCORE IMPROVEMENT

We have arranged for each member to receive a free credit report review and consultation (regularly $120) regarding removal of inaccurate, incomplete or out-dated credit report items. After you have received your free consultation, this service can help you to improve your credit score...Fast! You have access to a quick and effective process to dispute inaccurate, incomplete, unverifiable, and out-dated information appearing on your credit report for just $25 per item removed. This service can also help stop collection agencies from continuing to place negative marks on your credit report and provide you with settlement alternatives that aid in improving your credit rating.

The simple steps detailed below are guidelines for the entire process. You are welcomed and encouraged to contact us at anytime to inquire about your status, ask us questions, or make a comment.

Step 1: You will receive an introductory email
Once you have signed up, we will e-mail you your welcome packet containing a checklist of items that will get the process started. We will also show you several methods for obtaining your credit report.

Step 2: A Credit Team will be assigned to assist you
So that your credit repair process is performed efficiently, you will be assigned to a credit team. Each credit team has at least one lead expert who will remain with your case and be available to you for the duration of the process.

Step 3: You put your credit team to work
You will forward information concerning your credit history to your credit team who will use that information to begin the dispute process with the credit bureaus. You will always be notified via e-mail or phone when any action is taken on your file.

Step 4: The Credit Bureaus respond to you
Once a dispute has been filed, the response from the credit bureau or creditor will be mailed directly to you. The law states that agencies have a reasonable amount of time, usually 30 days, to respond to a dispute. You will be able to evaluate the progress on your account from the information contained in the responses.

Step 5: You forward responses to your Credit Team
When you receive a response letter, just forward it to your credit team who will evaluate the responses and lodge new disputes based on the information contained in the response. It's that easy!

Experienced assistance and outstanding customer support are very important, but the real reason you will want to use this service is to remove negative items from your credit reports. That is why our credit score improvement specialists have worked so hard developing the best methods for legally removing those negative items. They have helped to remove thousands of negative marks from credit reports including items such as bankruptcies, tax liens, charge-offs, collection accounts, late payments, foreclosures, repossessions, and many others.

HOW TO ACCESS:
Call Credit Score Improvement at 1-888-866-7920. Please have your Member Number available.

LEGAL CARE SOLUTIONS

HCCUA has selected Legal Club of America® Corporation to provide its members with the most comprehensive discount legal care solution for individuals and their eligible family members. Members have unlimited access to a proprietary network of plan attorneys in all 50 states. These attorneys have contracted with Legal Club to provide members with free and discounted legal care.

PROVIDED BY: Legal Club Of America®

FREE LEGAL SERVICES:

The following nine (9) services are available at no charge from your plan attorney:

- Initial phone and face-to-face consultations for each new legal matter (no time limit)
- Review of independent legal documents (6 page maximum per document, no limit to the number of new independent documents)
- Plan attorneys will prepare a free Simple Will for you and your family, and update the Will annually.
- A state specific, web based, free Living Will form is available to Members. This form can be taken to a plan attorney and completed by the attorney for free
- Plan attorneys will help Members represent themselves in small claims court
- Assistance in solving problems with government programs, such as INS and welfare
- When deemed appropriate by your plan attorney, he or she will write initial letters on your behalf (one letter per legal matter, with no limit on the number of new legal matters)
- When deemed appropriate by your plan attorney, he or she will make initial phone calls on your behalf (one call per legal matter, with no limit on the number of new legal matters)

DEEPLY DISCOUNTED LEGAL SERVICES:

The following are eight (8) commonly used legal services for which plan attorneys have agreed to charge a one-time, deeply discounted fee (Court costs and filing fee additional):

Legal Services	Member Rate	Non-Member Rate
Traffic Ticket Defense	$89.00	$199.00
Name Change	$155.00	$365.00
Simple Will with Minors Trust	$250.00	$530.00
Chapter 7 Bankruptcy	$750.00	$1,500.00
Non-Support (Spouse/Child)	$275.00	$1,490.00
Simple Divorce	$275.00	$1,100.00
Regular Incorporation	$295.00	$585.00
Personal Real Estate Closing	$250.00	$675.00

Guaranteed Low Hourly Rate: After the free letters, calls, and consultations take place, members and their attorneys will have to decide what course of action to take next. In some cases, members will have no choice and litigation will ensue. This is when Legal Club plan attorneys charge a capped hourly rate. Plan attorneys will either charge $125.00 per hour, or when appropriate, give members a 40% discount off their usual and customary hourly rate.

Retainers: In the case of extended legal care, plan attorneys may ask you for a retainer. Any retainer sought will be computed by multiplying the number of hours a plan attorney believes a case will take, by the appropriate discounted hourly plan rate. Any unused portion of the retainer will be returned to you.

Contingency Fee Discounts: The contingency fee discount will be a 10% reduction of the state maximum rate or the attorney's usual rate, whichever is lower.

LEGAL CARE SOLUTIONS

HOW TO ACCESS:
Please have your Member Number available.
Call Member Services at 1-866-227-5400.
Hours of Operation: Weekdays 8:00 am – 6:30 pm EST, Fridays until 6:00 pm EST

How to obtain a referral to a plan attorney:
Members obtain all legal referrals by contacting our Members Services Department (MSD), using the toll-free number provided above. There is no limit to the number of referrals you may receive. When contacting the MSD, a Member Service Representative (MSR) will ask you to identify yourself and the method by which you became affiliated with Legal Care Direct™. Upon verification of membership, they will then ask you to briefly describe your legal issue at which time they will refer you to a plan attorney that practices the appropriate area of law, speaks your language, and is conveniently located. If the appropriate plan attorney cannot be immediately identified, the MSR will refer your issue over to the Legal Care Direct™ Provider Services Department (PSD). The PSD will call you within 48 hours to make sure the best available referral is given to you.

What to do when contacting plan attorneys:
When contacting a Legal Care Direct™ plan attorney, you must notify the attorney's receptionist that you are a Legal Club of America® member. If for any reason the plan attorney is unable to assist you, please call our toll-free Member Service number for another referral. Plan attorneys may be out of the office attending to other clients. As such, please allow up to 2 business days for the plan attorney to respond to your call.

DEFINITIONS

"Bankruptcy Chapter 7" includes preparation of the petition, documents, and schedules. Filing fees, court appearances and costs are additional. Attorneys may charge one fixed rate, which would include the basic fixed fee plus costs, court time, and expenses.

"Divorce (Simple)" is when the plan member's spouse is not represented by separate counsel, there are no minor children under age 18, marital assets are less than $70,000, and all issues are agreed to without aid of counsel. This does not include court appearances, the filing or preparation of documents affecting property or costs, or separation agreements.

"Incorporation (Regular)" includes preparation of the incorporation documents, (articles of incorporation, by laws, and the minutes). This does not include filing fees, costs, or the corporate kit. Any extended work for the new corporation is not eligible for family plan discounts. Not-for-profit organizations, LLC's and LLP's are not included in this definition. Plan attorneys can assist members choosing to set these entities up at the reduced hourly rate of $125.00 or, when appropriate, 40% of their usual and customary hourly rate.

"Name Change Plan" attorneys will assist you and your family in obtaining a name change when it is not contested or challenged by another party. This includes preparation of the petition, attendance at the hearing, and preparation and review of the final judgment document. This fee does not include additional court appearances, filing fees, or the attorneys travel time to and from the courthouse.

"Non-Support (Spouse/Child)" The discounted fee for you and your family includes the preparation for and the attendance at a single hearing for judgments or contempt citations for non-payment of alimony and child support maintenance. Additionally, the plan attorney will provide one hour of collection efforts after the hearing, which may include an initial phone call made and/or a collection letter written on the member's behalf. Preparation does not include obtaining discovery evidence, extended court time, and extended collections work. All extended legal care will be provided at the deeply discounted rate of $125.00 or, when appropriate, 40% of their usual and customary hourly rate.

"Plan/Participating Attorneys" are licensed and qualified to practice law in your state, are required by the company to maintain professional liability insurance, and have contracted with Legal Club of America® to provide legal services to plan members for the law areas that they handle and the cases that they accept.

"Residential Real Estate Closing" The discounted fee for a residential real estate closing includes a free initial consultation and the review of the member's purchase or sales agreement. Additionally, the plan attorney will provide one hour of representation at the closing for the purchase or sale of residential real estate. Additional hours will be billed at the low hourly rate of $125.00 or, when appropriate, 40% of their usual and customary hourly rate. All research including Title insurance, liens, deeds, property judgments, flood, hazard, or mortgage insurance, and fees associated with filing real estate documents in your state are not included in the definition or covered by this discounted rate. Additional work will always be done at the deeply discounted rate of $125.00 or, when appropriate, 40% of their usual and customary hourly rate.

"Simple Will (No Charge Will)" A will distributing personal property, not involving trusts, specific bequests, real estate, tax matters, guardianships, living wills, health care proxies or partitions.

"Simple Will with Minor's Trust" The discounted fee includes the preparation of a simple will with a minor's trust for the surviving minor children of the plan member. This document will contain information related to minor children (specifically: name, DOB, SS#), real estate, specific bequests, and information pertaining to the appointed guardian of the estate of our member. This fee does not cover extensive information regarding retirement plans, investments and their tax treatment, other kinds of trusts, complex tax matters, or estate planning. Counsel for these additional areas of law will be provided at the deeply discounted rate of $125.00 or, when appropriate, 40% of their usual and customary hourly rate.

"Traffic Defense" The discounted fee applies to first time non-criminal traffic infractions including but not limited to: violation of traffic control device, failure to stop at a stop sign, improper change of lane, illegal turns, improper or unsafe equipment, expired tag, no proof of insurance, unlawful speed, improper passing, failure to use turn signal, failure to yield the right of way, and safety belt violations. The special privileged rate applies to each individual non-criminal traffic infraction. The discounted fee includes the preparation of any necessary court documents and attendance at a single court hearing to settle a single, first time, misdemeanor traffic infraction. The discounted fee does not include court costs, fines imposed by the presiding judge, additional scheduled hearings or other traffic matters that the court deems to be criminal in nature.

MISCELLANEOUS INFORMATION

- Participating attorneys are bound by their state's professional code of ethics. They will advise you if they have a conflict of interest in taking your case. Plan attorneys have the inherent right to decline a case if in their professional opinion they believe it is the right thing to do. If this occurs, you may be referred to another attorney on the plan by calling Legal Club's Member Services Department for assistance.

- Fees sought by our plan attorneys cannot change without notification to our members. Information posted on the Legal Club website, www.legalcaredirect.com, will be considered effectively disclosed to the public and the most up to date plan information available.
- Attorney fees are paid directly to your plan attorney. Participating attorneys are not employees of Legal Club of America® and have no financial obligation to the company.
- Legal Club of America® and Legal Care Direct™ are not liable to indemnify or reimburse any plan member or participating attorney for any attorney fees or costs generated by the plan member.
- Legal Club of America® and Legal Club Financial, its subsidiaries, State Bar Associations, and other regulatory agencies do not guarantee the quality or quantity of legal services that are provided by plan attorneys. However, all participating attorneys are required to provide certificates of liability insurance, and background checks are performed, not less than annually, to verify that they are in good standing.
- The plan attorneys in their attorney/client relationship have the sole responsibility for providing legal services to the plan member.
- Legal Club Financial is not a law firm, insurance carrier or a provider of legal services.
- The term "guarantee" as used in this guidebook refers to the guarantee that Legal Club will use its best effort to locate and refer its members to an attorney that will abide by the fee schedule outlined herein. If Legal Club can not find such an attorney for a member, the member's only recourse is a refund of the most recent month's membership fee.
- Court filing fees, expert witness fees, court costs, court reporter fees, transcript expenses, photocopying costs, postage, telephone toll charges and any other incidental expenses incurred by the plan member are excluded from discounted rates under any of the pricing formulas described herein.

EXCLUSIONS

The following matters are excluded from your plan privileges:

- Legal matters involving the laws of jurisdictions outside the United States or its subdivisions.
- Legal matters where the plan member has already retained participating counsel at their usual rates prior to enrollment in the Legal Club.
- Frivolous legal matters as determined by the plan attorney in accordance with the professional code of ethics in their state.
- Any action involving Legal Club of America®, Legal Care Direct™, Legal Club Financial, plan attorneys, affiliated companies or any of their company's or affiliated company's directors, officers, employees or agents in any matter in which they have interests adverse to the plan member's.
- Legal matters against the plan sponsor, employer, directors, officers, agents, or employees, where Legal Care Direct™ membership was gained through the sponsor or employer's efforts.
- In matters where the plan member and eligible family member have adverse interests, only the original plan member is eligible for plan discounts and not the family member unless both parties provide written authorization and consent otherwise

HOW TO ACCESS:
Please have your Member Number available.
Call Member Services at 1-866-227-5400.
Hours of Operation: Weekdays 8:00 am – 6:30 pm EST, Fridays until 6:00 pm EST

LICENSED CLINICAL COUNSELING

HCCUA has chosen LifeEvents™ to provide you and your family members with free access to behavioral health experts anytime – 24 hours a day, 365 days a year. Licensed clinical staff are always available to give you help on the phone for any problems or stresses that may pop up, including issues related to:

PROVIDED BY: **LifeEvents™**

- **Marriage**
- **Children**
- **Childcare**
- **Eldercare**
- **Parenting**
- **Alcohol & drug abuse**
- **Legal/Financial difficulties**
- **Other emotional/personal challenges or stresses**

All calls are answered directly by licensed, degreed clinical staff, and all services are handled with complete confidentiality. Each covered individual and eligible family member is entitled to unlimited telephonic counseling per episode.

THE PROCESS FROM START TO FINISH:

Member Initiates Contact - To ensure that members receive help when needed, licensed counselors are readily accessible 24 hours a day, seven days a week, 365 days a year via a dedicated toll free number. Non-English speaking members also have 24x7x365 assistance via bilingual staff and affiliates, as well as through an online translation service with capabilities in over 140 languages.

The Counselor will:

- Explain the role of the Counselor
- Conduct an initial assessment
- Ensure confidentiality
- Determine member's needs and related resources

Counselor Aligns Appropriate Resource - Counselors work with members every step of the way, from assessment, through recommendation and follow-up.

The Counselor will:

- Schedule an appointment for in-person assessment with a local Provider.
- Directly refer member to a community agency or local hospital if an emergent situation is evident.
- Involve, where needed, a dependent care coordinator or legal or financial professional to assist in securing resources and arranging referrals.

Counselor Assesses Progress and Takes Next Steps - After the initial assessment, the Counselor follows up with the local Provider to coordinate recommendations.

- Recommendations may include referrals to local mental health providers, detoxification facilities, hospitals, physicians, or short-term counseling.
- Coordinates with member's benefit plan to ensure a seamless service progress.
- For work/life issues, the Counselor oversees the resource search and ensures that the consultation and resources provided have addressed the issues presented.

SATISFACTION AND CLOSURE

Counselors will follow-up with member in a timely fashion to ensure quality and satisfaction of services. Counselors close the case only after determining with member, and the Provider, that the issue has been successfully resolved and that member has completed all recommended treatment.

HOW TO ACCESS:

Call LifeEvents™ at 1-888-866-7938. Please have your Member Number available.

DOCTOR VISITS BY PHONE

To help significantly reduce out-of-pocket health care costs, you and your family will have immediate and convenient access to board certified physicians 24 hours a day, 7 days a week, 365 days a year via telephone or secure email. Here are just a few benefits you will enjoy:

- **Free around the-the-clock physician care by phone**
- **Healthcare access from home and work**
- **Immediate coverage for your whole family**
- **Unlimited telephone access to on-call physicians for answers to medical questions ("Physician Inquiries")**
- **Consultations with doctors who can provide diagnosis for common, non-emergency medical conditions, and can write prescriptions as appropriate ("Doctor Consultations")**

PROVIDED BY: ConsultADoctor

Physician Inquiries are **UNLIMITED** and **FREE OF CHARGE** for all HCCUA Members! All members get two annual Doctor Consultations free of charge, and can purchase additional Doctor Consultations for just $20 each (regularly $35 plus subscription fees), or select the unlimited Doctor Consultations for an additional monthly fee of $33 for Single, $35 for Couple, and $39 for Parent & Child and Family memberships.

Doctor Consultations are **UNLIMITED** and **FREE OF CHARGE** for all Members in our Complete Choice Enhanced 3300 and 6600 Programs!

Easy Choice Members get **4** annual Doctor Consultations for single memberships, **8** Consultations for couple and parent/child memberships and **12** Consultations for family memberships **FREE OF CHARGE**.

TELEPHONE PHYSICIAN CONSULTATIONS AND PRESCRIPTIONS

Consult-A-Doctor's suite of innovative consumer-driven healthcare solutions are designed to provide you with superior health benefits that dramatically lower your healthcare costs , provide better and faster access to medical care, empower healthier living and create a healthier you. Consult-A-Doctor's services include:

- 24/7 Access to Licensed Physicians
- Secure E-mail Medical Consultations
- Wellness Program
- Telephone Medical Consultations
- Member Health Portal
- Prescription Program

All Member Plans provide unlimited access to a Member Health Portal and an On Call Doctor Network of licensed physicians, available 24 hours a day, 7 days a week, 365 days a year who consult about symptoms and conditions, recommend treatment and prescribe medication (if necessary) via Telephone Medical Consultations (Tele-Consults) or Secure E-mail Medical Consultations (E-Consults).

24/7 Access to Licensed Physicians by Phone or Secure E-mail

Access to Consult-A-Doctor's network of licensed physicians will reduce unnecessary visits to the doctor or emergency room, allowing you alternatives to visiting your primary care physician for purely informational and other basic reasons, such as refills. This correlates to less time off work, fewer sick days and reduced overall healthcare costs.

By Phone – Telephone Medical Consultations

- On Call: Connect Immediately Get information, ask medical questions, and receive advice and recommendations for common symptoms and conditions.
- Priority: Within a couple of hours or less
- By Appointment: Choose a time, usually available by next day.

If requesting medication or seeking a more comprehensive consultation. Requires a completed online or telephone Medical Assessment and History Questionnaire prior to consult.

By Secure E-Mail – Secure E-mail Medical Consultations

- E-Consult: Always available

Compose your questions for a doctor using our secure messaging system. Receive a response usually within a few hours and guaranteed within 24 hours.

Member Health Portal

My Personal Health Manager, an interactive Personal Health Management System, empowers you to be healthier with educational and interactive health management, risk assessment, and decision support tools to aid you in taking better care of yourself and promote prevention and a healthier lifestyle. Interactive Health Tools include:

- Health Library – Symptom Checker
- Health Monitoring
- Electronic Medical Record
- Risk Assessments
- Health Alerts
- … and much, much more!

Prescription Program

Our doctors have access to an extensive list of medications that can be prescribed when appropriate during a Priority or By Appointment Telephone Medical Consultation. Prescriptions can be called in to your choice of pharmacy for local pickup, or shipped by a mail-order pharmacy partner to be delivered to home or work within a day or two. This may be used for short-term treatment or common acute conditions, when a member is in search of a new doctor or insurance plan, or when needing a prescription to treat stable long-term/chronic conditions.

Consult-A-Doctor is not able to issue prescriptions regulated by the DEA or may have the potential for harm, misuse, or addiction. To view the list of the DEA controlled substance, visit www.dea.gov/pubs/scheduling.html.

HOW TO ACCESS:
Call 1-888-866-7909. Please have your Member Number available.

CONSULT-A-DOCTOR™ TERMS AND CONDITIONS

1. Terms of Use.

The Consult A Doctor Services are offered to you under, and you agree to be bound by, the terms and conditions of this Terms of Use. We reserve the right to update or change these Terms of Use at any time and for any reason by posting the modified Terms of Use. Your continued use constitutes your agreement to be bound by any such revisions and you should therefore periodically visit this page of the website and print the latest version of the Terms of Use for your records. The date of the last update to these Terms of Use is stated at the top of this document.

2. Use of Services.

NOT FOR EMERGENCIES. The Consult A Doctor Services are not for use for medical emergencies or urgent situations. IF YOU THINK YOU HAVE AN EMERGENCY, CALL 911 IMMEDIATELY.

Cost. Please consult your HCCUA Member Handbook.

Medical Disclaimers. Consult A Doctor makes no warranty as to the content of any treatment response. You and your physician are solely responsible for all information and/or communication sent during a teleconsultation or other communication. Consult A Doctor does not guarantee that a teleconsultation is the appropriate course of treatment for your particular health care problem. You agree to contact your physician immediately should your condition change or your symptoms worsen. If you require urgent care, you should contact your local emergency services immediately. Consult A Doctor SCREENS AND CONFIRMS THE QUALIFICA-

TIONS FOR ALL OF OUR TELEMEDICINE PROVIDERS.
Prescriptions. You agree that any prescriptions that you acquire through the Consult A Doctor Services shall be solely for your personal use. You agree to fully and carefully read all provided product information and labels and to contact a physician or pharmacist if you have any questions regarding the prescription.
Educational Resources. Consult A Doctor may send you newsletters regarding common medical and health related topics or preventive care messages containing specific medical and health related information, links to other related Web sites and specific questions related to your Consult A Doctor Record. Additionally, Consult A Doctor makes available self care informational services which provide general medical and health information. These communications and resources are not comprehensive medical text and do not include all the potential information regarding the subject matter. These communications and resources are for general educational and informational purposes only, and should not be relied upon as a substitute for patient-specific medical diagnosis and treatment or construed, directly or indirectly, as the practice of medicine or dispensing of medical services by Consult A Doctor. Such information is not a substitute for seeing an appropriate healthcare professional for medical treatment. The information contained these communications and resources are compiled from a variety of sources and may or may not be considered authored by Consult A Doctor. Consult A Doctor makes no warranty as to the content of these materials or the information contained therein.
Your Account. You represent and warrant that you are at least eighteen years of age and that you possess the legal right and ability to enter into this Terms of Use, register on the Consult A Doctor Services under your own name and to use the Consult A Doctor Services in accordance with this Terms of Use and abide by the obligations hereunder. You are solely responsible for maintaining the confidentiality of your password, and for all activities that occur under your password. You agree to prohibit anyone else from using your password and immediately notify Consult A Doctor of any unauthorized use of your password or other security concerns of which you become aware.

Intellectual Property. Consult A Doctor hereby grants you a limited, revocable, non-transferable and non-exclusive license limited solely to viewing or downloading a single copy of the material on the Consult A Doctor web site and to use the Consult A Doctor software to the extent necessary to use the Consult A Doctor Services solely for your personal, noncommercial use. With the exception of your Medical Records, Consult A Doctor retains all right, title and interest in and to Consult A Doctor, the Consult A Doctor Services and any content, products, documentation, software or other materials on the Consult A Doctor web site, and any patent, copyright, trade secret, trademark, service mark or other intellectual property or proprietary right in any of the foregoing. The information available through the Consult A Doctor Services is the property of Consult A Doctor. You agree not to reproduce, retransmit, distribute, disseminate, sell, publish, broadcast, or circulate the information owned by Consult A Doctor received through the Consult A Doctor Services to anyone, including but not limited to others in your organization. Use, reproduction, copying, or redistribution of Consult A Doctor's logos is strictly prohibited without written permission from Consult A Doctor.

3. Legal Notices and Disclaimers.
General Disclaimers. YOU ACKNOWLEDGE THAT YOUR USE OF THE Consult A Doctor SERVICES IS AT YOUR SOLE RISK, AND THAT YOU ASSUME FULL RESPONSIBILITY FOR ALL RISK ASSOCIATED THEREWITH. ALL INFORMATION, PRODUCTS OR SERVICES CONTAINED ON OR PROVIDED THROUGH THIS WEB SITE ARE PROVIDED "AS IS" WITHOUT ANY WARRANTY OF ANY KIND, EXPRESS OR IMPLIED. TO THE FULLEST EXTENT PERMISSIBLE UNDER APPLICABLE LAW Consult A Doctor AND ITS SHAREHOLDERS, AFFILIATES, DIRECTORS, OFFICERS, MANAGERS, EMPLOYEES OR OTHER REPRESENTATIVES (COLLECTIVELY, "AFFILIATES") HEREBY DISCLAIM ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, INCLUDING BUT NOT LIMITED TO WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, NON-INFRINGEMENT AND FREEDOM FROM COMPUTER VIRUS STRAINS. WITHOUT LIMITING THE FOREGOING, Consult A Doctor AND ITS AFFILIATES MAKE NO WARRANTY AS TO THE RELIABILITY, ACCURACY, TIMELINESS, USEFULNESS, ADEQUACY, COMPLETENESS OR SUITABILITY OF THE Consult A Doctor PRODUCTS AND SERVICES PROVIDED HEREUNDER.

Consult A Doctor MAKES NO REPRESENTATIONS OR WARRANTIES ABOUT: THE SATISFACTION OF GOVERNMENT REGULATIONS REQUIRING DISCLOSURE OF INFORMATION ON PRESCRIPTION DRUG PRODUCTS; OR ANY TREATMENT, ACTION OR APPLICATION OR PREPARATION OF MEDICATION BASED ON INFORMATION OFFERED OR PROVIDED THROUGH THE Consult A Doctor SERVICES.

Limitation of Liability. IN NO EVENT SHALL Consult A Doctor NOR ANY OF ITS AFFILIATES BE LIABLE FOR ANY DIRECT DAMAGES IN EXCESS OF (i) THE PURCHASE PRICE FOR THE PRODUCT, OR (ii) IN THE EVENT NO PURCHASE PRICE WAS PAID OR REQUIRED, $1,000.

IN ADDITION, TO THE MAXIMUM EXTENT PERMITTED BY LAW, IN NO EVENT SHALL Consult A Doctor NOR ANY OF ITS AFFILIATES BE LIABLE FOR ANY SPECIAL, PUNITIVE, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, WRONGFUL DEATH, LOSS OF USE, LOSS OF PROFITS, INTERRUPTION OF SERVICE OR LOSS OF DATA, WHETHER IN ANY ACTION IN WARRANTY, CONTRACT, TORT (INCLUDING, BUT NOT LIMITED TO NEGLIGENCE OR FUNDAMENTAL BREACH), OR OTHERWISE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE USE OF, OR THE INABILITY TO USE, THIS WEB SITE OR ANY SERVICE OFFERED THROUGH THIS WEB SITE OR ANY MATERIAL OR INFORMATION CONTAINED IN, ACCESSED THROUGH, OR PRODUCTS PURCHASED ON THIS WEB SITE, EVEN IF AN AUTHORIZED REPRESENTATIVE OF Consult A Doctor IS ADVISED OF THE LIKELIHOOD OR POSSIBILITY OF THE SAME. TO THE EXTENT CERTAIN JURISDICTIONS RESTRICT ANY OF THE ABOVE LIMITATIONS OF LIABILITY; SUCH LIMITATIONS SHALL NOT APPLY IN SUCH JURISDICTIONS TO THE EXTENT OF SUCH RESTRICTIONS.

4. Privacy.
Consult A Doctor respects your privacy and takes privacy very seriously. By accepting this Terms of Use, you consent to the use and disclosure of personally identifiable information provided to us as outlined in our Privacy Policy, which is incorporated herein by reference.

Electronic Medical Record. Your Consult A Doctor Electronic Medical Record is created to store your personal health information online, including health conditions, allergies and medications. Any information provided as part of a teleconsultation becomes part of your Consult A Doctor Record. You agree to provide accurate information for your Consult A Doctor Record, to periodically review such information and to update such information as needed. For additional information regarding use of your Consult A Doctor Record, please see our Privacy Policy. It is your responsibility to confirm any third party information in your Consult A Doctor Health Record.

5. General Legal Provisions.
Third Party Sites. Although the Consult A Doctor may include links providing direct access to third-party Internet sites as a convenience, the inclusion of a link does not imply endorsement of the linked site by Consult A Doctor. Consult A Doctor takes no responsibility for the content or information contained on those other sites, and does not exert any editorial or other control over those other sites. Nor does Consult A Doctor take responsibility for the privacy policies and practices of these third-party links.

Operation and Record Retention. Consult A Doctor reserves complete and sole discretion with respect to the operation of the Consult A Doctor Services. Consult A Doctor may, among other things withdraw, suspend or discontinue any functionality or feature of the Consult A Doctor Services. Consult A Doctor is not responsible for transmission errors or corruption or compromise of data carried over local or interchange telecommunication carriers. Consult A Doctor is not responsible for maintaining data arising from use of the Consult A Doctor Services. Consult A Doctor reserves the right to maintain, delete or destroy all communications and materials posted or uploaded to the Consult A Doctor Service pursuant to its internal record retention and/or destruction policies.

Limitations on Use. You agree not to access or use the Consult A Doctor Services in an unlawful way or for any unlawful purpose. You agree not to post or transmit: (a) a message under a false name; or (b) any information which (i) is libelous, defamatory, obscene, fraudulent, false or contrary to the ownership or intellectual property rights of any other person, or (ii) contains any virus, worm, Trojan horse or other code which is contaminating or destructive to the files or programs of Consult A Doctor or any of its affiliates. Consult A Doctor reserves the right to delete any information provided by you that it deems in its sole discretion fraudulent, abusive, defamatory, and obscene or in violation of a copyright, trademark or other intellectual property or ownership right of any other person.

Indemnity. YOU AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS Consult A Doctor AND ITS AFFILIATES FROM AND AGAINST ALL LOSSES, LIABILITY, EXPENSES, DAMAGES AND COSTS, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR RELATED TO ANY BREACH OF THIS TERMS OF USE, YOUR RELATIONSHIP WITH A Consult A Doctor PHYSICIAN, ANY NEGLIGENT OR WRONGFUL ACTION OR OMISSION BY YOU RELATED TO YOUR USE OF OR PROVIDING OF SERVICES THROUGH Consult A Doctor, OR ANY NEGLIGENT OR WRONGFUL USE OF THE Consult A Doctor SERVICES (INCLUDING, WITHOUT LIMITATION, INFRINGEMENT OF THIRD PARTY INTELLECTUAL PROPERTY RIGHTS OR NEGLIGENT OR WRONGFUL CONDUCT) BY YOU OR ANY OTHER PERSON ACCESSING YOUR ACCOUNT.

Third Party Rights. The indemnification provisions set forth above and the provisions under Section 3 Legal Notices and Disclaimers are for the benefit of Consult A Doctor, and its Affiliates. Each of these individuals or entities shall have the right to assert and enforce those provisions directly against you on its own behalf.

Term and Termination. This Terms of Use shall commence upon the date you complete the registration process with Consult A Doctor. Either you or Consult A Doctor may terminate this Terms of Use and your right to use the Consult A Doctor Services at any time, with or without cause. This Terms of Use and the licenses granted hereunder shall terminate without notice in the event you (or any authorized person using your account) fail to comply with the terms and conditions of this Terms of Use, or the rules for use of the Consult A Doctor Service promulgated by Consult A Doctor from time to time. Upon any termination, you will destroy all copies of Consult A Doctor materials in your possession and cease any access to or use of the Consult A Doctor Services.

Notice. Consult A Doctor may provide notice by e-mail to the e-mail address you provided during the registration, by a general notice on the Consult A Doctor Web site, or by written communication delivered by first class U. S. mail or express courier to your address on record in the Consult A Doctor account information. You may give notice to Consult A Doctor at any time via electronic mail to patientsupport@ConsultADoctor.com or by letter delivered by first class postage prepaid U. S. mail or overnight courier to Consult A Doctor, 1641 Jefferson Ave, 4th Floor, Miami Beach, FL 33139 Attn: Member Services.

Severability. The provisions of this Terms of Use are severable, and in the event any provision hereof is determined to be invalid or unenforceable, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining provisions, but such provision shall be reformed, if reasonably possible, only to the extent necessary to make it enforceable.

Entire Agreement. This Terms of Use, together with any Consult A Doctor rules or policies referred to herein, represents the complete agreement between you and Consult A Doctor concerning the subject matter hereof, and it replaces all prior oral or written communications concerning such subject matter. Consult A Doctor may modify this Terms of Use as set forth above.

Assignment. You may not assign, transfer or delegate this Terms of Use or any part of it without Consult A Doctor's prior written consent. Consult A Doctor may freely transfer, assign or delegate all or any part of this Terms of Use, and any rights and duties hereunder. This Terms of Use will be binding upon and inure to the benefit of the heirs, successors and permitted assignees of the parties.

Waiver. Failure to exercise or delay in exercising any right hereunder, or failure to insist upon or enforce strict performance of any provision of this Terms of Use, shall not be considered waiver thereof, which can only be made by signed writing. No single waiver shall be considered a continuing or permanent waiver.

Governing Law. This Terms of Use shall be governed by and construed in accordance with the laws of the State of Florida without giving effect to any choice of law rules or principles. Any cause of action or claim you may have with respect to Consult A Doctor must be commenced within one (1) year after it arises, except to the extent such limitation is not enforceable. To the fullest extent permitted by law, each party to this Terms of Use waives its or his or her right to a jury trial with respect to any dispute or other controversy arising from hereunder or your use of or access to the Consult A Doctor Services or web site.

Protecting Children. Consult A Doctor is designed and intended for use by adults. It is not intended for, nor designed to be used by children under the age of eighteen. A parent or guardian, however, may use Consult A Doctor on behalf of a minor child. The parent or guardian assumes full responsibility for ensuring that the authentication information is kept secure and that the information submitted is accurate.

ROADSIDE ASSISTANCE

A full-time, nationwide roadside assistance plan to give you peace of mind that is always just a toll-free phone call away, with coverage that includes:

- **Towing (up to $100)**
- **Lost key/lockout assistance**
- **Minor on-site repairs**
- **Emergency trip interruption (up to $750)**
- **Hit and run reward ($5,000)**
- **Jump starts / flat tire changes**
- **Fuel delivery**
- **Legal defense reimbursement (up to $750)**
- **Theft reward ($5,000)**
- **Trip planning**

A premium version of our full-time, nationwide roadside assistance plan is available for an additional $3 per month, to give you even more peace of mind, with increased coverage for: Towing (up to $150); Emergency Trip Interruption (up to $1,500); Hit and Run Reward ($10,000); Legal Defense Reimbursement (up to $1,500); and Theft Reward ($10,000). HCCUA Premium Roadside Assistance Plan is **FREE OF CHARGE** for all Members in our Complete Choice Enhanced Programs.

PROVIDED BY: Allstate. Motor Club

HCCUA Roadside Assistance Plan Membership Guide

PLEASE NOTE: THIS MEMBERSHIP GUIDE IS NOT AN AUTOMOBILE LIABILITY OR PHYSICAL DAMAGE INSURANCE CONTRACT, NOR IS IT INTENDED TO COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW(S).

24-HOUR TOLL-FREE DISPATCH SERVICE

General Membership Emergency Road Service and Towing Benefit– up to $100
Premium Membership Emergency Road Service and Towing Benefit – up to $150

If the eligible vehicle you are driving becomes disabled YOU MUST CALL 1-888-866-7908 for service. Dispatch service for:

- On-site emergency road service such as jump starts, gas delivery and flat tire changes up to your benefit limit.
- Towing at no cost back to the service provider we send or to any destination you choose up to your benefit limit

If for any reason you no longer need emergency road service, please call us back immediately at 1-888-866-7908. Service will be provided only if you are with your vehicle, unless other arrangements were made in advance with the dispatch operator. You are responsible for staying in a safe place until the service provider arrives. When the service provider arrives, show your membership card and sign the receipt for covered expenses up to your benefit limit. You are responsible for payment of any additional expenses not covered and expenses that exceed your benefit limit.[1]

You must call our dispatch service first to receive emergency road service or towing benefits. If you call us and we cannot dispatch service, the telephone representative will authorize you to call your own service provider and will give you an authorization number.

You may then call any service provider of your choice and pay them directly for services rendered. You'll be reimbursed up to your benefit limit when you submit your written reimbursement request within 30 days of service and include your original, dated receipt with your authorization number. For procedures on how to obtain payment, see "Reimbursement Requests." If an eligible vehicle requires two tows to reach its final place of repair, the second tow will be considered a continuation of the original tow. The maximum amount payable by us for the combined cost will be the amount of your benefit limit. (See footnotes on page24)

LOCK-OUT BENEFIT[2]

General Membership Lock-Out Benefit[2] – up to $100
Premium Lock-Out Benefit[2] – up to $150

If you are locked out of your eligible vehicle, YOU MUST CALL 1-888-866-7908 for service. We will send a service provider to assist you. If you call us and we cannot dispatch service, the telephone representative will authorize you to call a local service provider and will give you an authorization number.

You may then call any service provider of your choice and pay them directly for services rendered. You'll be reimbursed up to your benefit limit when you submit your written reimbursement request within 30 days of service and include your original, dated receipt with your authorization number. For procedures on how to obtain payment see "Reimbursement Requests."

TRIP INTERRUPTION[3]

General Membership Trip Interruption[3] – up to $750
Premium Membership Trip Interruption[3] – up to $1,500

Due to Collision:

If your vacation or personal trip is interrupted as a result of a collision involving your eligible vehicle, you may qualify for reimbursement of certain expenses incurred within 72 hours of the collision. To qualify: You must be a member at the time of the collision and the driver of an eligible vehicle; the collision must occur more than 100 miles from home; the collision between your eligible vehicle and either an object and/or another vehicle must render it inoperable and unsafe to drive; the eligible vehicle must be towed from the scene of the accident; and the repairs must be done in the vicinity of the collision. Covered expenses include: Commercial transportation (such as airline, bus, train, etc.) to your home or original travel destination; a rented vehicle from a commercial car rental agency; and meals and overnight lodging purchased in the vicinity of where your vehicle was being repaired. Only one reimbursement request may be submitted for payment per accident and only the member who was operating the vehicle at the time of the collision may submit a reimbursement request.

VEHICLE THEFT REWARD[4]

General Membership Vehicle Theft Reward[4] Benefit – up to $5,000
Premium Membership Vehicle Theft Reward[4] Benefit – up to $10,000

An amount up to your benefit limit will be paid as a reward to the witness(es) who provides information leading to the arrest and conviction for larceny or theft of anyone stealing your vehicle.

HIT-AND-RUN REWARD[4]

General Membership Hit-And-Run Reward[4] Benefit – up to $5,000
Premium Membership Hit-And-Run Reward[4] Benefit – up to $10,000

An amount up to your benefit limit will be paid as a reward to the witness(es) who provides information leading to the arrest and conviction (for a felony - not for any lesser or different offense) of anyone responsible for bodily injury to you, your spouse or other designated driver because of a hit-and-run accident. You must be a member at the time of the incident, and the vehicle in question must be owned by the member, your spouse or other designated driver.

(See footnotes on page24)

REIMBURSEMENT LEGAL DEFENSE[5]

General Membership Reimbursement Legal Defense[5] Benefit – up to $750
Premium Membership Reimbursement Legal Defense[5] Benefit – up to $1,500

The Legal Defense benefit provides payment for attorney fees – up to the benefit limit – to defend you in court if you are charged with certain moving violations of motor vehicle laws while driving an eligible vehicle. You may choose any attorney (other than yourself or a family member) to represent you. We cannot provide an attorney for you. For states other than New York, we will reimburse you up to the following benefit limits. For New York state residents, we must by law make the reimbursement payment directly to your attorney.

Offense or Action	General Benefit Limit	Premium Benefit Limit
A moving motor vehicle law violation*	$50	$75
Appeal of that offense	$50	$75
Reckless driving	$150	$200
Appeal of that offense	$150	$200
Manslaughter	$400	$550
Appeal of that offense	$350	$450

*Other than reckless driving and/or manslaughter.

PERSONALIZED TRIP-PLAN SERVICE

We'll send you a personalized TRIP-PLAN package for any driving trip you may take in the U.S. and Canada. We'll include route maps and information on points of interest, hotels/motels or even campground information (if you request it). Simply follow the instructions on page 23 of this guide when submitting your request.

ELIGIBILITY INFORMATION

Eligible Individuals

All the benefits described in this guide are available to you as the Member and all other driving age dependents listed as covered under your HCCUA plan. Other non-covered family members, residents of your household, friends, or others riding with you are not entitled to any of the benefits or services of the membership plan you purchased. The benefits described herein are provided anywhere in the continental U.S., Alaska, and Hawaii.

Eligible Vehicles[6]

Because membership benefits apply to you, not to a single vehicle, your Motor Club benefits can be used to provide service for any of the following private passenger vehicles which you, or any other driving age dependents listed as covered under your HCCUA plan may be driving regardless of whether that vehicle is owned, leased, rented, or borrowed:

- Automobiles, including company cars assigned to the member for full-time personal use;
- Motorcycles (Only for Premium Membership);
- Recreational vehicles (Only for Premium Membership);
- Pick-up trucks, vans, and sport utility vehicles operated primarily for personal use (if used commercially, said vehicles are only included while traveling to and from the driver's place of work and residence).

(See footnotes on page24)

GENERAL PROVISIONS

Service Providers: Emergency road and towing service is rendered by service providers who are independent contractors and who are neither agents nor employees of the Motor Club. Because these independent contractors have exclusive control over their own equipment and personnel, the Motor Club is not responsible for their acts or omissions or for the quality of any service they provide. For those same reasons, the Motor Club assumes no liability for property damage or bodily injury, if any, caused by a service provider. Any claim involving such damage or injury should be filed directly with the responsible service provider.

Vehicle Maintenance: Emergency road service is not intended as an alternative to proper vehicle maintenance. Please maintain your vehicle in good mechanical condition.

Dispatch: In certain areas and at certain times we may not be able to dispatch help to you. In those cases, we will give you an authorization number and direct to you to call a local service provider for the assistance you need. You then pay the service provider directly for services rendered, and submit to us a reimbursement request. Extreme weather conditions, acts of God or nature, heavy call volume, or lack of equipment availability may affect our ability to provide service.

Benefits: Benefits are subject to change without notice. From time to time, additional benefits and services may be offered.

Telephone monitoring: Members who telephone Allstate Motor Club, Inc. are deemed to consent to the monitoring and recording of incoming and follow-up calls.

Inconsistency: In the event there is any inconsistency between the language of this Membership Guide and information provided by an agent or representative of HCCUA or an independent contractor providing service to a member, the language, terms, limits and conditions of this Guide shall control.

HOW TO SUBMIT A REIMBURSEMENT REQUEST

For All Reimbursement Requests:

- Send us your written request within 30 days.[7]
- Always include your name, current street and e-mail addresses, your daytime and home telephone numbers, and your membership number on your submissions.
- Send us only original, dated documents. Except as specified below, photocopies of relevant documents are not acceptable.
- Be sure to include any additional documents relevant to your request as indicated on the following pages.
- Be sure to retain copies of all such documents for your own records.
- Mail your reimbursement request to the address indicated on the following pages.

We reserve the right to deny any request submitted more than 30 days after the date of service (subject to certain state restrictions), containing receipts and/or supporting documents which cannot be verified, and/or containing photocopies of receipts or supporting documents.

For Emergency Road Service, Towing & Lock-Out Service: Send us your reimbursement request within 30 days of service. You must include: your authorization number; the original, dated itemized receipt on the commercial letterhead of the service provider; and your name, address, and membership number.
(See footnotes on page24)

For Trip Interruption: Send us your reimbursement request within 30 days of the incident. For collision: You must include a copy of the police report, the original repair bill, and an itemized, detailed list of expenses. If it is not possible to obtain these documents, you must be able to prove the following points: 1) That there was an accident; 2) That the driver of your eligible vehicle at the time of the collision was a member of this Motor Club; 3) That the collision took place more than 100 miles from the member's home; and 4) That the eligible vehicle was not operable, or was unsafe to drive and was in fact towed from the scene.

For Vehicle Theft and Hit-And-Run Reward: Send us your reimbursement request within 30 days of the conviction. You must include the following: 1) A copy of all documents pertaining to the incident (e.g., transcripts of witness' statements, investigation reports, etc.) including reference to the arresting officer's name, badge number and address, as well as the current address of the witness and their relationship, if any, to you or your spouse or other designated driver; 2) A copy of the police report which includes the name of the person who provided the information which led to the arrest and conviction and which also describes the nature of the incident; and 3) A copy of the final court transcript or conviction report showing the exact offense(s) of which the thief or hit-and-run driver was finally convicted, and containing a reference to the fact that the person claiming the reward provided information leading to that conviction.

For Legal Defense: Send us your reimbursement request within 30 days of the trial. You must follow the procedures below:

For Residents of all states (except New York): 1) Pay your attorney directly and obtain a copy of the arrest citation along with an itemized bill – the latter on that attorney's stationery – which indicates the offense for which you were charged and the fee(s) paid; 2) Be sure your attorney includes on the bill your name, current address, and membership number; and 3) Mail your request for reimbursement, including the original of that attorney's bill and copy of the arrest citation, to the address listed below.

For Residents of New York State (New York State law requires we pay your attorney directly, up to your benefit limits): 1) Present this Membership Guide to your attorney, along with your current Motor Club membership identification card; 2) Within (30) days of your trial, have your attorney mail (to the address listed below) an itemized bill on that attorney's stationery which indicates the offense for which you were charged and the fee(s) due him or her, along with a copy of your arrest citation; and 3) Be sure your attorney includes on the bill your name, current address, and membership number.

HOW TO SUBMIT A PERSONALIZED TRIP-PLAN REQUEST:

There are three ways to order your personalized TRIP-PLAN: write, e-mail, or call Customer Service (see below). When you place your order, be sure to include the following information: 1) Your name and membership number; 2) Your current street and e-mail address; 3) Your daytime and home telephone numbers; 4) Your departure date; 5) Your final destination; 6) The major cities you intend to visit in the order you plan to visit them; 7) Whether you prefer hotel/motel or campground information; and 8) Whether to mail or e-mail your TRIP-PLAN to you.

CONTACTS:

- For 24-hour Toll-Free Emergency Road Service Call 1-888-866-7908
- For Customer Service Call 1-888-866-7908 7 a.m. to 7 p.m. CST Monday – Friday (8 a.m. to 4 p.m. Sat.)
- For Reimbursement Requests, General Information, or TRIP-PLAN Requests: Allstate Motor Club, Inc., P.O. Box 3094, Arlington Heights, IL 60006-3094
- E-mail address: allstatemotorclub@allstate.com

Remember to include your name, membership number, current street and e-mail addresses, plus your daytime and home telephone numbers any time you write to us.

Footnotes:

[1]**Expenses which** are not covered include, but are not limited to: Parts, products, storage, or gasoline; service(s) performed in a dealership, garage, or service station; service(s) performed in areas not regularly traveled (such as sand beaches, open fields, forests and areas not passable due to construction); service(s) needed due to an act of nature, etc.; charging a battery or delivery and repair of tires; tow bar rentals; towing due to a parking violation or towing out of a place of repair or impound areas (except for accident or theft recovery); service(s) other than that provided by a commercial garage or service station (payment will not be made to private parties or unlicensed facilities); service(s) to a disabled vehicle driven by anyone (such as a friend or distant relative) who is not a plan member, a member's spouse or other designated driver or an associate member; removing/installing snow tires, repairs to studs, mounting and dismounting snow chains; clearing or entering snowbound driveways; shoveling vehicles out of snow banks or shoveling snow from around a vehicle; local tolls or parkway charges; service to a vehicle with an expired or missing safety inspection sticker, license plate sticker, and/or emission sticker(s) where required by law; and any other expenses not specifically mentioned as covered.

[2]**Expenses which are not covered** include, but are not limited to: Labor to produce keys, replacement keys, and mechanical failure of locks or ignition system.

[3]**Expenses which are not covered** include, but are not limited to: theft; expenses incurred beyond 72 hours; meals or lodging purchased outside the vicinity of where your vehicle was repaired or provided by anyone other than a commercial business; expenses incurred by anyone other than you, your spouse or other designated driver or associate member; telephone calls, photocopies, personal items, sundries, any type of miscellaneous items, etc.; medical expenses; and expenses paid by your insurance company.

[4]**Persons NOT entitled** to receive such rewards include: You, your spouse or other designated driver, an associate member or any other person related to you, your spouse, or other designated driver by blood or marriage; law enforcement officials and/or a member of their families; and anyone with you or your spouse or other designated driver or associate member at the time of the theft or accident.

[5]**Expenses which are not covered** include, but are not limited to, the following: 1) Any offense prior to becoming a member (you must be a member at the time of the violation); 2) Any trial defense or appeal expenses for more than one traffic violation arising out of the same incident (if you are charged with multiple violations, reimbursement will be made for the violation which allows for the single highest benefit limit); 3) Any trial defense or appeal expenses for charges involving felony violations or driving under the influence of intoxicating liquor or drugs, whether or not you are convicted of the charge or convicted of a lesser offense; 4) If you are charged with other than a moving violation; and 5) Traffic fines, court costs or the costs of bail bondsmen.

[6]**The following vehicles are NOT ELIGIBLE**: Commercial and/or business-use vehicles including but not limited to taxis, limousines, automobiles, vans, trucks, and trailers.

[7]**Wisconsin state law requires** residents to provide notice of loss as soon as possible and within one (1) year from the end of the 30-day notice period. In the event it was reasonably possible to provide proof of loss within this period, and you fail to do so, we may deny your claim.

HOW TO ACCESS:
Call 1-888-866-7908. Please have your Member Number available.

ENTERTAINMENT & TRAVEL DISCOUNTS

Access to thousands of discounts and deals nationwide and in your backyard that give you big savings on things that you do every day, including:

- **Dining Discounts**
- **Hotel Discounts**
- **Events & Attractions**
- **Floral Savings**
- **Family Recreation**
- **Movies**
- **Oil Changes**
- **Travel Savings**
- **Car Rental Discounts**
- **Condominium Vacations**
- **Worldwide Shopping Discounts**
- **Golf**
- **Dry cleaning**
- **Vacation Discounts**

PROVIDED BY:

entertainment FV

Whether you are going out to eat, shopping, traveling or simply running a few errands, you now have access to thousands of discounts and deals nationwide and in your backyard. Our deep discounts give you big savings on things that you do every day—from everyday activities like getting the oil changed and dry cleaning to once-in-a-lifetime family vacations. For details on how to use and access your benefits, log in to www.hccua.org using your member number and selected ZIP code. Simply select from the available categories and start saving!

You can use your Membership ID card to receive ongoing 20% savings (up to $25) and print out offers from the Member Benefits area of our site to receive deep savings of up to 50% and even buy-one-get-one free offers.

DINING DISCOUNTS: 50% SAVINGS

With more than 30,000 merchant locations offering up to 50% savings on dining, you're sure to find deals at your favorite local restaurants. Take the opportunity to explore some new taste treats—simply log on at www.hccua.org and pick the dining category that's of greatest interest. Feel like Italian tonight? You're covered. Asian? That, too. We've got plenty of local restaurants available to our members. Pick your category, enter your location and print out your savings offer.

DINING DISCOUNTS: ONGOING 20% SAVINGS

To make a good deal even better, many of our participating merchants also offer ongoing 20% savings. Find a restaurant you really like and go back again and again to receive up to 20% of your total bill, excluding tax, tip and alcohol. Simply take your membership card to the restaurant and save 20% every time!
Discounts cannot be used on major holidays such as Christmas Eve/Day, New Years Eve/Day, Valentine's Day, Easter, etc. Discounts may not be used in conjunction with other promotions or offers and awards programs. Offer valid through expiration date printed on your coupon obtained online.

TRAVEL SAVINGS

Entertainment is your best source for travel savings!

HOTEL DISCOUNTS

Save at thousands of hotels in popular destinations worldwide, including Radisson, Sheraton, Days Inn, OMNI, Quality, Best Western and many more! Members may access all three Hotel Programs through www.hccua.org (see below for information on Hotel Chain Savings Program, Direct to Hotel Savings Program, and Guaranteed Best Rate Program.) Each program has unique guidelines to follow. Hotel Program details are:

HOTEL CHAIN SAVINGS PROGRAM

Members can save up to 20% at participating hotels at popular hotel chains by calling the toll-free number as listed

and providing the agent with the ID code as indicated online. Advance reservations are required. Discounts vary by chain. Blackout dates and other restrictions may apply. At check-in, no card is required, just the confirmation number given at time of booking. Participating Hotel Chains can be found by visiting www.hccua.org.

DIRECT TO HOTEL SAVINGS PROGRAM

Members receive up to 50% savings off the rack rate at over 4,000 participating hotels worldwide. To find participating hotels, members can access the provider list by visiting www.hccua.org. Members should call the telephone number noted for the hotel listing on the website in advance, and identify him/herself as an Entertainment Member when requesting the Entertainment rate. Note: Some restrictions may apply. Discounts are based on Program room availability, if traveling during peak season, holiday weeks or special events, the discount may not be available every night of your stay. Only one room can be discounted per membership card and the card is non-transferable. At check-in, members need to present their membership card with the Entertainment logo along with their confirmation number.

GUARANTEED BEST RATE PROGRAM

Members receive the guaranteed best rate plus may qualify for a rebate of $100-$200. To find participating hotels, please visit www.hccua.org . The Rebate is based upon the number of consecutive nights, with a minimum of two (2) nights and only available for those who pay in full at the time of booking. The Rate is guaranteed at the time of reservation to be the best rate for the room type at the same hotel on the dates booked. The network of hotels participating consists of 35,000 hotels worldwide. Rooms are subject to availability. Rules of Use and Rebate forms can be found on the website.

CAR RENTAL DISCOUNTS

When you travel, you can access great savings with the most trusted names in the car rental business. Members enjoy savings of 5-25% on car and RV rentals. They may take advantage of savings through Alamo, Avis, Budget, National, Hertz and Enterprise. Save on rates, from economy size, all the way up to the finest luxury vehicles.

EVENTS & ATTRACTIONS

Members can save on a wide variety of activities while on vacation! Whether it's golfing, bowling, live events, or museums there is something fun for everyone to enjoy. You can also enjoy discounted rates on special events, sporting events, and several amusement parks including Universal Orlando Resort and great savings at Planet Hollywood!

CONDOMINIUM VACATIONS

Enjoy the comforts of home at resort destinations within the US or around the world! Enjoy great savings on condominiums – As a member, you can stay in beautiful one and two bedroom or studio condominiums at resorts in locations like Orlando, Ft. Lauderdale, Palm Springs, Hilton Head, Virginia Beach, St. Lucia, Mexico and many more. Members enjoy preferred rates through several of the nation's largest resort rental companies like Florida Vacation Station, CondoDirect and Westgate Resorts.

FLORAL SAVINGS

Looking for a great way to say I Love You, Happy Anniversary, Happy Birthday or Just Because. Save up to 25% on each purchase of flowers, gift baskets, balloon bouquets, plants and more! Take advantage of great floral savings at over thousands of participating florists nationwide including:

- 1-800-Flowers.com
- USAFlorist.com
- Blooms Today
- From You Flowers
- Hallmark Flowers & Gifts
- Florist.com
- Pro Flowers

ENTERTAINMENT & TRAVEL DISCOUNTS

WORLDWIDE SHOPPING DISCOUNTS

Members can access direct discount savings on thousands of local and national retailers throughout the country. Savings for everything from apparel and electronics to toys and office supplies—all at top merchant names—are available at your fingertips. It's as simple as printing out the offer and bringing it on your next trip to the store. Or, just click-through to purchase online!

ONLINE SHOPPING

Members will have access to hundreds of offers in our Top Web Deals category, which allows you to save time and money on great national online retailers. For more details on how to use and access your benefits, log in to www.hccua.org using your member number and selected ZIP code. Simply select Shopping or Top Web Deals and start saving!

LOCAL PERSONAL AND FAMILY SERVICES

Not enough hours in the day to get all of your errands done? We can assist in easing the pain by providing significant cost savings on a variety of local services that you use every day. From daily discounts on your health and beauty needs to major construction on your home and everything in between, we can be your source for savings.
Members enjoy a variety of local services including: dry cleaning, automotive, family-related, household, handyman, health and fitness, and tax preparation.

RECREATIONAL ACTIVITIES

Members can enjoy saving money and spending time with loved ones on activities and attractions throughout the country. Members and their families can enjoy great discounts on recreational activities including live events, museums, special events, and sporting events. If you would rather participate, then we have great discounts for you too! Local offers include, but are not limited to, bowling, laser tag, miniature golf, ice skating, roller skating and many more. All are easy to access through member search. If these aren't enough, members can also access significant savings at golf courses and movie theatres.

GOLF

Members can save up to 50% on some of the country's top golf courses. Whether traveling across the country for a golf weekend escape or playing nine holes at a local course, we have your golf needs covered. Sample savings include: 2-for-1 Green Fees; 2-for-1 Bucket of Balls; 50% Off Discount; and Ongoing 20% off Savings! To access your golf discounts visit www.hccua.org, select Entertainment Discounts and search golf under the attractions link.

MOVIES

You can enjoy discounted movie tickets at major movie theatre chains throughout the country. By searching for the theatre of your choice, you will have access to printable, box office redemption discounts as well as tickets that can be ordered by mail. Or if you prefer to stay home, members have access to discounts at local movie rental locations close to home. (Movie rental discounts can be found under Shopping category). For more details, log in to www.hccua.org using your member number and selected ZIP code and select Movie Tickets and start saving! Certain Terms and Conditions may apply to certain theatres. Please be sure to check applicable limitations online before you purchase your tickets. A shipping and handling fee will apply for all orders.

HOW TO ACCESS:

1. Navigate to www.hccua.org
2. Log into the website with your member number and your zip code.
3. Click on "Member Benefits" and then "Basic Benefits" along the left navigation menu.
4. Click on the desired "Entertainment Benefits".

PET CARE SAVINGS

HCCUA has partnered with Pet Assure® so you can start saving on your pet care needs immediately! Remember, this benefit covers all of the pets in your household.

PROVIDED BY: Pet Assure® First Class Pet Care For Less

- **10%-30% off on pet supplies and specialty items from thousands of participating merchants and service providers!**
- **25% off all medical services each and every time you visit a participating veterinarian from our network!* Our Pet Club has participating practices in all 50 states, Washington DC, and Puerto Rico so you are protected right at home or while you are away. With Pet Club, you receive your discount right in the vet's office. There are no hassles like claim forms or deductibles—and remember, no pet will ever be excluded! You can enroll any pet, any age, and in any health condition…even those with pre-existing conditions.**
- **Free enrollment in 24/7 Pet Assistance Locator Service (PALS Tag). This recovery service has reunited thousands of lost pets with their families. Anyone who finds your lost pet simply calls the 24/7 Pet Assistance Locator Service. We go right to work calling you at home, office, cell phone and every other emergency contact you have provided until your pet is safely back home.**

How to access: For details on how to use and access your Pet Assure® benefits, log in to www.hccua.org using your member number and home zip code and view the Member Benefits page. Click on "Pet Assure Benefits" and follow the instructions at the bottom of the page to create your login and password for our Pet Club website and register for your complimentary Pet ID tags.

Pet Assure® is not insurance. Savings on food and flea products, routine boarding and grooming, outside services, low-margin pharmaceuticals, and items already discounted are at the veterinarians' discretion, but may be available at a savings through another participating merchant.

HOW TO ACCESS:

1. Navigate to www.hccua.org
2. Log into the website with your member number and your zip code.
3. Click on "Member Benefits" and then "Basic Benefits" along the left navigation menu.
4. Click on "Pet Assure Benefits".

To obtain information on receiving your PALS tags, call 1-888-866-7936

For a complete listing of participating practices, call 1-888-866-7936.

COMPREHENSIVE WELLNESS TESTING & PROFILE

BECAUSE WE WANT YOU TO BE HEALTHY!
That's why we provide a comprehensive wellness profile at no additional cost to you!

You get over 50 individual blood tests and a CWP lab report that provides a thorough bio-chemical assessment of almost all major organs of your body. The tests performed as part of the Comprehensive Wellness Profile include (NOT available within HI, NY, NJ, RI):

- **Complete Blood Count (CBC)**
- **Liver Panel**
- **Kidney Panel**
- **Fluids and Electrolytes**
- **Thyroid Profile w/TSH**
- **Lipid Profile (cholesterol. HDL, LDL, the risk ratio, triglycerides)**
- **Minerals and Bone**
- **Glucose (Diabetes)**

This Comprehensive Wellness Testing & Profile is **FREE OF CHARGE** for all Members and spouses (if applicable) in our Complete Choice Plus, Complete Choice Enhanced and Easy Choice Programs and is available for all other members for a one-time annual fee of $120 for Single or Parent/Child and $200 for Couple or Family memberships.

COMPREHENSIVE ADULT WELLNESS TESTING & PROFILE

You must have a continuous active membership in good standing for at least 90 days in order to use this benefit. To schedule an appointment you must call Member Services at 1-866-227-5400. The CWP consists of over 50 individual blood tests to provide a thorough bio-chemical assessment. It gives results on all major organs of the body.

Blood tests, as part of your annual wellness routine, can help spot a wide variety of health problems, and early detection and treatment can save money, prevent further health problems and even save lives. So, every year, the Member and spouse (if applicable) can get a Comprehensive Wellness Profile ("CWP") directly from major clinical labs (such as Lab Corp) with no charge or co-payment.

The Comprehensive Wellness Profile™ blood test consists of the following panels with details below:

COMPLETE BLOOD COUNT

WBC - White blood cells are the body's primary defense against disease. White blood cells help fight infection.
RBC - Red blood cells are responsible for carrying oxygen and carbon dioxide to all cells. Iron deficiency will lower RBC.
Hemoglobin - A chemical compound inside red cells that transports oxygen through the blood stream to all cells of the body. Oxygen is needed for healthy organs. Hemoglobin gives the red color to blood.
Hematocrit - Hematocrit measures the amount of space red blood cells take up in the blood. It is reported as a percentage.
Lymphocytes - The results of this and basophils, eosinophils, monocytes and neutrophils deal with white blood cell function. Important to the body's defense against infection. Also important in the assessment of nutritional status.
Monocytes - The results of this and basophils, eosinophils, lymphocytes, and neutrophils deal with white blood cell function. Important to the body's defense against infection. Also important in the assessment of nutritional status.
MCH - Mean-Corpuscular Hemoglobin is one way to measure the average hemoglobin concentration within red blood cells, which varies from normal with different diseases.
MCHC - Mean-corpuscular hemoglobin concentration.
MCV - Mean-corpuscular volume measures red blood cell volume.
Neutrophils - The results of this and basophils, eosinophils, lymphocytes, and monocytes deal with white blood cell function. Important to the body's defense against infection and also important in the assessment of nutritional status
Platelets - Blood cell particles involved with the forming of blood clots.
RDW- Red cell distribution width (RDW) is a calculation of the variation in the size of your RBC's. In some anemias, such as pernicious anemia, the amount of variation (anisocytosis) in RBC size (along with variation in shape -poikilocytosis) causes an increase in the RDW, esterol, heart disease, blood tests, cholesterol, heart disease.

COMPREHENSIVE WELLNESS TESTING & PROFILE

LIVER PROFILE

Alanine aminotransferase (ALT or SGPT) - an enzyme found primarily in the liver. Abnormalities may represent liver disease.
Albumin - serum one of the major proteins in the blood and a reflection of the general state of nutrition.
Albumin/Globulin ratio - Calculated by dividing the albumin by the globulin.
Alkaline phosphatase - Are body protein important in diagnosing proper bone and liver functions.
Aspartate aminotransferase (AST or SGOT) - an enzyme found in skeletal and heart muscle, liver and other organs. Abnormalities may represent liver disease.
Bilirubin, Total - A chemical involved with liver functions. High concentrations may result in jaundice.
Globulin,Total - A major group of proteins in the blood comprising the infection fighting antibodies.
Lactate Dehydrogenase (LDH) - An enzyme found mostly in the heart, muscles, liver, kidney, brain, and red blood cells. When an organ of the body is damaged, LDH is released in greater quantity into the blood stream.
Protein, Total -Together with albumin, it is a measure of the state of nutrition in the body.
GGT - GGT Also known as: Gamma-glutamyl transpeptidase, GGTP Formal name: Gamma-glutamyl transferase helps to detect liver and bile duct injury. Some doctors use it in all people they suspect of having liver disease, others use it only to help explain the cause of other changes or if they suspect alcohol abuse.

KIDNEY PANEL

Urea Nitrosen (BUN) - A by-product of protein metabolism eliminated through the kidneys. BUN is an indicator of kidney function.
Creatinine, Serum - An indicator of kidney function.
Uric acid - Another by-product of protein metabolism eliminated through the kidneys. Uric acid is an indicator of kidney function.
Bun/Creatinine - Ratio Calculated by dividing the BUN by the Creatinine.

THYROID PANEL

The thyroid gland synthesizes, stores, and releases hormones. The hormones secreted are iodine containing amino acids, thyroxine (T4) and triiodo-thyronine (T3). The thyroid hormones influence a diversity of metabolic processes. These tests help to evaluate thyroid hormones that control the body's metabolic rate.
Total T-4 (Thyroxine), T-3 uptake, Free-Thyroxine Index (FTI) T-7, TSH.

LIPID PROFILE

Cholesterol, Total - A sterol in the blood Knowing your cholesterol may be as important as knowing your blood pressure. Elevated cholesterol is associated with an increasing risk of coronary heart disease.
HDL- Cholesterol High-density lipoproteins are believed to take cholesterol away from cells and transport it back to the liver for processing or removal. They have become known as the "good" cholesterol as persons with high levels of **HDL** may have less heart disease. Low HDL could be the result of smoking and lack of exercise.
LDL- Cholesterol Low-density lipoproteins contain the greatest percentage of cholesterol and may be responsible for depositing cholesterol on the artery walls. For that reason, they could be known as the "bad" cholesterol.
Cholesterol/HDLRatio - Calculated by dividing the total cholesterol by the HDL cholesterol. Ratio used by physicians in determining your relative risk for developing cardiovascular heart disease.
Triglycerides- Triglycerides is a fat in the blood responsible for providing energy to the cells of the body. Triglycerides should be less than 400 mgldl even in a non-fasting state.

BONE AND MINERALS

Iron, Total - An abnormally low test result may indicate iron deficiency anemia.

Calcium - A mineral essential for development and maintenance of healthy bones and teeth. It is important also for the normal function of muscles, nerves and blood clotting.
Phosphorus - Together with calcium, it is essential for healthy development of bones and teeth. Associated with hormone imbalance, bone disease and kidney disease. It is found mainly in bones and teeth. NOTE: a temporary drop in phosphorus level can be seen after a meal.

FLUIDS & ELECTROLYTES

Chloride, Serum - Similar to sodium, it helps to maintain the body's electrolyte balance.
Potassium - Helps to control the nerves and muscles.
Sodium, Serum - One of the major salts in the body fluid; sodium is important in the body's water balance and the electrical activity of nerves and muscles.
Carbon Dioxide - ordered as part of an electrolyte panel. The electrolyte panel is used to detect, evaluate, and monitor electrolyte imbalances.

DIABETES

Glucose - Blood sugar level, the most direct single test to uncover diabetes, may be used not only to identify diabetes, but also to evaluate how one controls the disease.

Before calling Member Services to schedule your Comprehensive Wellness ProfileTM, you must read and agree to the following Privacy Notice and Direct Laboratory Services disclaimer:
Privacy Policy & Disclaimer Direct Laboratory Services, Inc. (DLS) is located at: 300 Mariners Plaza Suite 321, Mandeville, LA 70448 The Privacy Policy adopted in order to maintain clear standards of privacy and security with the information we are provided by customers for confidentiality states:
(1.) We will not sell or provide secure proprietary information input by customers to any outside parties.
(2.) No customer information is kept on the publicly available server.
By accessing this web site, users agree to be bound by all of the terms and conditions of the guidelines set out in this **Disclaimer.** Do not consult this web site unless you agree not to hold DLS liable for any errors or omissions. We offer laboratory services for wellness monitoring. The tests, services or products found listed in our web site are not intended to diagnose, treat, or cure disease. We give no warranty that any of our services will prevent disease. All material is provided for educational purposes only and is not intended to be a substitute for a physician's consultation. Although DLS encourages increased self-awareness and self-care, all readers are strongly encouraged to consult and work with an experienced health-care practitioner. DLS does not engage in rendering medical advice or services. Individuals with health disorders, medical conditions, or any condition needing medical supervision assume full responsibility for obtaining such professional medical assistance. Consult your physician regarding any symptoms or medical condition. We specifically disclaim any expressed or implied warranties or merchantability of fitness for any particular usage, application or purpose. DLS does not recommend self-diagnosis or self-medication, and no information within this web site or presented by DLS or its associates may be construed or interpreted as recommending self-diagnosis or self-medication. If a laboratory test result is outside normal range, you may be encouraged to see a physician. Many tests, to be validated, will need to be repeated at the discretion of a physician. Laboratory test results may vary depending upon age, sex, time of day blood sample is taken, diet, medications, and the limits of modern technology. A single laboratory test or group of tests cannot guarantee good health. False positive and false negative test results are possible. There are various medical diseases that cannot be uncovered by these tests alone. Testing by our medical staff only constitutes a partial evaluation of your state of health and does not represent a diagnosis or treatment of disease. DLS shall not be liable to you or anyone else for any loss or injury caused in whole or in part by procuring, compiling, interpreting, delivering or reporting information through this web site. In no event shall DLS be liable to you or anyone else for any decisions made or action taken or not taken by you in reliance on such information. Material placed online

by users does not represent medical advice of DLS and we make no representations with respect to the accuracy, reliability, completeness, timeliness or usefulness of the contents.
Notice of HIPAA Privacy Practices: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND REPORT ANY GRIEVANCE TO THE DLS PRIVACY OFFICIAL.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the Patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. We have prepared this "Summary Notice of HIPAA Privacy Practices" to explain how we are required to maintain the privacy of your health information and how we may use and disclose your health information. A Notice of HIPAA Privacy Practices containing a more complete description of the uses and disclosures of your health information is available to you upon request. We may use and disclose your medical records for each of the following purposes: treatment, payment, and health care operations: TREATMENT means providing, coordinating, or managing health care and related services by one or more health care providers PAYMENT means such activities as obtaining reimbursement for services, billing or collection activities and utilization review. HEALTH CARE OPERATIONS include the business aspects of running our laboratory service practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer service. We may also create and distribute de-identified health information by removing all references to individually identifiable information. We may contact you to provide laboratory draw site information or other health-related services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the DLS Privacy Officer:
1. You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and health care operations. You may also request that we limit our disclosures to persons assisting your care. We will consider your request, but are not required to accept it.
2. You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.
3. Except under certain circumstances, you have the right to inspect and copy medical, billing and other records used to make decisions about you. If you ask for copies of this information, we may charge you a nominal fee for copying and mailing.
4. If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.
5. You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures for your treatment before April 14, 2003 among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

HOW TO ACCESS:
Call Member Services at 1-866-227-5400 to arrange for the test.
NOTE: Do not schedule a lab visit without contacting Member Services at 1-866-227-5400.

HEALTH ADVOCACY SERVICES

YOU NOW HAVE YOUR OWN ADVOCATE TO HELP YOU AND YOUR WHOLE FAMILY NAVIGATE THE HEALTHCARE SYSTEM!

You get access to your own healthcare advocate (an "Advocate") who can help you and your whole family (including your spouse, dependants, parents and in-laws!) navigate the healthcare system and deal with the clinical and administrative issues you have to face to meet your medical, hospital, vision, dental, pharmacy and other healthcare needs.

CLINICAL SERVICES

- **Finding top-rated doctors, hospitals and medical institutions**
- **Helping with complex medical conditions**
- **Researching treatments and locating providers**
- **Assisting with obtaining second opinions**
- **Scheduling appointments with specialists**

ADMINISTRATIVE SERVICES

- **Dealing with insurance companies**
- **Resolving insurance claim problems and disputes**
- **Helping you manage your healthcare costs**
- **Negotiating medical bill reductions**
- **Getting billing mistakes corrected**
- **Locating financial assistance programs**

HEALTH COACHING

- **Helping prepare patients for appointments**
- **Answering questions and providing information**
- **Aiding you in better understanding medical conditions**
- **Enabling you to become more active in your own healthcare**
- **Assisting with making arrangements for special needs**

INFORMATION & SERVICE SUPPORT

- **Assisting with in-home-care and eldercare issues and arrangements**
- **Providing information needed for making informed healthcare decisions**
- **Helping you complete qualification applications**
- **Identifying, arranging and coordinating health and wellness services**
- **Help with arranging transportation service**
- **Locating support groups and educational services**

This Healthcare Advocacy Service is **FREE OF CHARGE** for all Members in our Complete Choice, Complete Choice Plus, Complete Choice Enhanced and Easy Choice Programs and is available for all other Members for an additional $20 per month.

HEALTH ADVOCACY SERVICES

HEALTHCARE COORDINATION, CLAIMS & BILLING ASSISTANCE

If you have chosen to take advantage of the insured medical benefits available to members of the Health Care Credit Union Association, your Advocate can help you get the most out of your coverage. It's simple. If you have a healthcare or insurance issue you need help with , just call our special toll-free Health Advocacy telephone number (1-866-227-5400). Normal business hours are Monday - Friday between 8am and 6pm Eastern Standard Time. The first time you call you will speak with an Advocate who will be assigned to personally help you with your questions or problem. After obtaining the necessary background information, your Advocate, with the assistance of a staff of medical and administrative experts, will begin working on your question or problem. You or a covered family member (your spouse, dependants, parents and in-laws) may call as often as needed.

Your Advocate is a trained professional who understands the complexities of obtaining healthcare and how to navigate the healthcare system. You can establish a real relationship with your Advocate, who will stay with you through to the resolution of any situation. Your Advocate and the team of administrative experts who work with your Advocate to help coordinate care among physicians and medical institutions are all committed to giving you top-quality service and support.

Advocates are specially trained to handle every matter in a thoroughly confidential manner and to follow strict protocols that comply with all governmental privacy standards to ensure that your medical and personal information is properly protected.

Advocates can help you identify primary and specialist physicians, hospitals, and related healthcare providers. While they will first focus taking advantage of network relationships to help you get the most from your benefits, they can also work to obtain any required approval for the use of out-of-network providers and suppliers for any necessary healthcare, supplies and equipment not available for in-network sources.

Your Advocate can explain the coding and payment rules that apply to your circumstances and help sort out and solve claims and related paperwork problems and assist with resolving coverage issues and disputes. They will research your out-of-pocket payment responsibilities, resolve any errors related to balance-billing, eligibility, benefit and claim denials with providers and/or the insurance company. When necessary, they can negotiate for fee reductions from healthcare providers to lower your erroneous charges and help resolve questions regarding denials of benefits deemed to be non-covered, not medically necessary or ineligible. If there are questions of coverage for a particular, or if coverage for clinical care has been denied, your Advocate can assist you throughout the review and appeals process. They can also assist in searching out alternative coverage options when needed.

Your Advocate will help you understand tests, treatments and medications recommended or prescribed by your doctor. They will help you understand complex medical conditions and facilitate a review of test results with another doctor for confirmation of a diagnosis, and can assist with the transfer of medical records, x-rays and lab results.

If you are faced with a rare, serious or complex medical condition, your Advocate can identify leading critical illness providers, medical institutions, and specialized medical programs nationwide, including arranging for you to be evaluated for participation in a clinical trial where appropriate. They can schedule appointments and even help coordinate transportation and lodging when necessary.

HEALTH ADVOCACY SERVICES

Your Advocate can assist you with prescription drug issues including formulary and benefit questions, provide information for renewing prescriptions, provide information on generic drugs, locating lower cost sources for prescription medications not covered by your health plan and help you obtain mail order prescriptions. They can also help you resolve questions with pharmacies regarding the amount or strength of product prescribed and dispensed.

If you have special services or needs, your Advocate can help locate and make arrangements for those services. You are responsible for payment of any specific services arranged on a fee-for-service basis that are not covered by an insurance plan. Your Advocate can help with locating services not covered by your health plan, (including adult day care and rehabilitation, inpatient private nursing, group homes for individuals with special needs, and home health aides), and can assist you with completing qualification applications for individual coverage options, including Medicaid and Medicare.

HOW TO ACCESS:
Call Member Services at 1-866-227-5400. Please have your Member Number available.

INDEPENDENT. CONFIDENTIAL. CONVENIENT.
Advocates are not affiliated with any insurance or third party provider. Healthcare Advocacy services do not replace health insurance coverage, and Advocates do not provide medical care, render medical advice or recommend medical treatment.

FINANCIAL EDUCATION & CREDIT COUNSELING

This benefit provides you and your family with personalized financial and credit counseling services 24/7, 365 days per year! We provide access to counseling and financial education through a variety of delivery methods including telephone, online tools and live chat sessions.

PROVIDED BY: Legal Club Of America®

Whether you are renting or buying a home, having problems with debt, or setting up a trust, this financial education program is designed to provide you and your family with the tools necessary to make better financial decisions. Personal financial guidance and education is provided by over 1,000 experienced financial counselors.

Benefit highlights include:

- **Free Consultations -** A complete financial assessment will include a review and analysis of your house hold income, expenses, assets and liabilities.
- **Credit & Debt Counseling by Certified Credit Counselors -** Assist in creating a livable budget to balance income and expenses - Provide specific advice on how to deal with creditors - Offer money management and budgeting techniques to help gain control of finances - Develop a comprehensive spending plan - Create an action plan to become debt free
- **Online Counseling Sessions -** Receive answers to questions on loans, budgeting, dealing with debt, etc...
- **Housing Advisory Services -** Advice on home ownership, mortgages, refinancing, and more...
- **Online Tools, Articles & Courses -** To inform, assist & educate you in areas of credit & money management.

This Financial Education & Credit Counseling Service is **FREE OF CHARGE** for all Members in our Complete Choice Enhanced Programs and is available for all other members for a one-time annual fee of $120.

HOW TO ACCESS:
Call Member Services at 1-888-866-7920. Please have your Member Number available.

TAX PREPARATION, ADVICE & AUDIT ASSISTANCE

A comprehensive tax program providing free tax return preparation, deeply discounted tax schedule preparation and unlimited, toll-free, tax related advice during normal business hours.

- **Unlimited personal and sole-proprietor small business federal taxation advice by toll-free phone/fax/e-mail**
- **Free tax return preparation (1040EZ, 1040A, and 1040) and discounted preparation of form schedules***
- **Review of prior year's tax return**
- **Member portal with information on tax tips, tax law changes, tax organization, IRS audits, IRS notifications and on-line member advice**
- **IRS audit assistance**
- **IRS notification assistance**
- **Tax planning**
- **$25 discount on other tax services at all Jackson Hewitt locations**

PROVIDED BY: Legal Club Of America®

This Tax Preparation, Advice & Audit Assistance Service is **FREE OF CHARGE** for all Members in our Complete Choice Enhanced Programs and is available for all other members for a one-time annual fee of $120.

All tax and financial assistance is provided by tax attorneys, financial analysts, CPA's, former auditors and/or Enrolled Agents certified by the IRS. All tax and financial advice is backed by a $1 million liability policy!

DETAILS AND PROVIDER TERMS AND CONDITIONS FROM LEGAL CLUB OF AMERICA®

We provide the voice behind the software. With today's tax software programs, users need more than help screens. Our experts step in with tax advice tailored specifically to an individual's unique situation. Live, one-on-one, direct answers to members' tax questions over the phone. When pop-up screens just aren't popping up with the right answer, our experts are a phone call away with reliable advice.

We interpret "IRSspeak". Our experts will review any notice or letter issued by the IRS and provide professional advice on how to understand and solve the matter. They assist and advise members who get audited. They review the IRS audit notification and help sort out the facts. Members also have access to a web-based IRS audit tutorial, as well as an IRS notification tutorial that helps take the terror out of those ominous-looking IRS letters.

A tax advisor for people in all income brackets. According to Thomas J. Stanley in his book The Millionaire Mind, "The number one activity for millionaires is consulting with a tax expert." For most of us, tax consultation isn't that high on our list of things to do, but it's still vitally important for nearly everyone at one time or another. HCCUA members seek and receive advice on the tax implications of all these everyday financial matters:

- Individual Retirement Accounts, Roth IRAs, 401k plans, SEPs
- Real estate timing and strategies
- Retirement planning
- Capital gains
- The tax advantages of home ownership
- Investment timing and strategies
- Divorce
- Healthcare spending accounts
- Inheritance

TAX PREPARATION, ADVICE & AUDIT ASSISTANCE

Our experts will also review a member's prior year's tax return. This review can reveal costly errors and generate a source of extra tax savings. Some of the typical questions our experts hear are:

- Should I open a Roth IRA?
- Is the money I inherited taxable?
- Is my Social Security or retirement taxable?
- Which deductions can I take if I have a home-based business?
- How does the capital gains tax work?
- Should I itemize deductions?
- Do I get a tax break for child care expenses?
- Which tax form do I file?

HCCUA is pleased to have your tax questions answered and your tax forms completed based upon the information you provide. Inadequate or incorrect information provided by the member to the tax professionals may lead to an incorrect answer for which the plan administrator and HCCUA cannot be held responsible. The plan administrator makes every effort to keep its tax professionals abreast of changes in tax law but is not responsible for inconsistent interpretations of the tax code by the IRS and/or tax courts regarding specific matters. All benefits are available to the individual enrolled and his/her dependents as defined by the most current IRS code. The plan administrator, not HCCUA, assumes all liability and responsibility for the provision of, or failure to provide the stated products, services and benefits. HCCUA's liability is limited to the amount of actual membership fees paid by a member for access to the tax program.

HOW TO ACCESS:
Call Member Services at 1-888-866-7920. Please have your Member Number available.

*[*SEE FOLLOWING PAGE FOR DISCOUNTED PRICING FOR PREPARATION OF FORM SCHEDULES AND ADDITIONAL TAX DOCUMENTS]*

HCCUA
HEALTH CARE CREDIT UNION ASSOCIATION

TAX PREPARATION DISCOUNTS

Forms/Schedules	Description	Fee
1040, 1040A or		
1040/EZ (1 only)	Individual Income Tax Return	FREE
1040	In Addition to First Return	35.00/each
1040A	In Addition to First Return	29.00/each
1040EZ	In Addition to First Return	24.00/each
1040ES	Estimated Tax for Individuals	16.00/each
1040X	Amended Return for Individuals	49.00/each
1041	Fiduciary Income Tax Return	299.00/each
1045	Tentative Refund Application	49.00/each
1065	Partnership Return	299.00/each
1116	Foreign Tax Credit	49.00/each
1120 or 1120S	Corporate Return	299.00/each
2106	Employee Business Expenses	24.00/each
2210	Underpayment of Estimated Taxes	24.00/each
2441	Child/Dependent Care Expenses	24.00/each
2688**	Additional 2-Month Extension to File	16.00/each
3903	Moving Expenses	24.00/each
4562	Depreciation and Amortization	15.00/entry
4797	Sale of Business Property	15.00/entry
4835	Farm Rental Income and Expenses	99.00/each
4868**	Automatic 4-Month Extension to File	16.00/each
4952	Investment Interest	24.00/each
5329	Early Withdrawal Penalty	24.00/each
6251	Alternative Minimum Tax	35.00/each
6252	Installment Sales - 1st year	49.00/each
	Installment Sales - Additional years	24.00/each
8275	Disclosure Statement	16.00/each
8283	Non-Cash Charitable Contributions	10.00/entry
8453*	Electronic Filing Declaration	35.00/each
8582	Passive Activity Loss Limitation	24.00/each

Forms/Schedules	Description	Fee
8606	Non-Deductible IRA Contributions	16.00/each
8812	Additional Child Tax Credit	16.00/each
8825	Rental Property Income/Loss (Front)	35.00/prop.
8829	Home Office Expenses	35.00/each
8863	Education Credits	35.00/each
9465	Installment Request	16.00/each
940	Annual Federal Unemployment Insurance Form	24.00/each
941	Quarterly Payroll Deposits	24.00/each
Schedules:		
A	Itemized Deductions	FREE
B	Interest and Dividend Income	5.00/entry
C	Sole-Proprietor Business	99.00/each
C-EZ	Business (Short Form)	34.00/each
D	Capital Gains and Losses	10.00/entry
E	Rental Property Income/Loss (Front)	35.00/prop.
E	Supplemental Income/Loss (Back)	10.00/K-1
EIC	Earned Income Credit	24.00/each
F	Farm Income and Expenses	99.00/each
K-1	Partner/Shareholder Income Statement	24.00/each
NOL	Net Operating Loss Calc. and Carryover	149.00/each
R	Credit for Elderly or Disabled	24.00/each
SE	Soc. Sec. Self-Employment Tax	24.00/each
W-2 & W-3	Employee Withholding Statement	5.00/each
1099 & 1096	Miscellaneous Income Statement	5.00/each

Additional Services Available	
Form 1023/1024 Exempt Organization Consulting	80.00/hour
Review of a Prior Year Tax Return	FREE
Accounting and Payroll Services - Call for quote	
Audit Preparation (if we prepared the return)	FREE
Audit Representation	80.00/hour
Collection Representation	125.00/hour
Tax Court Representation	250.00/hour
Offer-In-Compromise/Installment Agreement Negotiations	995.00/each
Tentative Refund Application	49.00/each
Partnership Return	299.00/each
Foreign Tax Credit	49.00/each

Additional Services Available	
State Income Tax Returns	49.00/each
Any form/schedule not listed above	49.00/each
Depreciation Schedule – Complete List	49.00/each
Bookkeeping time required for tax preparation	39.00/hour
Postage and handling fee to return original documents	29.00/each

*Electronic Filing not available for first year as a taxpayer or without tax preparation.

**Not applicable where client submits extensions.

Note: Client is solely responsible for State and Local Extensions.

HEALTH DISCOUNT PROGRAM

PLEASE NOTE: THE HCCUA HEALTH DISCOUNT PROGRAM INCLUDED IN EASY CHOICE MEMBERSHIP IS PROVIDED BY OPTUMHEALTH ALLIES AND ADMINISTERED BY HEALTHALLIES, INC., A DISCOUNT MEDICAL PLAN ORGANIZATION LOCATED AT 505 N. BRAND BLVD., SUITE 850, GLENDALE, CA, 91203, 1-800-377-0263. OPTUMHEALTH ALLIES IS NOT INSURANCE. OPTUMHEALTH ALLIES PROVIDES DISCOUNTS AT CERTAIN HEALTH CARE PROVIDERS FOR MEDICAL AND HEALTH SERVICES AND PRODUCTS. OPTUMHEALTH ALLIES DOES NOT MAKE PAYMENTS DIRECTLY TO THE PROVIDERS OF MEDICAL AND HEALTH SERVICES AND PRODUCTS. THE PROGRAM MEMBER IS OBLIGATED TO PAY FOR ALL HEALTH CARE SERVICES AND PRODUCTS BUT WILL RECEIVE A DISCOUNT FROM THOSE HEALTH CARE PROVIDERS WHO HAVE CONTRACTED WITH THE DISCOUNT PLAN ORGANIZATION.

EASY CHOICE MEMBERS: FOR FULL DETAILS OF THIS HEALTH DISCOUNT PROGRAM, PLEASE SEE THE ENCLOSED "HEALTH DISCOUNT PROGRAM MEMBER HANDBOOK".

MEDICAL CARE

PROVIDED BY: OptumHealth℠ Allies

Save on many medical care needs for you and your family, including:

- Practitioners: Save 15-35% on primary care and on specialties including allergies and asthma, pediatrics and many more.
- Physical Therapy/Rehabilitation: Save 15-25%
- Diagnostics: Save 20-60% on imaging, X-rays and lab work
- Urgent Care/Quick Care Centers: Save 5-20%
- Hospitals*/Outpatient Surgery: Save 5-20% on many hospital* stays and outpatient surgeries that you arrange in advance.

DENTAL

Save 10-35% on your dental care needs at more than 64,000 dental care locations nationwide.
Save on the following dental care services:

- General Dentistry, Pediatric Dentistry, Orthodontics, Periodontics, Endodontics, Prosthodontics, Oral and Maxillofacial Surgery and Cosmetic Dentistry

VISION

Our vision network offers savings on eye exams, glasses, contact lenses and even laser vision correction. You can save at more than 15,000 vision care locations and more than 550 laser vision correction locations.
Enjoy the following vision care savings:

- Eye examinations: Pay no more than $40 each for an annual eye exam for you, your spouse and your dependents (an average savings of $22).
- Eyeglass lenses (single-vision, bifocal, trifocal, lenticular): 20% discount
- Frames: 20% discount
- Patient options (tints, scratch resistant coatings, UV protection): 20-40% discount
- Mail order contacts: 15% off
- Laser vision correction: 15% off standard pricing and 5% off promotional offers (available from all network providers). Or, choose fixed pricing ranging from $695 to $1,895 per eye (available only from LasikPlus centers).

ALTERNATIVE CARE

Alternative and complementary treatments have become popular with millions of individuals suffering from pain and stress. Enjoy savings of 20% on these popular forms of alternative care from participating network providers:

- Acupuncture/Acupressure: The use of needles or pressure on specific points of the body to help relieve pain and restore health.
- Chiropractic: Manipulation of the spine and other joints to reduce pain and restore and maintain health.
- Massage Therapy: The application of pressure, tension, motion or vibration to the body to help increase physical and mental health.
- Naturopathy: A holistic approach to assisting the body's innate ability to recover through physical, dietary and emotional therapies.

*Hospital Discounts are not available in Maryland or other states where prohibited by law

WELLNESS

Be healthy and save money, with discounted rates on a wide range of wellness-related services and products. Here are just a few:

Fitness Clubs:

- Save on membership fees at more than 12,000 clubs in the GlobalFit network, including Curves and select Ladies Workout Express, Gold's Gym and World Gym locations.

Weight Management:

- Jenny Craig®: Get a free one-month trial and discounts of 20-50% on ongoing programs.
- NutriSystem®: Get $30 off on a 28-day supply of food (an average savings of 10%).

Nutrition:

- Learn to eat right – and save 20% – with personal nutrition counseling.

LONG-TERM CARE SERVICES

Members typically receive 5-30% off of a variety of long-term care services from participating providers including:

- Adult Day Care, Assisted living, Memory Loss Products, Hospice Programs, Skilled Nursing Facilities, Home Health Aides, Homemaker and Personal Care Services, Medical Supplies and DME and Respite Programs.

BEHAVIORAL HEALTH

If you or an immediate family member needs help coping with life's challenges, save 15-35% on treatment from behavioral health practitioners, and 15-20% at 8,000 facilities nationwide on these behavioral health care services:

- Addiction medicine and treatment facilities, Counseling, Pediatric Behavioral Health, Psychology and Psychiatry

HEARING

Members can save on hearing aids and ancillary products from more than 3,000 hearing centers nationwide, including independent audiologists, hearing aid dispensers, universities and hospitals*. Members receive 30% off the MSRP or $300 off the usual and customary charges (generally lower than MSRP so your cost will be even lower) for the total purchase, whichever is the greater discount. At no additional cost each hearing aid purchase includes:

- Free quarterly cleanings and adjustments
- Yearly audiometric screenings
- First-year loss and damage insurance and repair warranty
- Batteries for the life of the hearing aid (up to two packages/quarter)

INFERTILITY TREATMENT

Members trying to conceive can save 10-28% on reproductive care packages from physicians and treatment centers in the Advanced Reproductive Care (ARC) network, which offers patients the following advantages:

- All-inclusive, individualized package pricing makes the total cost of care known before treatment starts
- Refund guarantee available with some packages
- Financing available for qualified applicants
- Simple and quick application process
- Experienced, friendly support team

HEALTH SUPPLIES

Our online Marketplace offers 10-25% off of more than three dozen leading health and wellness retailers. Enjoy the convenience of 24-hour shopping and home delivery while saving on all this and more:

- Fitness apparel and equipment
- Beauty supplies and skin care
- Aromatherapy, spas, and other relaxation products and services
- Diabetic Supplies
- Books and other media from McGraw-Hill Professional and others
- "Stop smoking" programs
- Vitamins, supplements, nutrition and natural foods
-

*Hospital Discounts are not available in Maryland or other states where prohibited by law

INSURANCE BENEFITS SUMMARY

THE HEALTH CARE CREDIT UNION ASSOCIATION (THE "ASSOCIATION"): (1) DOES NOT CONDITION MEMBERSHIP IN THE ASSOCIATION ON ANY HEALTH STATUS-RELATED FACTOR; (2) MAKES HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE TO ALL MEMBERS REGARDLESS OF ANY HEALTH STATUS-RELATED FACTOR; AND (3) DOES NOT MAKE HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE OTHER THAN IN CONNECTION WITH A MEMBER OF THE ASSOCIATION.

PLEASE NOTE: THE FOLLOWING IS AN OVERVIEW OF INSURANCE BENEFITS PROVIDED ONLY TO COMPLETE CHOICE & EASY CHOICE CLASS MEMBERS. TO THE EXTENT THAT ANY OF THE COMPLETE CHOICE OR EASY CHOICE CLASS BENEFITS IN THE OVERVIEW DIFFER FROM THE BENEFITS AS DESCRIBED IN THE CERTIFICATES OF COVERAGE, THE CERTIFICATE OF COVERAGE SHALL CONTROL.

DEFINED BENEFIT SICKNESS & ACCIDENT GROUP MEDICAL INSURANCE*

Sickness and accident hospital indemnity plans are available on a guaranteed issue basis to all HCCUA Members ("Plans").* These Plans provide important coverage for the treatment of illness and accidental injury as well as certain doctor visits, lab tests and preventive care. Benefits under the Plan are limited to the specified amounts shown in the policy certificate and schedule of benefits for your Plan. Plan highlights include:

- Doctor's Office Visits
- Diagnostic Testing
- Hospital Admission & Confinement
- Mental Health
- Emergency Room/Urgent Care
- Preventive Care
- X-Rays and Blood Tests
- Surgery & Anesthesia
- Substance Abuse
- And more…

(Sickness and accident hospital indemnity plans are only available to Complete Choice Class Members).

Complete Choice Class Members: For full details of this sickness and accident hospital indemnity plan, please see the enclosed "Supplement to HCCUA Member Handbook".

PRESCRIPTION DRUG GROUP PHARMACY INSURANCE*

All Members covered under HCCUA's medical Plans get prescription drug coverage with co-payments as low as $10 - $15 for a 30 day supply of generic drugs and pharmacy network discounts on brand name drugs. Your personal Pharmacy ID Card will be all you need at the time you fill your prescription. There are no claim forms to file when you use your insurance card to fill prescriptions at any one of nearly 60,000 participating national, regional, and local retail chains and independent pharmacies.

Complete Choice Class Members and Easy Choice Members: For full details of this prescription drug plan, please see the enclosed "Supplement to HCCUA Member Handbook".

*Insurance carriers and plan benefits vary by states and coverage is not available in certain states. This information is a brief description of some features of the insurance coverage. It is not a contract of insurance. The benefits, terms, conditions, limitations and exclusions of coverage are set forth in the insurance policies and outlined in the certificates of coverage and schedules of benefits provided to you separately.

ACCIDENT MEDICAL EXPENSE INSURANCE*

Most Primary Members covered under HCCUA's medical Plans also get the following accident medical expense and accidental death and dismemberment coverage:

- Up to $5,000 accident medical expense coverage paid after $100 deductible per occurrence for all medical expenses incurred as a result of a covered accident. This coverage is payable in addition to your doctor and hospital medical benefit.
- $10,000 cash benefit paid in the event of death caused by a covered accident.
- Up to $10,000 paid in the event of accidental dismemberment, which is paid in addition to amounts covered under the accident medical expense benefit (see included policy certificate for specific coverages).

Complete Choice Class Members and Easy Choice Members: For full details of this accident medical expense and accidental death and dismemberment plan, please see the enclosed "Supplement to HCCUA Member Handbook".

*Insurance carriers and plan benefits vary by states and coverage is not available in certain states. This information is a brief description of some features of the insurance coverage. It is not a contract of insurance. The benefits, terms, conditions, limitations and exclusions of coverage are set forth in the insurance policies and outlined in the certificates of coverage and schedules of benefits provided to you separately.

HCCUA MEMBERSHIP TERMS & CONDITIONS

DEFINED TERMS. ANY CAPITALIZED TERM USED BUT NOT DEFINED IN THIS MEMBERSHIP HANDBOOK SHALL HAVE THE MEANING ASSIGNED TO SUCH TERM IN THE BY-LAWS OF THE ASSOCIATION.

PURPOSE OF ASSOCIATION. The Health Care Credit Union Association, Inc. ("HCCUA") is a not-for-profit association, the purpose of which is to help members by providing or giving them access to programs, privileges, services and benefits that can contribute to improving, maintaining and protecting physical, financial and personal health and quality of life for themselves and their families. This includes: (a) preparing and enabling Members to plan and make well-informed decisions and cost-effective choices regarding health and finances and provide them with access to the information, tools, products and services they need to do so; (b) educating Members about the value of credit union products and services, giving them access to such products and services from a wide variety of credit unions throughout the country; (c) encouraging healthy lifestyles, preventive healthcare, thrift and systematic savings through the use of credit union products and services; (d) promoting and supporting the adoption of public policies, laws, regulations and opinions that foster balanced and lifestyles and broader access to quality healthcare and credit union products and services for more of the general public; and (e) providing or giving Members access to such other ancillary and incidental benefits as the Board of Directors of the Association believes can contribute to their overall well-being.

MEMBERSHIP & ELIGIBILITY. The members of the Association (collectively "Members" and each a "Member") shall consist of such persons as may be qualified for and admitted to Membership by the acceptance and approval by the Association of an application for Membership. To be eligible for HCCUA Membership and Membership benefits programs ("Programs"), at the time of enrollment you must be 18 or older, have or agree to open an account with a HCCUA-approved credit union (a "CU Account") and make systematic deposits into your CU Account at least once every four months. Membership may not be transferred or inherited. Membership is not conditioned on any health-status related factor relating to an applicant or Member, or relating to any applicant's or Member's spouse or dependents. The Association has different classes of Membership (collectively "Classes" and each a "Class"), each having different privileges and benefits. General Members have such rights as are set forth in the By-Laws of the Association, as the same may be amended from time to time (the "By-Laws"). General Members get all of the standard membership privileges and general member benefits described in this Membership Handbook, as the same may be modified from time to time in accordance with the By-Laws ("General Benefits"). Members of Classes senior to the General Member Class (each a "Premium Class") have such rights as are set forth in the By-Laws and get all of the General Benefits plus the other privileges and benefits of that Premium Class ("Premium Benefits") as are described in this Membership Handbook or any additional benefits handbook provided for such Premium Class, as the same may be amended from time to time (each a "Class Handbook").

RISK-FREE REVIEW PERIOD. Please review this HCCUA membership handbook (the "Membership Handbook") and all other included materials thoroughly and carefully before you use any of the membership benefits, including general, premium and insured benefits (collectively, "Benefits"). If you decide that you are not satisfied for any reason you can cancel and receive a full refund if you have not used your Benefits. To be entitled to a refund, you must deliver notice of cancellation (a "Cancellation Request") to the Association prior to 5pm Eastern Standard Time on the 15th day after the "Admission Date" shown on your HCCUA Membership card. If your qualified Cancellation Request is received by the Association before the deadline and you have not used any Benefits, a full refund of all charges will be made to your bank or credit card account no later than thirty (30) days after your Cancellation Request. Your Cancellation Request must include your name, address and member number and should be sent to the Association either by fax to 1-866-258-9469, by e-mail to cancel@hccua.org or by mail to: HCCUA Member Services c/o Ican Benefit Group LLC, 5030 Champion Blvd, G6 #134, Boca Raton, FL 33496. To obtain a Cancellation Request form, please call the Association's member services department ("Member Services") for a copy by fax or e-mail.

GOVERNING DOCUMENTS. The By-Laws and these HCCUA Membership Terms and Conditions (the "Membership Terms") may be amended from time to time in accordance with the HCCUA Amended and Restated Articles of Incorporation and By-Laws, or as may be required to comply with any applicable laws, regulations or rules of any government authority or agency. The terms and conditions for any Benefit ("Benefit Terms") may be amended from time to time as required or permitted by

the source or provider of the Benefit, or as may be required to comply with any applicable laws, regulations or rules of any government authority or agency. At any given time, then current By-Laws, Membership Terms and Benefit Terms, as the same may have been amended (collectively, the "Governing Documents") will be available for viewing by all Members on the www.hccua.org website (the "Website"). By becoming and remaining a Member, you acknowledge and agree that you have reviewed and accepted all of the terms and conditions of the Governing Documents on behalf of yourself and your covered dependents. In addition, you will be deemed to have received notice of and reviewed and accepted any and all amendments to the Governing Documents once such amendments have been posted on the Website or sent to you or explained to you by a representative or agent of HCCUA.

DUES AND FEES. All new Members must pay an initial application processing and enrollment fee of $100, or such other amount as may be established by the Association for the Member's Class. In order to maintain Membership in the Association: (i) General Members must pay the monthly Association dues and fees established for the General Member Class ("Basic Dues") and all amounts due and payable for any optional Association benefits and services selected by the Member ("Optional Benefits"); and (ii) Members of any Premium Class must pay Basic Dues, any additional monthly Association dues and fees established for the Premium Benefits of that Class ("Class Dues") and all amounts due and payable for any Optional Benefits selected by the Member (collectively, "Fees"). Basic Dues and Class Dues are hereinafter collectively referred to as "Dues". Dues and Fees are hereinafter collectively referred to as "Charges". Payment of all monthly Charges is due one month in advance and will be automatically drafted from or charged to the account or credit card that you have authorized HCCUA or its agent to draft or charge at the time of your enrollment or thereafter (your "Billing Account"). The Association reserves the right to terminate any Membership and deny any and all privileges and benefits for lack of timely payment of any Charges, or failure to satisfy any other Membership requirement. Basic Dues, Class Dues and Fees, or any of them, may be changed for all Members of any Class (but not individually), as the Board determines is necessary, appropriate or desirable in its discretion, with notification to be provided as soon as reasonably practical. Charges collected from the Members are held and disbursed on behalf of the Association by a licensed third-party administrator in order to ensure timely payment of any fees or premiums due and payable by, on behalf of or for the benefit of HCCUA to the sources, providers or underwriters of the Benefits and otherwise as may be required by applicable laws, regulations or rules of any government authority or agency.

AUTHORIZATION, PROCESSING AND CONFIRMATION OF CHARGES AND PAYMENTS. By becoming and remaining a Member, you agree to and authorize all Charges against your Billing Account appropriate to your Membership Class and for any Optional Benefits that you have selected or later select. Each month's Dues will generally be handled as a single withdrawal from or charge to your Billing Account, but Fees for any Optional Benefits may be processed separately. If you do not cancel during the Risk-Free Review Period, you will be deemed to have confirmed your continuing authorization for all Charges that accrue while you are a Member to be withdrawn from or charged to your Billing Account, including withdrawals and charges that may be processed after you cease to be a Member for Dues or Fees which accrued while you were a Member. Depending on the monthly billing date you selected when you enrolled, Charges will be submitted on or about either the 5th, 10th, 15th or 20th of each month for the next month (your "Billing Date"). Unless a different billing date was confirmed in your enrollment verification, your Billing Date will be on or about the 15th of each month. The payment of your initial application processing and enrollment fee and each payment of monthly Charges or other Fees will be deemed confirmed on the date five business days after the date of the receipt of such payment from your Billing Account by automatic bank draft or credit card.

INSURED BENEFITS. HCCUA offers a variety of primary benefits and services to its Members, as well as certain ancillary benefits and services that are only provided to those Members who choose to join specific Membership Classes ("Ancillary Benefits"). These Ancillary Benefits may include certain insurance coverages ("Insured Benefits") provided by licensed insurance companies (each an "Insurance Carrier") under master group policies issued to the Association (each a "Policy"). HCCUA IS NOT AN INSURANCE COMPANY AND IS NOT RESPONSIBLE OR LIABLE FOR ANY INSURED BENEFITS OR CLAIMS UNDER ANY POLICIES. THE INSURANCE CARRIER ISSUING/UNDERWRITING ANY POLICY IS SOLELY RESPONSIBLE AND LIABLE FOR INSURED BENEFITS AND CLAIMS UNDER SUCH POLICY. The benefits, terms, conditions, limitations and exclusions of each Insured Benefit are set forth in the relevant master group Policy, a copy of which is maintained at all times in the records of the Association and available for review at the offices of the Association upon request. Coverage under each Policy, and the essential

features of such coverage, is evidenced by and described in a certificate of coverage for such Policy (the "Certificate") to be delivered to each Member covered under the Policy. If you have joined or join a Membership Class with Benefits that include any Insured Benefit(s), you should have or receive a Certificate issued under the terms of the relevant Policy or Policies. If you believe that you have any Insured Benefit for which you do not receive a Certificate, it is critical that you contact Member Services immediately.

ACTIVATION AND TERM. Your Membership in the Association is on a month to month basis, with the monthly periods running from 12:00 am Eastern Standard Time on your Admission Date one month through 11:59 pm Eastern Standard Time the day before your Admission Date the following month (a "Monthly Period"). Benefits, other than Insured Benefits, are activated once your initial payment of Charges is confirmed. Insured Benefits are activated in accordance with the applicable Policy and Certificate, as may also be summarized in the relevant Class Handbook, if any; provided, however, that in the event of any conflict between any such Class Handbook and the Certificate, the Certificate of Coverage governs. The term of your Membership may continue so long as you continue to meet the qualifications of Membership established by the Association and pay all required Charges in full and in a timely manner.

USE OF BENEFITS. You must be actively enrolled and paid current on all Charges in order to use or receive any Benefits. You agree that you will use your Membership and Benefits only for yourself or your covered Dependent Family Members. "Dependent Family Members" are your spouse, immediate family members under the age of 19 who are living with and are financially dependent upon you, immediate family members from ages 19 to 25 who are financially dependent upon you and are enrolled in full time study at an accredited school, and handicapped family members who are incapable of self-support and are dependent on you for support and maintenance.

CHANGES IN BENEFITS. Notwithstanding anything herein to the contrary, any Benefits, including Insured Benefits, may be modified, changed, replaced, substituted, discontinued or eliminated as the Board, in its sole discretion, deems necessary, appropriate or desirable, and as permitted in the By-Laws. Should your Benefits materially change, you will be notified as soon as reasonably possible. Information will be placed on the Association's www.hccua.org website to keep you up to date on your Benefits and other pertinent Membership information, and you shall be deemed to have received notice of any such information once it is posted.

CANCELLATION AND TERMINATION. After the Risk-Free Trial Period, you can cancel your Membership at any time by submitting a Cancellation Request to the Association. To obtain a Cancellation Request form, please call Member Services for a copy by fax or e-mail. To effect a cancellation as of the last day of a given Monthly Period, your verified Cancellation Request must be received by Member Services prior to the 25th day of that Monthly Period (the "Cancellation Deadline"). Once received, your cancellation will be processed and will become effective as of midnight on the last day of the Monthly Period of your cancellation. If your Cancellation Request is NOT received prior to the Cancellation Deadline of the Monthly Period in which it is delivered, then your Membership will continue through the end of the next Monthly Period and you will be responsible for the full payment of all Charges owed for that next Monthly Period. Non-payment of any Charges will result in automatic termination of your Membership Benefits as of the end of the last Monthly Period for which you have paid all Charges in full. If you are terminated for nonpayment, you may be given a ten day grace period in which to reactivate your membership by paying all applicable Charges in full. Notwithstanding anything herein to the contrary, the Board of Directors of the Association or its authorized Delegate (the "Board") may terminate your Membership at any time in its sole discretion, in accordance with the By-laws, and your Membership and Benefits will be retroactively terminated effective as of the end of the prior Monthly Period and any Dues you have paid applicable to any later point in time will be refunded to you. Please note: Because of the automated nature of HCCUA's billing system, if your Cancellation Request is received prior to the 20th day of the Monthly Period, but not at least five days prior to your Billing Date, Charges may unavoidably be processed against your Billing Account on or about your Billing Date, in which event such charges will be refunded to your Billing Account no later than thirty (30) days after the date of your Cancellation Request.

NOTICE OF MEETINGS AND ACTIONS. All notices required to be given to you of any meeting or action of the Association under applicable law or in accordance with the Association's Articles of Incorporation or By-Laws will be posted on the Website. Unless you inform the Association to the contrary in writing, by virtue of accepting or using any Benefits or continuing your Membership beyond the Risk-Free Review Period, you shall be deemed to have waived any right to delivery of individual notice of any such meeting or action of the Association, as if such waiver was given in a signed document.

LIMITATION OF LIABILITY & DISCLAIMER OF WARRANTIES. The Association, its affiliates and all service companies contracted by the Association ("Service Companies") assume no liability with regard to any benefits or services provided, or to be provided, by any third party. You agree that any claim with regard to such benefits or services shall be made against the providers of such benefits or services and not the Association, its affiliates or Service Companies (collectively, the Companies"), whose sole obligation hereunder shall be to provide Members with eligibility to access and receive such benefits or services from the providers of such benefits or services. The Companies are not merchants, manufacturers or direct providers of the Membership Benefits and do not give any warranties, expressed or implied, as to description, quality, merchantability, fitness for any particular purpose, productiveness or any other matter, as to the Membership Benefits, the third-party providers of Membership Benefits or any other services or merchandise purchased or received by you through or in connection with your Membership in the Association. You acknowledge that you are not relying on the Companies' skills or judgments in selecting any third-party provider or benefits or services available to you. In the event that any product or service purchased or received by you is cancelled, modified, defective or otherwise unsatisfactory to you, you will look solely to the provider, seller, merchant, or manufacturer of the product or service for any repair, exchange, refund, or satisfaction of the claim. It is further understood that all Membership Benefits are subject to the availability of such benefits, which may change without notice for reasons beyond the reasonable control of the Companies.

GENERAL RELEASE. You and your covered Dependent Family Members hereby forever release, acquit and discharge each of the Companies and their respective officers, directors, employees and agents from any and all liabilities, claims, demands, actions and causes or action that you, or your covered dependent family members may have by reason of any monetary damage or personal injury sustained as a result of or in connection with the provision or lack thereof of any and all Membership Benefits or other benefits, services, or merchandise made available through or by virtue of your Membership in the Association. The sole recourse available to you and your covered Dependent Family Members shall be cancellation of your Membership and any refund available as provided in the Risk-Free Review Period section of these Terms and Conditions.

PAYMENT TO PROVIDERS FOR PRODUCTS AND SERVICES. You agree that you and your covered Dependent Family Members are solely responsible for payment of any amounts due for products or services obtained by you or your covered dependent family members in connection with your Membership. Failure to make prompt payment of the amounts due to the appropriate provider of such products or services may result in the termination of your Membership. None of the Companies shall be considered either a guarantor or payor for any products or services provided to any Member by any third party.

USE OF MEMBER INFORMATION. Keeping your financial and personal information secure is one of our most important responsibilities. We maintain physical, electronic and procedural safeguards to protect Member credit card and/or bank account information, and such sensitive information as social security numbers. Unless otherwise directed, we may share some of your personal information, as necessary, to maintain and service your membership with us, for example, with the insurance companies who provide some of your Benefits, or as otherwise permitted or required by law. We may also share some other information (such as name and address, age and gender) about you with organizations who wish to extend offers that we believe may interest you. However, we endeavor to only share information with organizations that offer goods and services we believe will be of benefit to our Members. You may direct us not to share any of your information other than as required or permitted by law by e-mail notice delivered to privacy@hccua.org or by written notice mailed to the Secretary of the Association at 1496 Briaroaks Trail NE, Atlanta, GA 30329 stating you want to opt out of sharing your personal information; include your name and member number.

NOTES

QUICK ACCESS GUIDE	
BENEFIT	**HOW TO ACCESS**
MEMBER SERVICES & ASSISTANCE	**(866) 227-5400**
Credit Union Systematic Savings	(888) 866-7903
ID Theft Monitoring	(888) 866-7920
ID Theft Resolution	(888) 866-7920
ID Theft Insurance (not available in NY)	(888) 866-7920
Credit Score Improvement Consulting	(888) 866-7920
Legal Care Solutions	(866) 227-5400
Licensed Clinical Counseling	(888) 866-7938
Doctor Visits By Phone	(888) 866-7909
Roadside Assistance	(888) 866-7908
Entertainment & Travel Discounts	Access via www.hccua.org
Pet Care Savings	(888) 866-7936
Health Advocacy Services	(866) 227-5400
Comprehensive Wellness Testing & Profile	(866) 227-5400
Financial Education & Credit Counseling	(888) 866-7920
Professional Tax Preparation, Advice & Audit Assistance	(888) 866-7920
Health Discount Program	(866) 227-5400

Member Services | 866-227-5400 | www.hccua.org

MH1008

HCCUA℠

HEALTH CARE CREDIT UNION
ASSOCIATION

Creating extraordinary lives!

Supplement to

HCCUA MEMBER HANDBOOK FOR MEMBERS IN THE STATES OF CO, CT, FL, KS, MD, NC, NJ, NY, OH, PA, UT

CCE0908

HCCUA℠
HEALTH CARE CREDIT UNION ASSOCIATION

INSURANCE BENEFITS CHART
(for Members in CO, CT, FL, KS, MD, NC, NJ, NY, OH, PA, UT)

Complete Choice Enhanced Plans:	1100	3300	6600
Physician Office Visits - pays amount shown if a Covered Person visits a Doctor's office for treatment, care or advice of an injury or sickness covered under the policy	$300 max per Plan Year Limited to $60 per visit	$300 max per Plan Year Limited to $75 per visit	$300 max per Plan Year Limited to $75 per visit
Wellness Visits - pays amount shown for routine examination or well child care	$150 max per Plan Year Limited to $50 per visit	$150 max per Plan Year Limited to $75 per visit	$200 max per Plan Year Limited to $100 per visit
Outpatient Diagnostic Benefits - pays amount shown for outpatient lab tests and x-rays if a Covered Person is not confined in a Hospital			
• **Outpatient Laboratory Tests & X-ray Expenses:**	$200 max per Plan Year	$305 max per Plan Year	$610 max per Plan Year
• **Lab Work/Blood Tests**	Limited to $20 per test	Limited to $35 per test	Limited to $35 per test
• **X-Rays**	Limited to $70 per test	Limited to $100 per test	Limited to $100 per test
• **Advanced Studies:**	$1,000 max per Plan Year	$1,000 max per Plan Year	$2,000 max per Plan Year
• **Angiogram/Arteriogram**	$270/test	$400/test	$400/test
• **EEG**	$50/test	$80/test	$80/test
• **Myelogram**	$90/test	$130/test	$130/test
• **CT**	$170/test	$260/test	$260/test
• **MRI Scans**	$220/test	$330/test	$330/test
• **PET**	$400/test	$600/test	$600/test
Hospital Confinement Benefit - pays amount shown if a Covered Person is confined in a Hospital because of a covered injury or sickness for at least 24 consecutive hours	$200 first day $100 per day thereafter, 10 day total max per Plan Year	$600 first day $300 per day thereafter, 10 day total max per Plan Year	$1,200 first day $600 per day thereafter, 10 day total max per Plan Year
• **Mental Illness Disorder Benefit** - pays amount shown if a Covered Person is confined in a Rehab Facility for treatment of a mental illness disorder	$50 per day 10 days max per Plan Year	$150 per day 10 days max per Plan Year	$300 per day 10 days max per Plan Year
• **Substance Abuse Benefit** - pays amount shown if a Covered Person is confined in a Rehab Facility for treatment of a substance abuse sickness	$50 per day 10 days max per Plan Year	$150 per day 10 days max per Plan Year	$300 per day 10 days max per Plan Year
• **Skilled Nursing Facility** - pays amount shown if a Covered Person is confined in a Skilled Nursing Facility within three days after a period of confinement for which Hospital Confinement Benefits are payable	$50 per day 10 days max per Plan Year	$150 per day 10 days max per Plan Year	$300 per day 10 days max per Plan Year
Inpatient Miscellaneous Hospital Expense - pays amount shown if a Covered Person requires miscellaneous hospital expenses such as: • Lab Work • Blood Tests • X-Rays • Diagnostic Studes • Medication • Crutches • Bandages • Etc.	n/a	$75 per day 10 days max per Plan Year ($750 max per Plan Year)	$150 per day 10 days max per Plan Year ($1,500 max per Plan Year)
Inpatient & Outpatient Surgery - pays amount shown if a Covered Person undergoes surgery at the direction of a doctor for a covered injury or sickness	Benefit paid per Schedule in Certificate of Insurance, Up to $1,000 per Plan Year	Benefit paid per Schedule in Certificate of Insurance, Up to $3,000 per Plan Year	Benefit paid per Schedule in Certificate of Insurance, Up to $6,000 per Plan Year
Anesthesia - pays amount equal to 25% of the scheduled surgical benefit	Up to $250 per Plan Year	Up to $750 per Plan Year	Up to $1,500 per Plan Year
Outpatient Surgical Facility - pays amount shown if a Covered Person undergoes surgery in an outpatient facility at the direction of a doctor for a covered injury or sickness	n/a	$150 per surgery Limted to $75 per surgery	$300 per surgery Limted to $150 per surgery
Durable Medical Equipment - pays amount shown if a Covered Person requires durable medical equipment such as: • Canes • Crutches • Walkers • Wheelchairs • Neck Braces • Respiratory Equipment • Splints • Nebulizers • Slings • Etc.	$50 per Plan Year	$100 per Plan Year	$100 per Plan Year
Emergency Room Visits (Sickness Only) - pays amount shown for Emergency Room Visits if a Covered Person requires treatment or services in a Hospital emergency room for a life threatening condition	$300 max per Plan Year Limited to $75 per visit	$300 max per Plan Year Limited to $75 per visit	$300 max per Plan Year Limited to $75 per visit
Accident Medical Expense - pays amount shown for medically necessary expenses that result directly from a covered accident (must be treated within 72 hours of the accident)	Up to $5,000 per covered accident $100 deductible per incident	Up to $5,000 per covered accident $100 deductible per incident	Up to $5,000 per covered accident $100 deductible per incident
Accidental Death & Dismemberment - pays amount shown for accidental death (pays percentage of amount shown for dismemberment, as scheduled in Certificate of Insurance)	Loss of Life: $10,000 - Member $5,000 - Spouse $1,000 - Child	Loss of Life: $10,000 - Member $5,000 - Spouse $1,000 - Child	Loss of Life: $10,000 - Member $5,000 - Spouse $1,000 - Child
Generic Prescription Drug Coverage - limited to $200 per Covered Person per month ($2,400 max per Covered Person per year / $4,800 per family per year)	Co-pay: $15 or 50% whichever is greater $50 annual deductible	$15 co-pay $50 annual deductible	$15 co-pay $50 annual deductible

INSURANCE BENEFITS OVERVIEW
(for Members in CO, CT, FL, KS, MD, NC, NJ, NY, OH, PA, UT)

Member Services
866-227-5400
www.hccua.org

THE HEALTH CARE CREDIT UNION ASSOCIATION (THE "ASSOCIATION"): (1) DOES NOT CONDITION MEMBERSHIP IN THE ASSOCIATION ON ANY HEALTH STATUS-RELATED FACTOR; (2) MAKES HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE TO ALL MEMBERS REGARDLESS OF ANY HEALTH STATUS-RELATED FACTOR; AND (3) DOES NOT MAKE HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE OTHER THAN IN CONNECTION WITH A MEMBER OF THE ASSOCIATION.

PLEASE NOTE: THE FOLLOWING IS AN OVERVIEW OF INSURANCE BENEFITS PROVIDED ONLY TO COMPLETE CHOICE CLASS MEMBERS. TO THE EXTENT THAT ANY OF THE COMPLETE CHOICE CLASS BENEFITS IN THE OVERVIEW DIFFER FROM THE BENEFITS AS DESCRIBED IN THE CERTIFICATES OF COVERAGE, THE CERTIFICATE OF COVERAGE SHALL CONTROL.

DEFINED BENEFIT SICKNESS & ACCIDENT GROUP HOSPITAL INDEMNITY BENEFITS

This hospital indemnity coverage is underwritten by ACE American Insurance Company and preferred provider network access is provided by PHCS.

PROVIDED BY:

The following information is a brief description of important features of this insurance coverage. It is not a contract of insurance. The benefits, terms, conditions, limitations, and exclusions of coverage are as set forth in the insurance policies and shown in the certificate of coverage and schedule of benefits delivered to you with this supplement to the Member Handbook.

This plan provides coverage for the treatment of illness and non-occupational injuries as well as lab tests and preventive care. Benefits under the plan are limited to specified maximum amounts shown in your summary of benefits and policy certificate for your plan.

ELIGIBLE PROVIDERS

- Doctors and Physicians
- Clinics and Specialty Centers
- Hospitals and Outpatient Surgical Centers
- Laboratories and Imaging Centers

SEE ANY DOCTOR

You are free to see any doctor you choose but your coverage goes further if you select a participating PHCS Network provider and take full advantage of the pre-negotiated network rates to reduce your medical bills before the insurance benefit is applied. Even if you elect to see a provider outside of the PHCS Network, the full insured benefit amount will still be applied to the bill for covered charges, but without the network rate reduction.

ASSIGNMENT OF BENEFITS

When you need to visit a doctor or go to the hospital, there is no need for you to file a claim for in-network providers because your benefits are fully assignable and can be paid directly to your provider. Any daily hospital benefits will be paid directly to your provider and all other benefits are assignable at your discretion. In order to assign benefits you sign a document allowing your doctor or your hospital to collect your health insurance benefits directly from the carrier. By assigning benefits you will not have to file a claim with the Insurance carrier to be reimbursed. If you choose, you may pay your provider at the time of service and submit the claim yourself for reimbursement. You may obtain a claim form at www.HCCUA.org.

PRE-EXISTING CONDITION AND PREGNANCY EXCLUSIONS

There is a twelve (12) month pre-existing condition exclusion from coverage for any condition for which medical care, treatment, diagnosis or advice was received or recommended during the six (6) month period of time immediately before the effective date of the Insured Person's coverage. Similarly, pregnancy related medical expenses will not be covered by your insured benefits if conception occurred prior to the effective date of the Insured Person's coverage.* However, any services received from a Network Provider for a pre-existing condition or pregnancy can still be submitted for re-pricing. It is up to the Provider to decide if they accept re-pricing. (* NOTE: In CA pregnancy is not considered a pre-existing condition.)

MEDICAL EXPENSE/DEATH & DISMEMBERMENT GROUP ACCIDENT INSURANCE

You and your covered dependents receive the following benefits:

- Up to $5,000 accident medical expense coverage paid after $100 deductible per occurrence for all medical expenses incurred as a result of a covered accident. This coverage is payable in addition to your other medical benefit.
- $10,000 benefit paid in the event of death caused by a covered accident.
- Up to $10,000 paid in the event of accidental dismemberment, which is paid in addition to amounts covered under the accident medical expense benefit (see included policy certificate for specific coverages).

How to Access:

1. Present your Complete Choice Program Membership Card to the Doctor's Office, Urgent Care facility or Emergency Room upon arrival. Ensure they see the notation on the back of your card which explains that you have up to $5,000 Accident Medical Expense Benefit that is payable in addition to your other coverage.

2. If there are any questions, simply ask them to call the Member Services number on your card.

3. You may download an accident claim form from www.HCCUA.org.

This program includes a benefit if death occurs as a result of a covered accident. The program also includes reimbursement for medical expenses incurred by a covered member as a result of a covered accident. A provision for a specified lump sum payout is also included in the plan should a member suffer a covered dismemberment as a result of a covered accident. The actual limits of the policy are specified in the attached certificate of insurance. Certain restrictions apply.

Claims Customer Service: 1-888-778-2432

ACE American Insurance Company C/O USNow, PO Box 260040, Plano, TX 75026
Policy Number LMB N04249343

PHCS NETWORK ACCESS

PROVIDED BY:

PLEASE NOTE: YOU CAN SAVE A GREAT DEAL OF MONEY BY UTILIZING PROVIDERS IN THE PHCS NETWORK. PHCS HAS NEGOTIATED REDUCED FEE ARRANGEMENTS WITH PARTICIPATING PROVIDERS AND CONSISTENTLY ACHIEVES THE BEST SAVINGS IN THE INDUSTRY, INCLUDING 40% AVERAGE INPATIENT AND PHYSICIAN SAVINGS. WE ENCOURAGE YOU TO USE PHCS NETWORK PROVIDERS TO HELP REDUCE YOUR HEALTH CARE COSTS WHENEVER YOU CAN.

You now have access to medical providers in the PHCS network. Currently, PHCS contracts with nearly 700,000 practitioners, 3,800 hospitals and more than 66,000 ancillary care facilities nationwide - making it the largest independent primary PPO in the country. PHCS has been the national leader in health care cost containment for more than 20 years, and continually strives to recruit the most respected hospitals, physicians and other healthcare professionals so you will receive the quality of care you expect and deserve. The providers in the PHCS network encompass virtually every specialty and you do not need a referral from your primary care physician to get an appointment with the specialist you may need.

INSURANCE BENEFITS FOR COMPLETE CHOICE ENHANCED PROGRAM MEMBERS

If your Physician is not a PHCS Network participant, you can easily nominate him or her by going to www.multiplan.com - select "Providers" then "Nominate a Provider". You can nominate your provider through the Online Provider Referral System or download a Provider Referral Letter to present to your provider. Your provider can then contact the network to obtain an application packet.

ACCESSING THE NETWORK

The process differs slightly for Network and non-Network visits, so please read the following carefully:

1. You may locate a Network Provider in two ways:
   Call Member Services at 888-866-7919, or Go to www.hccua.org
   - → Under "Provider Search," select "PHCS/Multiplan"
   - → Enter the Search Criteria to find your list of Network Providers
   - → If it is your first visit to that Provider as a member, please call the Provider to verify that the Provider is still participating in the Network at least 24 hours prior to scheduling an appointment. If the Provider is not part of the Network, you may access the Provider of your choice but will not receive the Network rate reduction.
2. Schedule an appointment with the Provider of your choice.
3. Present your Complete Choice Enhanced Membership Card upon arrival. If your doctor's office has any questions about your coverage they can call Member Services for assistance.
4. After your visit, your Network Provider, not you will submit a claim to the insurance company for re-pricing and payment. NOTE: If Provider is not part of the Network, no re-pricing applies and you, as the member, must submit the claim to the insurance company for payment.
5. In about 45 days, you should receive an EOB (Explanation of Benefits). It will show you the amount of the Provider bill, the Network reduction, the amount paid by the insurance company, and, if there is a balance, the amount for which you, the patient, will be responsible.
6. If you have chosen not to assign your benefits, you need to call Member Services to obtain a claim form.

PRESCRIPTION DRUG GROUP PHARMACY INSURANCE

PROVIDED BY: ACE IDEALSCRIPTS

This coverage is provided by IdealScripts and underwritten by ACE American Insurance Company.

There are no claim forms to file when prescriptions are filled at a contracted participating pharmacy with the prescription drug card. With this insured drug card, your generic drugs can be purchased for a $15 or less co-payment for a 30-day supply at thousands of participating pharmacies nationwide.

This pharmacy plan provides the following benefits:

Copay:	$15 or less ($15 or 50% whichever is greater for 1100 plans)
Annual Deductible:	$50 per person
Monthly Maximum Benefit:	$200 per person/$400 per family
Annual Maximum Benefit:	$2,400 per person/$4,800 per family

PHARMACY PLAN HIGHLIGHTS

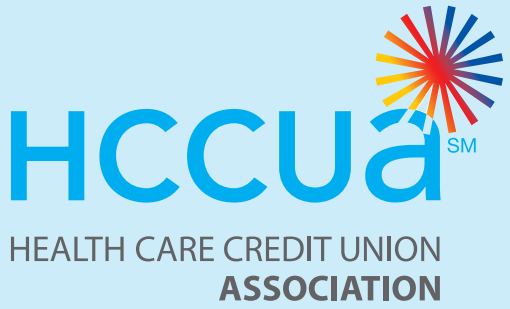
Pays for most generic medications with a $15 or less co-pay. Never pay retail cost for generic or most brand name drugs again at a contracted participating retail pharmacy - $15 or less Co-pay for covered generic drugs. Receive a discount below average wholesale price on most brand name drugs. Your personal Pharmacy ID Card will be all you need at the time you fill your prescription.

Every prescription goes through an electronic drug screening process to assist your pharmacist in providing quality care. Your pharmacist should be alerted to any harmful drug interactions or other dangers before filling your prescriptions. To search for participating pharmacies near you, please visit www.HCCUA.org.Your pharmacy may call the Pharmacy Questions number on the back of your card.

ACE American Insurance Company C/O USNow, PO Box 260040, Plano, TX 75026
Policy Number DRG N04213920

NOTES

QUICK ACCESS GUIDE	
BENEFIT	**HOW TO ACCESS**
MEMBER SERVICES & ASSISTANCE	**(866) 227-5400**
Credit Union Systematic Savings	(888) 866-7903
ID Theft Monitoring	(888) 866-7920
ID Theft Resolution	(888) 866-7920
ID Theft Insurance (not available in NY)	(888) 866-7920
Credit Score Improvement Consulting	(888) 866-7920
Legal Care Solutions	(866) 227-5400
Licensed Clinical Counseling	(888) 866-7938
Doctor Visits By Phone	(888) 866-7909
Roadside Assistance	(888) 866-7908
Entertainment & Travel Discounts	Access via www.hccua.org
Pet Care Savings	(888) 866-7936
Health Advocacy Services	(866) 227-5400
Comprehensive Wellness Testing & Profile	(866) 227-5400
Financial Education & Credit Counseling	(888) 866-7920
Professional Tax Preparation, Advice & Audit Assistance	(888) 866-7920



Member Services | 866-227-5400 | www.hccua.org

CCE0908

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of HEALTH CARE CREDIT UNION ASSOCIATION, INC., a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is N07056.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Ninth day of October, 2007

Kurt S. Browning
Secretary of State

CR2EO22 (01-07)

N07056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Michael Romano
541-510-3[illegible]

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07 SEP 12 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESTATED Articles
DBC 9/14

FILED
07 SEP 12 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF RESTATEMENT
OF
ARTICLES OF INCORPORATION
OF
THE HEALTH CARE CREDIT UNION ASSOCIATION, INC.,
a Florida Not For Profit Corporation

The corporation not for profit formed under Part I of Chapter 617, Florida Statutes, does hereby certify:

FIRST: That the current name of the not for profit corporation is The Health Care Credit Union Association, Inc. (the "Association").

SECOND: That the previous name of the Association was "The Health Care Cost Containment Association, Inc."

THIRD: That, at a meeting of the Board of Directors of the Association, resolutions were duly adopted setting forth a proposed amendment and restatement of the Articles of Incorporation of the Association (the "Amended & Restated Articles"), declaring the Amended & Restated Articles to be advisable and calling a meeting of the members of the Association for consideration thereof. The resolution setting forth the proposed Amended & Restated Articles is as follows:

RESOLVED, that The Health Care Credit Union Association, a Florida Not For Profit Corporation formed under Part 1 of Chapter 617, Florida Statutes, pursuant to the provisions of sections 617.1006 and 617.1007, Florida Statutes, adopts amendments to and restates its Articles of Incorporation so that, as amended, integrated and restated, said Articles of Incorporation shall be and read in full as follows:

"ARTICLES OF INCORPORATION
OF
THE HEALTH CARE CREDIT UNION ASSOCIATION, INC.

ARTICLE I – NAME & EXISTENCE

The name of the not for profit corporation (the "Association"), which shall have perpetual existence, shall be: **THE HEALTH CARE CREDIT UNION ASSOCIATION, INC.**

ARTICLE II – OFFICES

The address of the principal and registered office of the Association in the State of Florida is 1500 Atlantic Blvd, Pompano Beach FL 33065 and the name of the registered agent at such address is Daniel Oates. The Association may establish other offices as provided in the bylaws of the Association (the "By-Laws").

ARTICLE III – PURPOSE

The purpose of the Association shall be to:

(a) Help to improve the economic and social condition of its members by encouraging healthy lifestyles and promoting thrift and the use of cost-effective means of obtaining medical and healthcare services and products ("Health Services") and health-related benefits and insurance ("Coverage");

(b) Educate and inform its members about: (i) improving, maintaining and protecting their health and well-being in order to minimize the need for Health Services and selecting Health Services when needed; (ii) the different kinds of Coverage available in the marketplace, the relative strengths and weaknesses of each, and obtaining Coverage cost-effectively; and (iii) the value of credit union products and services and accessing and taking advantage of such products and services to improve their financial health and better enable them to pay for the Benefits and Health Services they need;

(c) Promote and support the adoption of public policies, laws and regulations that foster more balanced and healthier lifestyles and broader access to affordable Health Services and Coverage;

(d) Provide or give members access to programs, privileges, services and benefits that can contribute to their overall health, well-being and quality of life, and such other ancillary and incidental benefits as the Board of Directors of the Association deems appropriate and permissible under applicable law; and

(e) Do any other act or thing incidental to or connected with such purposes or the advancement thereof by exercising the powers now or hereafter conferred upon corporations by the laws of the State of Florida and of the United States.

ARTICLE IV –NOT FOR PROFIT

The Association is not organized for pecuniary profit nor shall it have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member, director, trustee or individual, other than as may be permitted by law; provided, however, that reasonable compensation may be paid to any such persons or other persons or entities for services rendered to or for the Association in furtherance of its purpose. The balance, if any of all money received by the Association from its operations, after the payment in full of all debts and obligations of the Association of whatsoever kind of nature, shall be used and distributed exclusively for carrying out only the purpose of the Association as set forth in Article IV hereof. In the event of the dissolution of the Association, or in the event it shall cease to carry out the objects and purposes herein set forth, all business, property and assets of the Association shall be converted to cash and applied first to satisfy the debts of and just claims against the Association. After such debts and claims have been satisfied, the balance of assets shall be distributed subject to the applicable provisions of Florida law.

ARTICLE V – BOARD OF DIRECTORS

The powers of the Association shall be exercised, its properties controlled, and its business and affairs conducted and managed in accordance with Florida law by a board of

directors (the "Board") of not less than three members ("Directors"), or such greater number as determined by resolution of the Board. Qualifications may be established for eligibility to serve as a Director, and if a person serving as a Director ceases to satisfy such qualifications, as determined by a majority of the other Directors, such person's Directorship shall automatically terminate. The terms served by Directors may be staggered and shall be of such length as shall be set forth in the By-Laws. Each Director shall serve until his term expires and until his successor is elected or qualified (unless the Board determines that there is to be no such immediate successor), or until his death, resignation, termination or removal. Directors shall be permitted to serve successive terms unless prohibited under the By-Laws. Directors shall be elected by the vote of Members in accordance with the By-Laws; provided, however, that any Board vacancies created by the death, resignation, termination or removal of a Director or by an increase in the size of the Board shall be filled by the Directors then serving on the Board, in the manner provided in the By-Laws. The Board may establish committees ("Committees") and appoint delegates ("Delegates") in the manner provided in the By-Laws and may give them such authority and responsibilities as permitted in the By-Laws.

The names and addresses of the persons constituting the Board of Directors as of the effective date of these Articles of Incorporation and who are to act in that capacity until the qualification of their successors are:

Adam W. Clatsoff	3000 NW 101 Lane, Coral Springs, FL 33065
William Svob	3000 NW 101 Lane, Coral Springs, FL 33065
Diane Sugimoto	13120 SW 107th Street, Miami, FL 33186
David Glassberg, Esq.	13615 South Dixie Highway, Miami, FL 33186
Harvey Birnholz	16866 Knightsbridge Lane, Delray Beach, FL 33484

ARTICLE VI – OFFICERS

The officers of the Association ("Officers") shall be a president, secretary, treasurer and executive director. Other offices and Officers may be established and appointed by the Board, as provided in the By-Laws. The qualifications, the time and manner of election or appointment, the duties, the terms of office and the manner of removing Officers shall be as provided in the By-Laws.

The officers who are to serve until the next election or appointment of officers under the Articles of Incorporation are:

Adam W. Clatsoff, President
Diane Sugimoto, Secretary
William Svob, Treasurer

ARTICLE VI – BY-LAWS

The Board of Directors shall have the power to adopt, make, alter or repeal By-Laws of the Association. By-Laws will be adopted at the first meeting of the Board following the filing of this Certificate of Incorporation. The By-Laws and any amendments thereto shall be binding on all members of the Association.

ARTICLE VIII – MEMBERSHIP& DUES

The conditions and rights of membership in the Association ("Membership") shall be set forth in the By-Laws. The Board may establish one or more classes of Membership ("Classes") having different qualification requirements and rights, including nonvoting Classes, and may limit or restrict any voting right or rights to only a particular Class or Classes, to the exclusion of other Classes. The Association shall collect dues from its Members as may be provided under the By-Laws. Membership may not be transferred or inherited.

ARTICLE IX – MEETINGS

The Association shall hold regular meetings of the Members, not less than annually, to further the purposes of the Members and the Association. Members shall have voting privileges and Board representation as provided in the By-Laws. Other than as may be specifically permitted in the By-Laws, Members shall not be permitted to vote at a meeting of Members or express consent or dissent outside such a meeting by proxy.

ARTICLE X – AMENDMENTS TO ARTICLES

Amendments to this Certificate of Incorporation may be proposed by resolution of the Board and presented to the Members, and may be adopted at a meeting of the Members called for such purpose by a vote of the Members in attendance at such meeting and entitled to vote on such matter, in accordance with the By-Laws."

;and

FOURTH: That thereafter, a special meeting of the members of the Association was duly called and held, at which meeting the Amended & Restated Articles were adopted by the Members of the Association and the number of votes cast for the Amended & Restated Articles was sufficient for approval. The date of adoption and effective date of the Amended & Restated Articles was July 1, 2007.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed and the undersigned, as Secretary of said corporation, hereunto signs his name and affirms that the statements made herein are true under the penalties of perjury, this 20th day of June 2007.

Diane Sugimoto, Sec.

Diane Sugimoto, Secretary

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of HEALTH CARE CREDIT UNION ASSOCIATION, INC., a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is N07056.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Ninth day of October, 2007

Kurt S. Browning
Secretary of State

CR2EO22 (01-07)

Articles of Amendment
to
Articles of Incorporation
of

HEALTH CARE COST CONTAINMENT ASSOCIATION, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

N07056
(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

FILED
07 MAR -9 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW CORPORATE NAME (if changing):

HEALTH CARE CREDIT UNION ASSOCIATION, INC.
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language: "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: FEB 1, 2007

Effective date if applicable: FEB 2, 2007
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☑ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

HARVEY BIRNHOLZ
(Typed or printed name of person signing)

BOARD DIRECTOR
(Title of person signing)

FILING FEE: $35

ARTICLES OF INCORPORATION

OF

THE HEALTH CARE COST CONTAINMENT ASSOCIATION, INC.
A Florida Corporation Not For Profit

The undersigned, constituting the subscribers of this corporation, desiring to form a corporation not for profit under Part I of Chapter 617, Florida Statutes, and other applicable statutes of the State of Florida, do hereby certify:

ARTICLE I

The name of this corporation (which is hereinafter called the "Association") shall be:

THE HEALTH CARE COST CONTAINMENT ASSOCIATION, INC.

ARTICLE II

The purpose or purposes for which the Association is formed are:

(a) To collect and disseminate desired information concerning the health care industry.

(b) To educate the general public and government officials concerning the health care industry.

(c) To operate exclusively for nonprofit purposes, with no part of any net earnings inuring to the benefit of any member, director or officer.

(d) To do any and all things and to exercise all powers now or hereafter conferred upon corporations by the laws of the State of Florida and of the United States, provided, however, that the Association is not empowered to engage in any activity not in furtherance of the purposes set forth above.

ARTICLE III

The Association shall have perpetual existence.

ARTICLE IV

The names and residence addresses of the subscribers to these Articles of Incorporation are as follows:

Adam W. Clatsoff — 8879 N.W. 21st Street
Coral Springs, FL 33065

Carol J. Clatsoff	8879 N.W. 21st Street Coral Springs, FL 33065

ARTICLE V

The authorized number, qualifications and manner of admission upon payment of dues by members of this Association, the different classes of membership, if any, the property, voting and other rights and privileges of the members, the liability of members for dues or assessments and the method of collection thereof, and the termination and transfer of membership shall be as set forth in the Bylaws of the Association.

ARTICLE VI

A. Board of Directors. The powers of the Association shall be exercised, its properties controlled, and its affairs conducted by a board of not less than three directors, as required by Florida law. Directors shall be elected annually by a majority vote of the membership to serve for a term of one year.

The names and addresses of the persons constituting the first Board of Directors who are to act in that capacity until the qualification of their successors are:

Adam W. Clatsoff	8879 N.W. 21st Street Coral Springs, FL 33065
Carol J. Clatsoff	8879 N.W. 21st Street Coral Springs, FL 33065
Richard Portnoy	111 Briny Avenue Pompano Beach, FL 33062

B. Elective Officers. The officers of the Association shall be a president, vice president, secretary, treasurer, and executive director. Other offices and officers may be established or appointed by members of the association at any regular annual meeting. The qualifications, the time and manner of election or appointment, the duties, the terms of office, and the manner of removing officers shall be as set forth in the Bylaws.

The officers who are to serve until the first election or appointment of officers under the Articles of Incorporation are:

President & Executive Director	Adam W. Clatsoff

Secretary and Treasurer Carol J. Clarnoff

ARTICLE VII

The street address of the initial registered office of the Association is Suite 740, 315 S. Calhoun Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the Association at that address is Douglas A. Mang.

ARTICLE VIII

Bylaws will be adopted at the first meeting of the Board of Directors. Such Bylaws may be amended or repealed, in whole or in part, in the manner provided therein. Any amendments to the Bylaws shall be binding on all members of the Association.

ARTICLE IX

The Association is not organized for pecuniary profit nor shall it have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member, director, trustee or individual. The balance, if any, of all money received by the Association from its operations, after the payment in full of all debts and obligations of the Association of whatsoever kind of nature, shall be used and distributed exclusively for carrying out only the purposes of the Association set forth in Article II.

ARTICLE X

In the event of the dissolution of the Association, or in the event it shall cease to carry out the objects and purposes herein set forth, all the business, property and assets of the Association shall be converted to cash and applied first to satisfy just claims against the Association. All payments and claims being satisfied, the balance of assets shall be distributed subject to the applicable provisions of Florida law.

ARTICLE XI

Amendments to these Articles of Incorporation may be proposed by a resolution adopted by the Board of Directors and presented to a quorum of members for their vote. Amendments may be adopted by a vote of at least two-thirds of a quorum of members of the Association.

IN WITNESS WHEREOF, each of the undersigned subscribers has set his hand and seal and has acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida this 8 day of January, 1985.

William Clatsoff

Carole Clatsoff

STATE OF FLORIDA
COUNTY OF Broward

I HEREBY CERTIFY that before me, the undersigned Notary, personally appeared William Clatsoff, and Carole Clatsoff known to me to be the parties who subscribed to and executed the foregoing Articles of Incorporation of the Health Care Cost Containment Association, Inc., and acknowledged that they executed the same, as their voluntary act, deed, and agreement, for the uses and purposes therein expressed.

WITNESS my hand and official seal in the county and state aforesaid on this 8 day of January, 1985.

(NOTARIAL SEAL)

Margaret A. Wright
NOTARY PUBLIC
STATE OF FLORIDA

My Commission Expires:
Notary Public State of Florida
My Commission Expires May 31, 1985
Bonded Thru General Ins. Underwriters

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts his appointment as registered agent for the Health Care Cost Containment Association, Inc. Dated this 8th day of January, 1985.

Wendy R. Thomas
REGISTERED AGENT

FILED
SEP 1 1985
STATE OF FLORIDA

BY-LAWS OF
THE HEALTH CARE CREDIT UNION ASSOCIATION, INC.

1. REGISTRATION & OFFICES

1.1 Registration. The Association is a legal entity that was incorporated as a Florida Corporation Not For Profit on January 10, 1985 and is filed accordingly with the Secretary of State in the State of Florida.

1.2 Registered Office and Agent. The Association shall have and maintain within the State of Florida a registered office at such place as may be designated by the Board. The current address of the registered office of the Association in the State of Florida is 1500 East Atlantic Blvd., Pompano Beach, Florida 33060. The name of the registered agent at such address is Daniel Oates, Esq.

1.3 Other Offices. Administrative offices and operational offices of the Association, where the Association archives and records are kept and where the day-to-day operations of the Association are handled, shall be located within or without the State of Florida, at such place or places as the Board shall from time to time designate. The Association currently has operational and administrative offices located at 3000 N.W. 101 Lane, Coral Springs, Florida 33065, at 1494 Briaroaks Trail, Atlanta, Georgia 30329, and at 9441 LBJ Freeway Suite 102, Dallas, Texas 75243. The Association may maintain additional offices at such other places as the Board may designate.

2. *PURPOSE OF ASSOCIATION*

2.1 Purpose. The purpose for which the Health Care Credit Union Association exists (the "Purpose") is to help members by providing or giving members access to programs, privileges, services and benefits that can contribute to improving, maintaining and protecting the physical, financial and personal health and quality of life for themselves and their families. This Purpose includes, without limitation: (a) preparing and enabling members to plan and make well-informed decisions and cost-effective choices regarding health and finances and provide them with access to the information, tools, products and services they need to do so; (b) educating members about the value of credit union products and services, giving them access to such products and services from a wide variety of credit unions throughout the country; (c) encouraging healthy lifestyles, preventive healthcare, thrift and systematic savings through the use of credit union products and services; (d) promoting and supporting the adoption of public policies, laws, regulations and opinions that foster balanced and lifestyles and broader access to quality healthcare and credit union products and services for more of the general public; and (e) providing or giving members access to such other ancillary and incidental benefits as the Board of Directors of the Association believes can contribute to their overall well-being.

2.2 Modification of Purpose. Any material modification of the Purpose of the Association must be recommended by resolution of the Board of Directors of the Association (the "Board") and approved by the Members.

2.3 Not for Profit. The Association is not organized for pecuniary profit nor shall it have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member, director, trustee or individual, other than as may be permitted by law; provided, however, that reasonable compensation may be paid to any such persons or entities for services rendered to or for the Association in furtherance of its purpose. The balance, if any of all money received by the Association from its operations, after the payment in full of all debts and obligations of the Association of whatsoever kind of nature, shall be used and distributed exclusively for carrying out only the purposes of the Association set forth in Article IV hereof. In the event of the dissolution of the Association, or in the event it shall cease to carry out the objects and purposes herein set forth, all business, property and assets of the Association shall be converted to cash and applied first to satisfy just claims against the Association. All payments and claims being satisfied, the balance of assets shall be distributed subject to the applicable provisions of Florida law.

3. MEMBERS

3.1 Eligibility. Membership in the Association ("Membership") is open to: (a) credit unions that appoint the Association and its employees and members as a Select Employee Group (each an "Affiliate Credit Union"); (b) other entities or organizations that are interested in advancing the Purpose of the Association and meet the qualifications for Membership established by the Board for such entities or organizations (each an "Affiliate Organization"); and (c) any natural person at least 18 years of age of who is a credit union member with an active account or agrees to open and maintain an account with an Affiliate Credit Union, and who meets such other qualifications for Membership established from time to time by the Board for such individuals ("Individual Members"). Membership shall not be conditioned on any health-status related factor relating to any applicant or Individual Member, or relating to any applicant's or Individual Member's spouse or dependents.

3.2 Membership. The members of the Association (collectively "Members" and each a "Member") shall consist of (a) Affiliate Credit Unions from which the Association has formally accepted appointment as a Select Employee Group ("SEG"); (b) Affiliate Organizations qualified for Membership from which the Association has accepted and approved an application for Membership, as evidenced by the communication or action of the Association; and (c) Individual Members qualified for Membership from whom the Association has accepted and approved an application for Membership, as evidenced by the communication or action of the Association. Requirements and qualifications for Membership may be changed, modified or waived from time to time as the Board, in its discretion, deems necessary, appropriate or desirable in general or under any particular circumstances; provided, however, that: (i) there shall be no change, modification or waiver of the requirement that all persons joining the Association maintain an active

account with an Affiliate Credit Union, and (ii) Membership shall not be conditioned on any health-status related factor relating to any applicant or Individual Member, or relating to any applicant's or Individual Member's spouse or dependents. Membership may not be transferred or inherited.

3.3 Member Classes. The Association may have different classes of Membership (collectively "Classes" and each a "Class"), each having different privileges, benefits and rights as established by resolution of the Board. Notwithstanding anything herein to the contrary, any of the privileges and benefits of any Class may be changed, modified, replaced, substituted, discontinued or eliminated as the Board, in its sole discretion, deems necessary, appropriate or desirable. Upon the adoption of these By-Laws, the Board has authorized Classes with privileges, benefits and rights as follows: (a) General Members and Lifetime Members will have all of the standard privileges and benefits of membership ("General Benefits"), voting rights ("Voting Rights") and, as a group, the right to collectively appoint a representative to the Board Advisory Panel ("Appointment Power"); (b) Organizational Members (i.e., Affiliate Credit Unions and Affiliate Organizations) will each have Voting Rights and Appointment Power, and their members, owners, directors, officers and employees shall be eligible for membership in the Association; (c) Executive Members will have Voting Rights, Appointment Power and such other privileges and benefits as may be determined by the Board; and (d) Associate Members will have Voting Rights and such other privileges and benefits as may be determined by the Board.

3.4 Term of Membership. Except as may be otherwise specified for any particular Class, the term of Membership of any Member may continue for the life of such Member, so long as such Member continues to pay all required Association dues and fees and meets the qualifications of Membership established by the Association and then applicable to such Member. Any Member may cancel their Membership by delivering notice to the Secretary of the Association, which such cancellation shall be effected in accordance with the Member Terms and Conditions established by the Association and applicable to the Class to which such Member belongs. Notwithstanding anything herein to the contrary, the Board may cancel the Membership of any Member at any time, in accordance with the Member Terms and Conditions established by the Association and applicable to the Class to which such Member belongs.

3.5 Dues and Fees. In order to maintain their Membership in the Association and enjoy the membership privileges and benefits of their respective Classes, all Members shall be required to pay dues in the amount established for their Class as determined by the Board of Directors and published from time to time in the Associations Terms and Conditions of Membership ("Dues"); provided, however, that any increase in Dues for individual General Members over $100.00 per month must be approved by a vote of the Members of such Class.

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3.6 Voting Rights. Every Member will have the right to vote on: (a) the election of Directors at any annual meeting of the Members or special meeting of the Members called for such purpose; (b) any substantive modification of the Purpose of the

Association; (c) any change in the voting rights of the Class to which that Member belongs; and (d) any other matters requiring approval from Members of the Class to which that Member belongs. Each Member entitled to vote on a given matter shall be entitled to one vote on such matter. Any matter subject to or to be decided by Member vote must be approved by a majority of the votes cast by the Members entitled to vote thereon who are present in person and vote at the meeting at which such vote is taken. Members shall not be permitted to vote or express consent or dissent on any matter by proxy.

3.7 Annual Meetings. A meeting of the Members shall be held annually for the election of Directors, to further the Purpose of the Association, and for the transaction of any business as may properly come before the Members.

3.8 Special Meetings. Special meetings of the Members may be called at any time by the President, the Secretary, and the Board, or by the written agreement of: (a) two-thirds of the Board Advisory Panel; (b) two-thirds of all of the Members who would be entitled to vote on the matters to be addressed at such meeting; or (c) all of the Members of any individual Class entitled to vote on the matters to be addressed at such meeting. Such Members or Board Advisory Panel participants may, in writing addressed to the Secretary of the Association, demand the call of a special meeting specifying the date and month thereof. The Secretary of the Association upon receiving the written demand shall promptly give notice of such meeting, or if the Secretary shall fail to do so within five business days thereafter, any Member signing such demand may give such notice.

3.9 Place, Time and Notice of Meetings. Meetings of Members may be held at such place, within or without the State of Florida, and at such hour as may be fixed in the notice of the meeting. Written notice of each meeting of the Members shall be given which shall state the place, date and hour of the meeting, and, in the case of a special meeting, shall state the purpose or purposes for which the meeting is called. The written notice of any meeting shall be given to each Member of record entitled to vote at the meeting who has not waived such notice, not less than five (5) nor more than sixty days before the date of the meeting. Such notice may be given by mail or by the posting of such notice on any website maintained by or on behalf of the Association (the "Website") that is accessible to such Members via the Internet. If mailed, such notice is given when deposited in the United States mail, postage prepaid, directed to the Member at his address as it appears on the records of the Association. If posted on the Website, such notice is given when posted. An affidavit of the Secretary that the notice has been given shall, in the absence of fraud, be prima facie evidence of the facts stated therein. When a meeting is adjourned to another time or place, notice need not be given of the adjourned meeting if the time and place thereof are announced at the meeting at which the adjournment is taken. At the adjourned meeting the Association may transact any business that might have been transacted at the original meeting. If the adjournment is for more than thirty (30) days, or if after the adjournment a new record date is fixed for the adjourned meeting, a notice of the adjourned meeting shall be given to each Member of record entitled to vote at the meeting.

3.10 Waivers of Notice. Whenever notice is required to be given by law, the Association's Certificate of Incorporation (the "Certificate") or these By-Laws, such notice may be waived by any Member entitled to such notice, before or after the relevant notice date, by a recorded verbal waiver or a written waiver executed by physical or electronic signature by the Member. The Association may adopt terms and conditions of Membership that provide that notice of annual and special meetings shall be deemed waived by any Member in the absence of a written request to receive notice delivered from such Member to the Secretary of the Association. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting, except when the person attends a meeting for the express purpose of objecting and does object at the beginning of the meeting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Members need be specified in any written waiver of notice.

3.11 Quorum. At any meeting of the Members, the attendance in person of either a majority of all Members entitled to vote at such meeting or two-thirds of the Members of any individual Class entitled to vote at such meeting shall constitute a quorum for the purposes of such meeting. A majority of the votes cast by Members present in person at a meeting and entitled to vote on a matter shall be the act of the Members with regard to such matter; provided, however, that no vote will be valid unless there is a quorum present in person at the meeting at which such vote is taken. No vote or consent of the Members shall be valid absent a Quorum in attendance in person at the meeting at which such vote is taken or consent is given.

3.12 Voting Procedures and Inspectors of Elections. The person presiding at the meeting shall appoint one or more inspectors to act at the meeting. Each inspector, before entering upon the discharge of his duties, shall take and sign an oath faithfully to execute the duties of inspector with strict impartiality and according to the best of his ability. The inspectors shall (a) ascertain the number of Members and the voting power of each, (b) determine the Members represented at a meeting and the validity of ballots, (c) count all votes and ballots, (d) determine and retain for a reasonable period a record of the disposition of any challenges made to any determination by the inspectors, and (e) certify their determination of the number of Members represented at the meeting, and their count of all votes and ballots. The inspectors may appoint or retain other persons or entities to assist the inspectors in the performance of the duties of the inspectors. The date and time of the opening and the closing of the polls for each matter upon which the Members will vote at a meeting shall be announced at the meeting. The inspectors shall accept no ballots or votes, nor any revocation thereof or changes thereto after the closing of the polls unless a court of competent jurisdiction, upon application by a Member, shall determine otherwise.

3.13 Presiding Officers and Secretary. At any meeting of the Members, if neither the Chairman of the Board (if any), nor President, nor a person designated by the Board to preside at the meeting shall be present, a majority of the Directors present shall appoint a presiding officer for the meeting or, if no Director is present, the Members present shall

appoint a presiding officer for the meeting. If the Secretary is not present, the appointee of the person presiding at the meeting shall act as secretary of the meeting.

3.14 Informal Action; Meetings by Conference Telephone. Unless otherwise restricted by the Certificate or these By-Laws, but only pursuant to a Board resolution, any action required or permitted to be taken by the Members at any annual or special meeting may be taken without a meeting, without prior notice and without a vote, and shall be effective if a consent or consents in writing, setting forth the action so taken, shall be signed by Members having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all Members having a right to vote thereon were present and voted. Such written consents shall be delivered to the Association by delivery to its registered office in the State of Florida, its principal place of business, or an officer or agent of the Association having custody of the book in which proceedings of meetings of Members are recorded. Every written consent shall bear the date of signature of each Member who signs the consent, and no written consent shall be effective to take the corporate action referred to therein unless, within sixty days of the earliest dated consent delivered in the manner required by this section to the Association, written consents signed by a sufficient number of Members to take action are delivered to the Association by delivery to its registered office in the State of Florida, its principal place of business, or an officer or agent of the Association having custody of the book in which proceedings of meetings of Members are recorded. Prompt notice of the taking of the corporate action without a meeting by less than unanimous written consent shall be given to those Members entitled to vote on such action who have not consented in writing. In the event that the action which is consented to is such as would have required the filing of a certificate by law, if such action had been voted on by Members at a meeting thereof, the certificate filed shall state, in lieu of any statement required by law concerning any vote of Members, that written consent has been given in accordance with Florida Law, and that written notice has been given. Except as otherwise required by law or restricted by the Certificate or these By-Laws, the Members may participate in a meeting of the Members by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other at the same time, and such participation shall constitute presence in person at the meeting.

3.15 Order of Business. The order of business at all meetings of members shall be as follows: (a) roll call; (b) reading of the minutes of the preceding meeting; (c) reports of committees and delegates; (d) reports of officers; (e) old and unfinished business; (f) new business; (g) good and welfare; and (h) adjournment.

4. BOARD OF DIRECTORS

4.1 Power of Board and Qualification of Directors. The powers of the Association shall be exercised, its properties controlled, and its business and affairs conducted and managed by a board of directors (the "Board"). Each Board member (each a "Director") shall be at least eighteen (18) years of age and meet such other qualifications as may be set by resolution of the Board. If a person serving as a Director ceases to satisfy the

qualifications required for Board eligibility, as determined by a majority of the other Directors, such person's Directorship shall automatically terminate upon such determination.

4.2 Number and Classes of Directors. The Board shall consist of not less than three (3) nor more than eleven (11) Directors, who shall be divided into classes ("Director Classes") serving staggered terms, and each Director shall belong to the specified class to which he or she is elected; provided, however, that the size of the Board and any Director Class may hereafter be changed at any time by amendment of the By-Laws or by resolution of the Board. At least one Director shall be an Individual Member of the Association. As of the effective date of these By-laws, the Directors and their assigned Director Classes are as follows: (a) the Director who had previously been assigned to Director Class A resigned and that seat remains to be filled; (b) Jorge Martin is assigned to Director Class B; (c) Harvey Birnholz is assigned to Director Class C; (d) the Director who had previously been assigned to Director Class D resigned and that seat remains to be filled; and (e) Randy Goldstein is assigned to Director Class E. The Board may from time to time designate one Director as Chairman of the Board and one Director as Vice-Chairman of the Board.

4.3 Election of Directors. Directors elected by Member vote will be elected at the annual meeting of the Members. Notwithstanding anything herein to the contrary, any Board vacancy arising between annual meetings of the Members, whether created by the death, resignation, termination or removal of a Director or an increase in the size of the Board, shall be filled by a majority vote of the Directors then in office or by the sole remaining Director, even though less than a quorum.

4.4 Term of Directors. Except as otherwise provided in this Section, each Director shall serve for the designated term and until his successor is elected or qualified (unless the Board, at the annual meeting, determines that there is to be no such immediate successor), or until his death, resignation, termination or removal. Directors shall serve staggered terms and may serve successive terms. Terms for Class A Directors shall end as of the annual meeting of the Members in 2008 and then as of the annual meeting every fifth year thereafter. Terms of Class B Directors shall end as of the annual meeting of the Members in 2009 and then as of the annual meeting every fifth year thereafter. Terms for Class C Directors shall end as of the annual meeting of the Members in 2010 and then as of the annual meeting every fifth year thereafter. Terms for Class D Directors shall end as of the annual meeting of the Members in 2011 and then as of the annual meeting every fifth year thereafter. Terms for Class E Directors shall end as of the annual meeting of the Members in 2012 and then as of the annual meeting every fifth year thereafter. The term of any Director elected to fill a vacancy created by the death, resignation, termination or removal of another Director shall run for the remaining term of his predecessor in office, and until his successor is elected and qualified. The term of any Director elected to fill a new position on the Board shall be the same as that of the other members of the Director Class to which he is elected. The tenure of incumbent Directors shall not be affected by an increase or decrease in the size of the Board.

4.5 Removal of Directors. Any Director may be removed with cause at a special meeting called for such purpose by two-thirds of the votes cast by Members present in person at the meeting and entitled to vote in the election of Directors, provided that the Director in question is given advance written notice of such meeting and subsequent notice of any resulting removal.

4.6 Resignations. Any Director may resign at any time upon notice given in writing or by electronic transmission to the Association. Such resignation shall take effect at the time specified therein, and unless otherwise specified therein no acceptance of such resignation shall be necessary to make it effective.

4.7 Quorum of Directors and Action of the Board. Except as otherwise required by law or otherwise provided in the Certificate or these By-Laws, one-third of the total number of Directors shall constitute a quorum for the transaction of business and the vote of a majority of the Directors present at any meeting at which a quorum is present shall be the act of the Board.

4.8 Meetings of the Board. An annual meeting of the Board shall be held each year for the election of officers and for the transaction of such other business as may properly come before the meeting. Regular meetings of the Board shall be held at such times as may be fixed by the Board. Special meetings of the Board may be held at any time whenever called by the Chairman of the Board, if any, the Vice-Chairman of the Board, if any, the President or any two Directors. Meetings of the Board may be held at such places within or without the State of Florida as may be fixed by the Board for annual and regular meetings and in the notice of meeting for special meetings.

4.9 Informal Action by Directors; Meetings by Conference Telephone. Unless otherwise restricted by the Certificate or these By-Laws, any action required or permitted to be taken at any meeting of the Board may be taken without a meeting if all Directors consent thereto in writing, and the writing or writings are filed with the minutes of proceedings of the Board. Unless otherwise restricted by the Certificate or these By-Laws, any one or more Directors may participate in a meeting of the Board by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting by such means shall constitute presence in person at the meeting.

4.10 Compensation of Directors. The Association may pay compensation in reasonable amounts to Directors for services rendered, with the amount of any such compensation to be fixed by the affirmative vote of a majority of the entire Board.

4.11 Board Advisory Panel. Each Class of Members and each Institutional Member shall have the right to appoint a Member to serve on an advisory panel (the "Board Advisory Panel") to represent the interests of the Members in general and their Class in particular before the Board. The Board Advisory Panel shall meet with the Board at each annual meeting before any matters are brought for a vote and at any special

meetings called for such purpose.

5. COMMITTEES

5.1 General Provisions. The Board may designate one or more committees, each committee to consist of one or more Directors (each a "Committee Member"). The Board may designate one or more Directors as an alternate Committee Member of any committee, and who may replace any absent or disqualified Committee Member at any meeting of the committee. In the absence or disqualification of a Committee Member, the Committee Member or Committee Members present at any meeting and not disqualified from voting, whether or not such Committee Members constitute a quorum, may unanimously appoint another Director to act at the meeting in the place of any such absent or disqualified Committee Member. Any such committee, to the extent provided in the resolution of the Board, shall have and may exercise all the powers and authority of the Board in the management of the business and affairs of the Association, and may authorize the seal of the Association to be affixed to all papers which may require it; but no such Committee shall have the power or authority in reference to the following matters: (a) approving or adopting, or recommending to the Members, any action or matter expressly required by law to be submitted to the Members for approval or (b) adopting, amending or repealing any bylaw of the Association.

5.2 Committee Rules. Unless the Board otherwise provides, each committee designated by the Board may make, alter and repeal rules for the conduct of its business. In the absence of a contrary provision by the Board or in rules adopted by such committee, a majority of the entire authorized number of Committee Members of each committee shall constitute a quorum for the transaction of a business, the vote of a majority of the Committee Members present at a meeting at the time of such vote if a quorum is then present shall be the act of such committee, and each committee shall otherwise conduct its business in the same manner as the Board conducts its business under Article IV of these By-Laws. Unless otherwise restricted by the Certificate or these By-Laws, any action required or permitted to be taken at any meeting of such committee may be taken without a meeting if all Committee Members of such committee consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the Committee Members of the committee shall be filed with the minutes of proceedings of such committee. Any one or more Committee Members of such committee may participate in a meeting of the committee by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting by such means shall constitute presence in person at the meeting.

5.3 Service of Committees. Each committee of the Board shall serve at the pleasure of the Board. The designation of any such committee and the delegation thereto of authority shall not alone relieve any Director of his duty under law to the Association.

5.4 Records. Minutes shall be kept of each meeting of each committee. Copies of the minutes of each such meeting shall be filed with the corporate records.

6. DELEGATES

6.1 General Provisions. The Board may delegate any management responsibilities and tasks to any person, persons, entity or entities (each a "Delegate"), for such period of time as the Board may designate. Each Delegate shall have such authority and perform such duties as may be prescribed by the Board, but no such Delegate shall have power or authority in reference to the following matters: (a) approving or adopting, or recommending to the Members, any action or matter expressly required by law to be submitted to the Members for approval or (b) adopting, amending or repealing any bylaw of the Association. The designation of any such Delegate and the delegation thereto of responsibility and authority shall not alone relieve any Director of his duty under law to the Association.

6.2 Board Oversight, Records and Reporting. The Board shall generally oversee and periodically review the material decisions made and actions taken by each Delegate on behalf of the Association. Each Delegate shall keep thorough records regarding all such decisions and actions and shall report and provide a copy of such records to the Board as provided in the resolution of the Board, or in such manner and with such frequency as the Board may otherwise request.

7. OFFICERS, AGENTS AND EMPLOYEES

7.1 Officers. The Board shall elect or appoint a President, a Treasurer, and a Secretary, and may, if it so chooses, elect or appoint an Executive Director and other officers, and may give any of them such further designation or alternate titles as it considers desirable (each an "Officer"). The same person may hold any two or more offices.

7.2 Term of Office, Vacancies and Removal. Each Officer shall hold office for the term for which he is elected or appointed and until his successor is elected or appointed and qualified or until his earlier resignation or removal. All Officers shall be elected or appointed at the annual meeting of the Board, provided, however, that newly created offices and vacancies resulting from any resignation or removal may be filled by the Board at its discretion at any time prior to the annual meeting. An Officer appointed or elected to fill a vacancy shall hold office for the remaining term of his predecessor in office, and until his successor is elected and qualified. The Board with or without cause may remove any Officer at any time, notwithstanding anything herein to the contrary.

7.3 Resignation. Any Officer may resign at any time by giving written notice to the Association. Unless otherwise specified in the written notice, the resignation shall be effective upon delivery to the Association.

7.4 Powers and Duties of Officers. Subject to the control of the Board, all Officers as between themselves and the Association shall have such authority and perform such

duties in the management of the Association as may be provided by the Board and, to the extent not so provided, as generally pertain to their respective offices.

(a) President. The President shall serve as the chief executive officer of the Association. The President shall preside at all meetings of the Board and, subject to the supervision of the Board, shall perform all duties customary to that office and shall supervise and control all of the affairs of the Association in accordance with policies and directives approved by the Board.

(b) Secretary. The Secretary shall be responsible for the keeping of an accurate record of the proceedings of all meetings of the Board, shall give or cause to be given all notices in accordance with these By-Laws or as required by law, and, in general, shall perform all duties customary to the office of Secretary. The Secretary shall have custody of the corporate seal of the Association, if any, and shall have authority to affix the same to any instrument requiring it; and, when so affixed, the signature of the Secretary may attest it. The Board may give general authority to any Officer to affix the seal of the Association, if any, and to attest the affixing by his signature.

(c) Treasurer. The Treasurer shall have the custody of, and be responsible for, all funds and securities of the Association. He shall keep or cause to be kept complete and accurate accounts of receipts and disbursements of the Association, and shall deposit all monies and other valuable property of the Association in the name and to the credit of the Association in such banks or depositories as the Board may designate. Whenever required by the Board, the Treasurer shall render a statement of accounts. He shall at all reasonable times exhibit the books and accounts to any Officer or Director of the Association, and shall perform all duties incident to the office of Treasurer, subject to the supervision of the Board, and such other duties as shall from time to time be assigned by the Board. The Treasurer shall, if required by the Board, give such bond or security for the faithful performance of his duties as the Board may require, for which he shall be reimbursed.

(d) Executive Director. The Executive Director, if one is appointed, shall serve as the chief operating officer of the Association and shall perform the duties incident to the day to day operations of the Association and such other duties as shall from time to time be assigned by the Board, subject to the supervision of the Board.

7.5 Agents and Employees. The Board may appoint agents and employees who shall have such authority and perform such duties as may be prescribed by the Board. The Board may remove any agent or employee at any time with or without cause. Removal without cause shall be without prejudice to such person's contract rights, if any, and the appointment of such person shall not itself create contract rights.

7.6 Compensation of Officers, Agents and Employees. The Association may pay compensation in reasonable amounts to Officers for services rendered, which such amounts shall be fixed by the Board. The Association may pay compensation in reasonable amounts to agents and employees for services rendered, which such amounts

shall be fixed by the Board or, if the Board delegates such power to any Officer or Officers, then by such Officer or Officers. The Board may require Officers, agents or employees to give security for the faithful performance of their duties.

8. MISCELLANEOUS

8.1 Fiscal Year. The fiscal year of the Association shall be the calendar year or such other period as may be fixed by the Board.

8.2 Seal. The association seal shall be circular in form, shall have the name of the Association inscribed thereon and shall contain the words "Corporate Seal" and "Florida" and the year the Association was formed in the center, or shall be in such form as may be approved from time to time by the Board.

8.3 Checks, Notes, Contracts. The Board shall determine who shall be authorized from time to time on the Association's behalf to collect and receive fees; to sign checks, drafts, or other orders for payment of money; to sign acceptances, notes, or other evidences of indebtedness; to enter into contracts; or to execute and deliver other documents and instruments.

8.4 Books and Records. The Association shall keep at its office correct and complete books and records of account, the activities and transactions of the Association, minutes of the proceedings of the Board and any committee of the Association, and a current list of the Members, Directors and Officers of the Association and their residence addresses. Any of the books, minutes and records of the Association may be in written form or in any other form capable of being converted into written form within a reasonable time.

8.5 Amendment of Certificate of Incorporation and By-Laws. The Certificate of the Association may be amended in whole or in part by a majority vote of the Directors then in office pursuant to the procedure outlined in Title 8, § 242 (b)(3) of the Florida General Corporation Law; provided, however, that any such amendment shall not become effective unless adopted by two-thirds of the votes cast by the Members entitled to vote on such matter and present in person at a meeting called for such purpose. The By-Laws of the Association may be adopted, amended or repealed in whole or in part by a majority vote of the Directors then in office.

8.6 Indemnification and Insurance. The Association may indemnify any current or former Director, Delegate, Officer, employee or agent, or any person who may have served at its request as a director, officer, employee or agent of a Delegate or other corporation, partnership, joint venture, trust or other enterprise, whether for profit or not for profit (each a “Representative”), against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement, actually and reasonably incurred by that Representative in connection with any threatened, pending or completed action, suit or proceeding whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Association), to which that Representative may be or is made a party by reason of acting or having acted as a Representative if that

Representative acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the Association and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct in question was unlawful. However, there shall be no indemnification in respect of any claim, issue or matter as to which a Representative shall have been adjudged to be liable to the Association unless a court of competent jurisdiction in which such action or suit was brought shall determine upon application that, despite the adjudication of liability but in view of all the circumstances of the case, such Representative is fairly and reasonably entitled to indemnity for such expenses which the court shall deem proper. Furthermore, the Association may pay expenses (including attorneys' fees) incurred by any Representative in defending any civil, criminal, administrative or investigative action, suit or proceeding in advance of the final disposition of such action, suit or proceeding upon receipt of an undertaking by or on behalf of such Representative, provided that such Representative agrees to repay such amount if it shall ultimately be determined that the Representative is not entitled to be indemnified by the Association under this Article.

Any indemnification (unless ordered by a court) shall be made by the Association only as authorized in the specific case upon a determination by the Board that indemnification of the Representative is proper in the circumstances because the Representative has met the applicable standard of conduct set forth in Title 8, § 145 (a) and (b) of the Florida General Corporation Law. Such determination shall be made (1) by a majority vote of the Directors who are not parties to such action, suit or proceeding, even though less than a quorum, or (2) if there are no such Directors or if such Directors so direct, by independent legal counsel in a written opinion.

The provisions of this Article shall be applicable to claims, actions, suits, or proceedings made or commenced after the adoption hereof, whether arising from acts or omissions occurring before or after adoption hereof. The indemnification and advancement of expenses provided by this Article shall not be deemed exclusive of any other rights to which such Director, Delegate, Officer, employee or agent may be entitled under any statute, By-Law, agreement, vote of the disinterested Members or Directors or otherwise, and shall not restrict the power of the Association to make any indemnification permitted by law. The indemnification and advancement of expenses provided by this Article shall, unless otherwise provided when authorized or ratified, continue as to a person who has ceased to be a Representative and shall inure to the benefits of the heirs, executors and administrators of such a person.

The Board may authorize the purchase of insurance on behalf of any past or present Representative against any liability asserted against or incurred by the Representative as a result of acting in the capacity of having the status of a Representative, whether or not the Association would have the power to indemnify against that liability under law. In no case, however, shall the Association indemnify, reimburse, or insure any person for any taxes imposed on such individual under chapter 42 of the Internal Revenue Code of 1986, as now in effect or as may hereafter be amended ("the Code"). Further, if at any time the Association is deemed to be a private foundation within the meaning of § 509 of the Code then, during such time, no payment shall be made under this Article if such payment

would constitute an act of self-dealing or a taxable expenditure, as defined in § 4941(d) or 4945(d), respectively, of the Code. Moreover, the Association shall not indemnify, reimburse, or insure any person in any instance where such indemnification, reimbursement, or insurance is inconsistent with § 4958 of the Code or any other provision of the Code applicable to corporations described in § 501(c)(3) of the Code.

If any part of this Article 8 shall be found in any action, suit, or proceeding to be invalid or ineffective, the validity and the effectiveness of the remaining parts shall not be affected.

[END -- §8.06 IS THE LAST PROVISION IN THESE BY-LAWS]

FirstName	LastName	Address1	City	State	Zipcode
LISA	WELCH	486 S MAIN ST	SALEM	AR	72576
RUSSELL	WESTMORELAND	RR 1 BOX 258	SIDNEY	AR	72577
CAROLYN	BINNS	316 S GABBERT ST	MONTICELLO	AR	71655
MARIANNE	BAILEY	20750 CONGO FERNDALE RD	LITTLE ROCK	AR	72210
OLABODE	OLUMOFIN	6207 TIMBER RIDGE DR	PINE BLUFF	AR	71603
JERRY	BELL	PO BOX 1763	CROSSETT	AR	71635
MARY	BAKER	390 JOHN F KENNEDY ST	CAMDEN	AR	71701
KATHY	REED	6211 THRASHER ST	PINE BLUFF	AR	71603
FOREST	BLOUNT	PO BOX 97	GARNER	AR	72052
AUSTIN	BRIGHTOP	PO BOX 30039	LITTLE ROCK	AR	72260
KAREN	WAMMES	1971 LAKE CLIFF RD	HIGDEN	AR	72067
BERNICE	REED	77 RAINBOW TRL	HARDY	AR	72542
ANGELA	BAKER	4003 BOONE RD	BENTON	AR	72015
PEARLINE	MUSGROVE	4619 DUSTY LAKE DR LOT 36	PINE BLUFF	AR	71603
MARY	PLATT	265 PFEIFFER RD	BATESVILLE	AR	72501
IVEN	STEVENS	17494 PLEASURE HEIGHTS RD	SPRINGDALE	AR	72764
ANTHONY	FISHER	9310 PENDERGRASS RD	BISCOE	AR	72017
PATRICIA	BELL	1509 HEMMINGWAY CIR	JONESBORO	AR	72401
ARMINDA	STAFFORD	7 Lance Lane	Bella Vista	AR	72715
DONNA	BIGELOW	1815 N 35TH ST	FORT SMITH	AR	72904
SHIRLEY	LINAM	5364 SAND RD	MALVERN	AR	72104
JAMES	LEWIS	104 BENTTREE CT	HOT SPRINGS	AR	71913
MARIE	MITCHELL	321 LEE ROAD 802	MARIANNA	AR	72360
KENNETH	BREWER JR	2150 NATURE TRL	CONWAY	AR	72032
DAVID	HIGBIE	75 COTTAGE TER	LAKEVIEW	AR	72642
MARY	LADD	P O BOX 454	LAKE CITY	AR	72437
HELEN	JOHNSON	1389 HIGHWAY 14 N	YELLVILLE	AR	72687
EMERSON	FOOTE SR	105 MILLSTONE PLACE	PIERCY	AR	71964
GLEN	STRAKER	212 GREEN ST	DARDANELLE	AR	72834
MARGARET	DIBBY	124 SHULER RD	EL DORADO	AR	71730
JO ANN	GARDENHIRE	2709 HIGHWAY 95	HATTIEVILLE	AR	72063
DELINA	FOREMAN	1756 LEE ROAD 325	MARIANNA	AR	72360
JONATHAN	FEARS	592 LAKEWOOD CV	POCAHONTAS	AR	72455
MYRA	BREWER	13308 HIGHWAY 84	BISMARCK	AR	71929
COURTNEY	UTLEY	3430 IRBY DR APT 1009	CONWAY	AR	72034
GARY	SMITH	2111 MITZI LANE	JONESBORO	AR	72401
LEANN	STITES	400 HIGHWAY 290	HOT SPRINGS	AR	71913
JOANN	HAWKINS	439 PHILLIPS ROAD 216	LEXA	AR	72355
JO	HOLLEY	2262 HIGHWAY 65 N	CLINTON	AR	72031
DENNIS	ADAMS	404 STONEWALL DR	JACKSONVILLE	AR	72076
ANDREA	SLAUGHTER	7124 TWIN OAKS RD	LITTLE ROCK	AR	72209
FREDA	STRINGER	1810 AMELIA DR	CONWAY	AR	72034
WILLIE	ROY JR	2209 NORTHEASTERN AVE	JACKSONVILLE	AR	72076
LINDA	WRIGHT	PO BOX 312	KINGSTON	AR	72742
LINDA	PATTERSON	21042 STATE HIGHWAY 114 E	GOULD	AR	71643
JOHN	DAVIS	2 ASHTON LN	BELLA VISTA	AR	72715

BILL	RIDER	PO BOX 783	FLIPPIN	AR	72634
CELESTA	DOKES	1701 HAIRSTON ST APT 304	CONWAY	AR	72034
DIANA	SCHORTNER	1071 OLD MILITARY RD	PARIS	AR	72855
RICHARD	RIVERS	814 CLEVELAND ST	TEXARKANA	AR	71854
DEBBIE	BALENTINE	205 BALDING RD	WARD	AR	72176
DELORSE	GATEWOOD	168 N 12TH AVE	PIGGOTT	AR	72454
RANDAL	GOLDMAN	330 LYONS RD	LOCKESBURG	AR	71846
JUDITH	ASHBURN	600 PARK AVE APT2	MOUNTAIN HOME	AR	72653
THOMAS	BENEFIELD	531 S 7TH ST	OLA	AR	72853
LEE	COLLINS	10170 HORSESHOE LOOP	DARDANELLE	AR	72834
TRISH	CARLOCK	111 ALMOND CV APT D	SHERWOOD	AR	72120
CRYSTAL	HINKLE	951 HIGHWAY 238	MORO	AR	72368
SHERYL	ENGLAND	2408 E PLAINVIEW ST	HOPE	AR	71801
NOVIS	GLENN	13299 HIGHWAY 67	MALVERN	AR	72104
DIANNE	WILLIS	103 DARTMOUTH CV	JACKSONVILLE	AR	72076
SHERRY	JONES	5350 EAST WINDROSE DR	SCOTTSDALE	AR	85254
WANDA	MOBLEY	4406 MALLOY ST	LITTLE ROCK	AR	72204
CHARLIE	VAUGHAN	PO BOX 839	WALDRON	AR	72958
MARC	SCALZI	8900 GALLEON DR	ROGERS	AR	72756
JOAN	DEFEO-MILLER	130 N BROOK PL	GAMALIEL	AR	72537
PATRICIA	EVANS	PO BOX 101	COAL HILL	AR	72832
VIRGIL	KNIGHT	2932 HUNTERS RIDGE RD	SPRINGDALE	AR	72764
LARRY	BARNHILL	202 W JACKSON ST	HARRISBURG	AR	72432
LANCE	FULFER	456 HAPPY TRL	AUSTIN	AR	72007
BARBARA	EDISON	PO BOX 95112	N LITTLE ROCK	AR	72190
RICKY	BURROUGHS	659 HARDWAY RD	CLINTON	AR	72031
SHIRLEY	MCDONALD	1224 S TAYLOR ST	LITTLE ROCK	AR	72204
RAY	HIX	325 HIX LN	BATESVILLE	AR	72501
BOBBY	PRICHETT	122 PRICHETT	WEST HELENA	AR	79390
CANCLE	TUNSTALL	6681 S COUNTY ROAD 167	JOINER	AR	72350
FRANCES	MIDDLETON	1421 S FILLMORE ST	LITTLE ROCK	AR	72204
LARRY	MARTIN	1908 RATTLESNAKE RD	BOONEVILLE	AR	72927
ROXANNA	JONES	PO BOX 351	DRASCO	AR	72530
JIMMY	POWER	1200 LINKS CIR APT 4	JONESBORO	AR	72404
TERENCE	MATTHEWS	1638 CIRCLE DR	MALVERN	AR	72104
MARY	KESTERSON	16 FITZGERALD ST	CLARKSVILLE	AR	72830
LOUISE	TURNER	621 PARK AVE	MOUNTAIN VIEW	AR	72560
CHARLOTTE	MILES	3205 S 93RD CIR	FORT SMITH	AR	72903
ERROL	SPEARS	98 HWY 316	LEXA	AR	72355
ROBIN	BOWERS	608 N COX ST	BENTON	AR	72015
DIANNE	HARRIS	3765 HIGHWAY 273	BEARDEN	AR	71720
DICKIE	MOUNT	392 CR 429	RECTOR	AR	72461
MYRTLE	FORD	4404 AREHART DR	LITTLE ROCK	AR	72209
LEOLA	STAFFORD	5509 LYNNE DR	JACKSONVILLE	AR	72076
DEBORAH	RICHARDS	PO BOX 569	DOVER	AR	72837
ROBERTA	BECCUE	95 PHEASANT RUN CT	MOUNTAIN HOME	AR	72653
ISAIAH	SHERROD	109 TERRY	WEST HELENA	AR	72390

BECKY	SNIDER	2 PINTAIL LOOP	STUTTGART	AR	72160
RITA	LEWIS	1510 LEE AVE	HOPE	AR	71801
LINDA	DERAMUS	PO BOX 714	MENA	AR	71953
NINA	RICHEY	70 BOSTIAN LN	MORRILTON	AR	72110
FOREST	SMITH JR.	4203 SPRING ST	HOTSPRINGS	AR	71901
MICHAEL	CRAIN	3470 TRAIL 86	PLAINVIEW	AR	72857
MICHAEL	HUFFMAN	6531 COUNTY ROAD 928	LAKE CITY	AR	72437
HAROLD	KILLIAN	PO BOX 791	SHERIDAN	AR	72150
JOSEPH	SIMPSON	4410 COUNTRYBROOK DR	JONESBORO	AR	72404
TONY	REEVES	1002 W 18TH TER	RUSSELLVILLE	AR	72801
LINDA	RACKLEY	38 RACKLEY LN	JERUSALEM	AR	72080
JANE	STOUFFER	9001 GARY ST	FORT SMITH	AR	72903
TONEY	HILLIARD	14924 SARA DR	LITTLE ROCK	AR	72206
RHONDA	MATHESON	212 LAUREL ST #204	TEXARKANA	AR	71854
CHRISTOPHER	POWERS	4315 N COUNTY RD 535	BLYTHEVILLE	AR	72315
JESSE	MEDLER	696 HIGHWAY 323 S	SEARCY	AR	72143
NOEL	ANDERSON	709 OAK ST	MORRILTON	AR	72110
GREGORY	GIOVANNINI	2723 JACKSON 197	BRADFORD	AR	72020
DORIS	REED	13839 WHITE OAK RD	FAYETTEVILLE	AR	72704
KENNETH	SNOW	14610 KOYLE CEMETERY RD	WINSLOW	AR	72959
BETTY	FRICKS	1013 W SEMMES AVE	OSCEOLA	AR	72370
JANA	BASCUE	31 W 7TH ALY	MULBERRY	AR	72947
JUQUALA	WALLACE	2043 GRANT COUNTY 14	GRAPEVINE	AR	72057
JOE	BROWN	933 THIESSE LN	SPRINGDALE	AR	72762
LINDA	BENTO	1711 CHURCH AVE	MENA	AR	71953
CARRIE	MEADOWS	3725 HENDERSON RD	N LITTLE ROCK	AR	72117
FREDA	KNIGHT	8498 SR 124	RUSSELLVILLE	AR	72802
EVA	SHANNON	250 LAKEVIEW DR	FAIRFIELD BAY	AR	72088
K A	BUCKELEW	1020 VILLAGE DR APT 53	ARKADELPHIA	AR	71923
WILLIAM	LOPEZ	1231 DOYLE JONES RD	MALVERN	AR	72104
JAMES	SMITH	1112 GRANT 53	SHERIDAN	AR	72150
ROBERT	TAYLOR	40 COUNTY RD 609	WYNNE	AR	72396
SELMA	GREEN	901 S 7TH ST	AUGUSTA	AR	72006
JOHN	BLAIR	1001 W MAIN ST	BLYTHEVILLE	AR	72315
BETTY	HAM	5233 E SARDIS RD	HENSLEY	AR	72065
WILLIAM	SPENCER	4600 PEACHTREE AVE	JONESBORO	AR	72401
ELZIE	WOODS JR	1711 W CIRCLE DR	PINE BLUFF	AR	71603
LUTHER	COONEY	PO BOX 796	CARLISLE	AR	72024
JOHN	MCALLISTER	11959 STAGE COACH RD	GRAVETTE	AR	72736
SARA	MILLER	105 BOB O LINK CIR	HOT SPRINGS	AR	71913
HENRY	HUDSON	110 SUMMIT	BULL SHOALS	AR	72619
PAMELA	ZOSSO	2556 CARMICKLE RD	MAYNARD	AR	72444
JOHN	BEAN	PO BOX 217	HOLLY GROVE	AR	72069
GAYLON	MARCANTEL	PO BOX 26	HERMITAGE	AR	71647
LEROY	COUCH	PO BOX 861	CARLISLE	AR	72024
THERESA	SMITH	6933 BINGS STORE RD	CRAWFORDSVLLE	AR	72327
PATRICIA	ELLIS	PO BOX 637	EUREKA SPGS	AR	72632

HELEN	WORKMAN	PO BOX 53	GRAVELLY	AR	72838
JESSE	PARKER JR	559 COUNTY ROAD 411	BERRYVILLE	AR	72616
BERLIM	ROSSITER	325 MADISON 8050	ROGERS	AR	72756
ALLAN	MAXWELL	352 MOON RD	WARD	AR	72176
SARAH	SELLERS	15720 N SARDIS RD	MABELVALE	AR	72103
SARAH	MCKEE	814 SWISS MOUNTAIN DR	MOUNTAIN HOME	AR	72653
CRISTINA	KAIN	26 BROOKVIEW DR	LITTLE ROCK	AR	72209
JOHN	ALEXANDER	1630 IVY CV	CONWAY	AR	72034
JOHN	KEE	276 COUNTY ROAD 773	JONESBORO	AR	72401
BARBARA	RYNHART	PO BOX 276	RATCLIFF	AR	72951
GLENDA	SPEARS	1325 S SUMMIT	BENTON	AR	72015
CHUCK	GOESSMAN	5727 PARK AVE	HOT SPRINGS	AR	71901
DANNY	FLIPPO	22 ATTLEBOROUGH LN	BELLA VISTA	AR	72714
TERRY	FARMER	PO BOX 431	WILTON	AR	71865
VICKIE	GOLDSTEIN	P.O. BOX 87	CAVE SPRINGS	AR	72718
DANE	MYERS	2005 OAK HILL DR	SPRINGDALE	AR	72762
JUDY	WEAVER	141 HIDDEN VALLEY DR	MOUNTAIN HOME	AR	72653
ELIZABETH	SHARP	115 SE F ST	BENTONVILLE	AR	72712
CATHY	BIGGERS	575 WALNUT GROVE RD	NEWARK	AR	72562
GARY	ADKINS	1112 W 41ST ST	N LITTLE ROCK	AR	72118
UERADELL	BESS	629 DAN GILL DR	DUMAS	AR	71639
CANDACE	JONES	3925 SUNNY SLOPE RD	EDGEMONT	AR	72044
HAPPY	PABLO	1701 WELLINGTON WOODS DR	LITTLE ROCK	AR	72211
JULIUS	SPRINGER	1101 S PARKSIDE ST	BLYTHEVILLE	AR	72315
VIRLEAN	COX	5223 W 33RD	LITTLE ROCK	AR	72204
MARK	ROMERO	82 STONE DOG LANE	LAKEVIEW	AR	72642
PATRICIA	ROBINSON	1611 ETHEL ST	JONESBORO	AR	72401
LORRIE	REYNOLDS	212 COUNTY ROAD 219	BERRYVILLE	AR	72616
DORIS	TAYLOR	299 CW RD LOT 32	JUDSONIA	AR	72081
SUSAN	MCALEXANDER	14163 DOGWOOD DR	FAYETTEVILLE	AR	72704
JOHN	HESTER	700 KATO DR	BENTON	AR	72019
ANTHONY	STUCKEY	325 GRANT 456	PRATTSVILLE	AR	72129
PATTY	MCCREIGHT	9901 VINSON CT	LITTLE ROCK	AR	72205
VIOLA	COOPER	PO BOX 129	WILMAR	AR	71675
TAMMY	SNYDER	417 OLD MILITARY RD	CONWAY	AR	72034
NEDRA	SCHILDERS	231 ASHLEY ROAD 401	CROSSETT	AR	71635
ROBIN	GATTAS	PO BOX 881	IMBODEN	AR	72434
MICHAEL	RASMUSSEN	2810 WELLINGTON CIR	ROGERS	AR	72758
MADELON	ROBERSON	418 ENGLER	MAGNOLIA	AR	71753
ADAM	RUSSELL	4285 N SHILOH DR STE 302	FAYETTEVILLE	AR	72703
BARBARA	PARKS	3215 S RIDGE RD	SILOAM SPGS	AR	72761
HILDA	PORTER	PO BOX 689	MULBERRY	AR	72947
JOEL	ORREN	203 W 6TH ST	SMACKOVER	AR	71762
WILLIAM	KRAFT	323 COUNTY ROAD 939	BERRYVILLE	AR	72616
JUAN	STANDRIDGE	250 RIDGEWAY DR	DOVER	AR	72837
VEIVA	REYNOLDS	P.O. BOX 934	CABOT	AR	72023
PINK	CARRIGAN JR	P.O. BOX 410	HOPE	AR	71802

JAMES	GIBBS JR	328 SPARROW AVE	PARKIN	AR	72373
JAMES	PRUITT	PO BOX 874	KENSETT	AR	72082
RUBY	HANSON	2119 WASHINGTON ST	TEXARKANA	AR	71854
EMMA	PRITCHETT	122 PRITCHETT # WEST	WEST HELENA	AR	72390
LARRY	RUSSELL	938 PINEY RD	DE QUEEN	AR	71832
MELVIN	JOHNSGARD	13587 HIGHWAY 16 W	CLINTON	AR	72031
HENRY	HELLUMS	2604 BELMOOR DR	PINE BLUFF	AR	71601
HELEN	MILLER	2110 HOUSTON ST	EL DORADO	AR	71730
MIRIAM	LEMAN	730 COLUMBIA 29	MAGNOLIA	AR	71753
SHARON	KIRKPATRICK	514 E CHISM ST	PARIS	AR	72855
AARON	NELSON	719 MAPLE ST	KENSETT	AR	72082
BERTHA	KING	155 POLK ROAD 68	MENA	AR	71953
DEBBIE	LICANO	2138 CENTRAL BLVD	BULL SHOALS	AR	72619
WILBERT	OLDS	1901 MARSHALL ST	LITTLE ROCK	AR	72202
BRIAN	DYE	9434 GREENBERRY DR	BENTONVILLE	AR	72712
JOANNA	GRAY	2519 LAKEWOOD DR	HEBER SPRINGS	AR	72543
DOSHIA	BLEDSOE	208 SOUTH COLLEGE	SEARCY	AR	72143
MARY	GAINES	1789 E STATE HWY 18	BLYTHEVILLE	AR	72315
SANDRA	PINSON	53 DELTON MCCAULEY RD	KIRBY	AR	71950
EDNA	GUNTER	10924 Hwy 38 W.	Ward	AR	72176
MARTHA	THOMPSON	386 COUNTY ROAD 481	RECTOR	AR	72461
GINA	DUKE	7470 WILBORN RD	PANGBURN	AR	72121
VIVIAN	FIORITO	4285 SFC 107	PALESTINE	AR	72372
ROBERT	PURCELL JR	18272 PINTO LN	ROGERS	AR	72756
NATASHA	YOUNG	314 COTTONWOOD LN	GOSNELL	AR	72315
TOMMY	HAYNES	PO BOX 902	IMBODEN	AR	72434
RICHARD	GILBERT	119 CENTRAL ST	FLIPPIN	AR	72634
ANGELA	ROBERTS	PO BOX 614	SALEM	AR	72576
GINGER	MCGATH	306 S 3RD ST	AUGUSTA	AR	72006
CHARLES	BRADLEY	3425 WILL GREAR RD	TEXARKANA	AR	71854
JOHN	WOOTEN	518 WILCOXON ST	HAMBURG	AR	71646
KAREN	BOYCE	12708 WOODVINE DR	ALEXANDER	AR	72002
ROYCE	BURDINE	PO BOX 225	MAGNOLIA	AR	71754
NEIL	HAVLIK	30 WEST THOMPSON ROAD	PERRY	AR	72125
LEE	MILLER	3 OUACHITA DR	MAUMELLE	AR	72113
JOAN	BONNET	269 ROCKY RIDGE RD	MOUNTAIN HOME	AR	72653
SHARON	BENNETT	55 KINTYRE DR	BELLA VISTA	AR	72715
PATRICIA	PATTERSON	34025 KEYSTONE DR.	SOLDOTNA	AR	99669
ROSE	CEFALU	200 SFC 712	FORREST CITY	AR	72335
CATHY	DUNNIVANT	1405 N BRYANT ST	POCAHONTAS	AR	72455
CORINE	ZACKERY	PO BOX 490	WALDO	AR	71770
BOBBY	FORD	421 S PINE ST	MAGNOLIA	AR	71753
SHARRON	SLATON	1303 HIGHWAY 317	LOCKESBURG	AR	71846
BILLY	NORMAN	709 W HIGHWAY 10	BELLEVILLE	AR	72824
MITCHEL	WAFER	649 HIGHWAY 299 E	EMMET	AR	71835
KINGSLEY	ERUEMULOR	95 WESTFIELD LOOP	LITTLE ROCK	AR	72210
KEITH	HOOD	345 EAGLE ROCK CIR	HOT SPRINGS	AR	71901

JOHN	LATTIN	11810 LATTIN LN	ALEXANDER	AR	72002
PATRICK	CHEATHAM	PO BOX 92	MINERAL SPGS	AR	71851
KATHY	WYATT	234 W HIGHLAND AVE	MALVERN	AR	72104
ROSE	CARTER	144 RAZORBACK RD	EL DORADO	AR	71730
ANDREW	BRAND JR	PO BOX 371	PERRYVILLE	AR	72126
ERDEN	CRAVEN JR	290 PEARL ST	MARIANNA	AR	72360
RICKEY	WOODS	1500 N 4TH ST	MCGEHEE	AR	71654
TIM	LEWALLEN	540 CHERRYWOOD TRL	BENTON	AR	72015
LOIS	MALONEY	2121 S L ST	FORT SMITH	AR	72901
HAROLD	REESE	PO BOX 18	MC CASKILL	AR	71847
ED	WASHINGTON	P O BOX 275	HELENA	AR	72342
DONNA	WILSON	PO BOX 252	EMMET	AR	71835
CHARLOTTE	TEAGUE	471 INDUSTRIAL STREET	MARKED TREE	AR	72365
LINDA	ABNEY	182 ABNEY HILL TRAIL	ASH FLAT	AR	72513
DEBORAH	MARCHAND	171 D AND J RD	STUTTGART	AR	72160
MARILYN	CLARK	332 JOHNSON HOLLOW RD	LOCUST GROVE	AR	72550
ALICE	LITTLE	607 N RIVER WIND DR	MARION	AR	72364
NORA	SEVERSON	205 W 9TH ST	MULBERRY	AR	72947
JESSICA	SEVERSON	205 W 9TH ST	MULBERRY	AR	72947
SANDRA	JOHNSTON	11640 HIGHWAY 63	RISON	AR	71665
DOROTHY	BROWN	437 COUNTY ROAD 3320	CLARKSVILLE	AR	72830
HERBERT	MORGAN	9446 BOOT CREEK RD	BENTON	AR	72019
MARVIN	NOEL	51 PALESTINE RD	CAVE CITY	AR	72521
DONNA	FRIEMEL	2519 E BROWN ST	PARIS	AR	72855
MARIE	LEWIS	8242 MOUNT HOLLY HWY	MOUNT HOLLY	AR	71758
SHEILA	MILLS	PO BOX 3394	WEST HELENA	AR	72390
KHER	THAO	20627 FLOYD MOORE RD	GENTRY	AR	72734
DONNA	DELOZIER	PO BOX 76	BANKS	AR	71631
THOMAS	BOGGESS	4944 THOMAS LN	WALDRON	AR	72958
CLETO	MENDEZ	3556 TRAIL 86	PLAINVIEW	AR	72857
LENA	CLANTON	PO BOX 445	LESLIE	AR	72645
JANICE	MILLER	1605 COLONIAL RD	JONESBORO	AR	72401
GREGORY	DINGLER	110 BAYOU POINT APT 34	HOT SPRINGS	AR	71913
WALTER	CAMPER	812 NORTH NEW YORK AVE	BRINKLEY	AR	72021
WILLIAM	CATES	946 MCILROY RD	POCAHONTAS	AR	72455
GLEN	CONLEY	903 W MATTHEWS AVE	JONESBORO	AR	72401
FEDERICO	MCDANIEL	5246 S SHAEFFER RD	FAYETTEVILLE	AR	72701
SANDRA	CLARK	400 K AVE	HUTTIG	AR	71747
LINDA	DAVIS	9006 ESKABAR DR	BENTON	AR	72015
BETTYE	BURGIE	1929 LISBON RD	SMACKOVER	AR	71762
DANIEL	JOHNSON	2215 HIDDEN LAKE APT. B	SPRINGDALE	AR	72764
BARBARA	HOOKER	308 COOL MIST LN	BATESVILLE	AR	72501
KERRY	JONES	898 HIGHWAY 361	STRAWBERRY	AR	72469
ARDALE	FARRIS	848 N REVEILLE ST	MAGAZINE	AR	72943
CHARLES	WILLIAMS	PO BOX 164469	LITTLE ROCK	AR	72216
ARMONUS	MCDANIAL	10082 N HIGHWAY 265 S	FAYETTEVILLE	AR	72701
EDWARD	WALLACE	10082 N HIGHWAY 265 S	FAYETTEVILLE	AR	72701

VANESSA	ELLIS	1021 S STEWART ST	RECTOR	AR	72461
SHARON	HALEY	516 OUACHITA AVE	MOUNTAIN HOME	AR	72653
ELIZABETH	REEVES	500 LONOKE LANE	BATESVILLE	AR	72501
KARA	MASON	11300 MESA DR APT 326	LITTLE ROCK	AR	72211
CONNIE	MOORE	PO BOX 257	NORPHLET	AR	71759
PATRICIA	WISE	PO BOX 400	OLA	AR	72853
CAROLYN	WEWER	1793 FRITSCHE RD	SCRANTON	AR	72863
BRENDA	KEY	15475 N HIGHWAY 59	NATURAL DAM	AR	72948
KENNETH	NYANDIKO	1719 W ARCH AVE	SEARCY	AR	72143
RUBY	PEPPERS	45 COURTSIDE PL	LITTLE ROCK	AR	72210
DOYLE	CARROLL	PO BOX 6	THIDA	AR	72165
ASHLEY	GRISSOM	217 MONDOU RD	HOT SPRINGS	AR	71901
DARRELL	CASH	641 COUNTY ROAD 914	ALPENA	AR	72611
DONNA	MILLER	1210 DEQUEEN ST	MENA	AR	71953
GEORGE ELLA	HIGGINS	5 COLLINS RD	JACKSONVILLE	AR	72076
ROBERT	JOHNSON	23719 HIGHWAY 10	LITTLE ROCK	AR	72223
BONNIE	WALTON	608 HORSESHOE DR	HOXIE	AR	72433
BETTY	MARTINEZ	35 BLUE MOUNTAIN DR	MAUMELLE	AR	72113
LARRY	HAY	3468 RIVER ROAD	POTTSVILLE	AR	72858
CHERIE	PIERCE	500 GALLA CREEK LN	POTTSVILLE	AR	72858
PATRICIA	HOWARD	139 POLK ROAD 87	MENA	AR	71953
GRACIELA	HERNANDEZ	2383 E COUNTY ROAD 378	BLYTHEVILLE	AR	72315
DEBORAH	MOODY	24 SISLER LN	VILONIA	AR	72173
GAETANO	SPIOTTO	1520 N 35TH ST	FORT SMITH	AR	72904
MARY	DAVIS	7002 OXFORD DR	WHITE HALL	AR	71602
VENETTA	MILES	109 MC 149	TEXARKANA	AR	71854
PAUL	BEARD	2020 GRANT 14	GRAPEVINE	AR	72057
PAT	GAUTHIER	21414 RIDGEVIEW DR	GARFIELD	AR	72732
JOSE	MATOS	1217 CHESTNUT ST	VAN BUREN	AR	72956
DIANN	PARKER	310 STONE CREEK DRIVE	BENTON	AR	72015
VINCENT	FARRIS SR	PO BOX 71	WABBASEKA	AR	72175
DEBORAH	WARREN	471 DEBERRIE RD	PERRYVILLE	AR	72126
LINDA	JOHNSON	412 W 3RD ST	SMACKOVER	AR	71762
WILLIAM	CAISON JR	620 RAINER RD APT 2	WEST MEMPHIS	AR	72301
SHARESE	DAVIS	1308 N PORTER ST	STUTTGART	AR	72160
JUANITA	GROOT	21 AYR DR	BELLA VISTA	AR	72715
ANDRE	GONZALES	1003 CHUGACH WAY #12	ANCHORAGE	AR	99503
WILLIE	LOGAN JR	1237 SOUTH 10TH ST	BLYEVILLE	AR	72315
THELMA	WHITFIELD	625 WHITFIELD RD	PEARCY	AR	71964
KENNY	GILLESPIE	PO BOX 613	STAR CITY	AR	71667
JAMES	HOLLIS	1218 COUNTY ROAD 176	SUCCESS	AR	72470
JANET	HAMILTON	122 MANSON RD APT 175	SHERWOOD	AR	72120
PAMELA	FLANNIGON	1419 MARK TWAIN BLVD	REDFIELD	AR	72132
KENNETH	LENGEFELD	174 N BROOK PL	GAMALIEL	AR	72537
CRYSTAL	BIEDSOE	413 BIRDIE DR APT 11	MARION	AR	72364
DAVID	FULTZ	353 GREENE ROAD 464	MARMADUKE	AR	72443
ALVIN	ALLISON	PO BOX 228	TYRONZA	AR	72386

ROGER	ALTOM	419 FLORAL RD	CONCORD	AR	72523
TERRY	HARRISON	PO BOX 244	WARD	AR	72176
MELISSA	RODGERS	814 JACKSON 275	NEWPORT	AR	72112
JIM	BOYD	PO BOX 322	LEPANTO	AR	72354
VIRGINIA	WOLF	517 CLARENCE ST	MOUNTAIN VIEW	AR	72560
ROSE	TATUM	109 PALMETTO DRIVE	DUMAS	AR	71639
DELLA	COCHRAN	684 THORNTON FERRY RD	HOT SPRINGS	AR	71913
STEVE	CLARK	631 GRANT 580	SHERIDAN	AR	72150
SUZANNE	PORTER	1128 WEST 19TH STREET #14	EL DORADO	AR	71730

Healthcare Credit Union Association
Balance Sheet
End of Sep 2008

Financial Row	Amount
ASSETS	
Current Assets	
Bank	
B of A - Operating	$9.52
IBM SEFCU S57 Share A/C	$5.00
Total Bank	**$14.52**
Accounts Receivable	
Accounts Receivable	$161,260.00
Total Accounts Receivable	**$161,260.00**
Other Current Asset	
Employee Advance	$707.95
Prepaid Expenses	$10,715.74
Prepaid Taxes	$908.00
Total Other Current Asset	**$12,331.69**
Total Current Assets	**$173,606.21**
Total ASSETS	**$173,606.21**
LIABILITIES & EQUITY	
Current Liabilities	
Accounts Payable	
Accounts Payable	$79,262.70
Total Accounts Payable	**$79,262.70**
Other Current Liability	
Members Funds - To Ican	$628.90
Members' Systematic Saving Program	$5.00
Total Other Current Liability	**$633.90**
Total Current Liabilities	**$79,896.60**
Long Term Liabilities	
Intercompany Exchange	
ABC Benefits Group INC	($27,149.39)
ABC Benefits Group LLC	$2,178.65
ICAN Benefit Group LLC	($33,359.06)
INOVA Solutions LLC	$4,478.48
Total - Intercompany Exchange	**($53,851.32)**
Total Long Term Liabilities	**($53,851.32)**
Equity	
Retained Earnings	($23,991.55)
Net Income	$171,552.48
Total Equity	**$147,560.93**
Total LIABILITIES & EQUITY	**$173,606.21**

Healthcare Credit Union Association
Income Statement
From Jan 2008 to Sep 2008

Financial Row	Amount
Ordinary Income/Expense	
Income	
Dues	$952,430.00
Educational Program	$44,955.00
Total - Income	**$997,385.00**
Gross Profit	**$997,385.00**
Expense	
Administrative Costs	
Bank Service Charges	$98.68
Licenses & Fees	$2,443.76
Professional Fees	
Accounting	$6,250.00
Consulting	$196,667.68
Directors	$2,500.00
Legal	$21,945.00
Total - Professional Fees	**$227,362.68**
Taxes	($7.82)
Total - Administrative Costs	**$229,897.30**
Direct Sales Costs	
Membership Dues	$571,458.00
Total - Direct Sales Costs	**$571,458.00**
Indirect Sales Costs	
Advertising & Promotion	
Advertising	$250.00
Promotion	$330.00
Total - Advertising & Promotion	**$580.00**
Office Supplies	$399.38
Postage & Delivery	$5.21
Travel & Entertainment	
Meals & Ent	$1,582.36
Total - Travel & Entertainment	**$1,582.36**
Total - Indirect Sales Costs	**$2,566.95**
Labor	
Employees Other Expenses	$13,889.45
Health Insurance	$1,338.24
Licenses & Others	$8.00
Payroll Expenses	
Gross Pay	$711.80
Payroll Preparation	$1,529.75
Payroll Taxes	($2.45)
Total - Payroll Expenses	**$2,239.10**
Recruitment	$3,532.02
Total - Labor	**$21,006.81**
Occupancy Costs	
Fees and Licences	$239.25
Office Expense	$509.95
Total - Occupancy Costs	**$749.20**
Total - Expense	**$825,678.26**
Net Ordinary Income	**$171,706.74**
Other Income and Expenses	
Other Expense	
Donations	$150.00
Interest Expense	$4.26
Total - Other Expense	**$154.26**
Net Other Income	**($154.26)**
Net Income	**$171,552.48**