



## Accident Benefits for The Sisk Association

**Policy Number:** ADD N04820228

You are a Covered Person and eligible for coverage under the plan, if You are an eligible person as defined below. For benefits to be payable the policy must be in force, the required premium must be paid and You must be engaging in one of the Covered Activities described below.

**Eligible Persons:** All members, meaning accountholders and their covered Dependents if enrolled in the designated program of the First National Bank of Spearman, Texas.. An accountholder is defined as any person listed as an owner on an account as indicated on First National Bank's Account Opening Signature Card.

Covered Activities and Your Principal Sum are shown in the Membership Agreement Card provided by the Financial Institution when you become a member of the program.

**Period of Coverage:** You will be insured on the later of the Policy Effective Date or the date that You become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) You are no longer eligible; or 3) the period ends for which the required premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) Your coverage ends; or 3) the period ends for which the required premium is paid.

### Description of Covered Activities

#### 24-Hour Coverage

We will pay the benefits described in the Policy when a Covered Person suffers a Covered Accident any time while insured by the Policy. Unless otherwise specified, We will pay benefits only once for a Covered Accident.

#### Common Carrier Coverage

The Covered Accident must take place while the Covered Person is riding as a passenger, and not as a pilot, operator or member of the crew, in or on (including boarding or alighting from): any land or water or air transportation licensed for the transportation of passengers for hire except any such conveyance which the Covered Person has been hired to operate or serve as a member of the crew. Coverage will not apply while riding in or on, or boarding or alighting from, any aircraft other than as expressly described herein.

#### Scheduled Air Travel Coverage

The Covered Accident must take place while the Covered Person is riding as a passenger in, or getting on or off of, an aircraft flown by a commercial airline on any scheduled or chartered flight.

#### Exposure & Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling. A Covered Person is presumed dead if: 1) he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and 2) the body is not found within one year of the Covered Accident.

### Limitations

**Limitation on Multiple Club Memberships:** If a Covered Person is insured under two or more memberships, the combined amount of Principal Sum will not exceed two times the largest benefit payable to a maximum of \$50,000 for 24-Hour Coverage, and a maximum of \$250,000 for Common Carrier Coverage or Scheduled Air Travel Coverage.

**Limitation on Multiple Covered Activities:** if a Covered Person suffers one or more losses from the same Covered Accident for which amounts are payable under more than one of the described Covered Activities or Benefits provided under the Policy, the maximum amount payable under all the Benefits and Covered Activities combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit or Accidental Dismemberment Benefit.

**Combined Single Limit:** Benefits will be divided equally by the number of eligible persons listed as an owner on the account as indicated on the Financial Institution's Account Opening Signature Card. Power of attorney signers are not considered eligible members and will not receive AD&D coverage.

## Description of Benefits

### Accidental Death and Dismemberment Benefits

If Injury to the Covered Person results, within 365 days from the date of the Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

#### Schedule of Covered Losses

Covered Loss	Benefit Amount
Life .....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
One Member .....	50% of the Principal Sum
Hemiplegia .....	75% of the Principal Sum
Paraplegia .....	75% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

### Bereavement and Trauma Counseling Benefit

We will pay counseling sessions, \$100 for each session, up to 10 sessions, to the maximum benefit of \$1,000, subject to the following conditions, when the Covered Person and/or Immediate Family Member requires bereavement and trauma counseling because the Covered Person suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within one year from the date of the Covered Accident causing the Covered Loss;
2. the expense is charged for a bereavement or trauma counseling session for the Covered Person and/or one or more of his or her Immediate Family Members;
3. counseling is provided under the care, supervision or order of a Doctor; and
4. a charge would have been made if no insurance existed.

"Immediate Family Member" means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild), grandchild and grandparent.

Covered bereavement and trauma counseling benefits do not include any expense for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.

### Coma Benefit

We will pay the Coma Benefit, if a Covered Person becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay periodic payments equal to 1% of the Principal Sum per month for up to 11 months and thereafter in a lump sum of 100% of the Principal Sum. Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the 11th month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.

A person is deemed "Comatose" or in a "Coma" if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

### **Emergency Medical Benefits**

We will pay up to \$10,000 for emergency medical services to treat a Covered Person if he or she:

1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling 100 miles or more away from his or her place of permanent residence.

Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

### **Emergency Medical Evacuation Benefit**

We will pay 100% of Covered Expenses incurred for the medical evacuation of a Covered Person if he or she:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling 100 miles or more away from his or her place of permanent residence.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Sickness” means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means travel by air, land, or sea from the Covered Person’s Home Country.

#### **Home Alteration and Vehicle Modification Benefit**

We will pay 10% of the Principal Sum up to a maximum of \$10,000, subject to the following conditions, when the Covered Person suffers a Covered Loss, other than a Loss of Life, resulting directly and independently of all other causes from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.

#### **Rehabilitation Benefit**

We will pay 10% of the Principal Sum up to a maximum of \$10,000, if:

1. a Covered Person suffers an Accidental Dismemberment covered under the Policy; and
2. is participating in a Rehabilitation program due to an Accidental Dismemberment; and
3. the Rehabilitation Program is prescribed by a Doctor.

Benefits are payable for:

1. the facility providing the Rehabilitation Program in which the Covered Person is participating; and
2. Immediate Family Members who incur expenses for travel to and from the location at which the Covered Person is participating in a Rehabilitation Program provided actual receipts are submitted with the claim.

Benefits will end when the first of the following events occur:

1. the date the Covered Person completes the Rehabilitation Program;
2. the date the Covered Person dies.

“Immediate Family Member” means a Covered Person’s parent, grandparent, spouse, child, brother, sister, or in-laws.

“Rehabilitation Program” means a specialized, intensive program for rehabilitation or assimilation at an accredited medical facility specializing in research, surgery, and training of persons with Accidental Dismemberment Covered Losses as outlined in the *Schedule of Covered Losses*.

#### **Repatriation of Remains Benefit**

We will pay 100% of Covered Expenses for preparation and return of a Covered Person’s body to his or her home if he or she dies as a result of a Medical Emergency while traveling 100 miles or more away from his or her place of permanent residence. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person’s body during the repatriation to the Covered Person’s place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

#### **Seatbelt and Airbag Benefit**

We will pay 10% of the Principal Sum up to a maximum of \$5,000, subject to the conditions described below, when a Covered Person dies or is dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit of \$5,000 is provided, if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit of \$1,000 to the Covered Person's beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.

"Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas.

"Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

**Exclusions and Limitations:** We will not pay benefits for any loss or Injury that is caused by, or results from:

- intentionally self-inflicted Injury.
- suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- piloting or serving as a crewmember in any aircraft.
- commission of, or attempt to commit, a felony.
- the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- Injury or loss contributed to the use of drugs, unless administered by a Doctor.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

**Definitions: Covered Accident:** means an accident that occurs while coverage is in force for a Covered Person and results directly of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **Covered Person:** means any eligible person for whom the required premium is paid. **Dependent:** means Your lawful spouse or dependent child, from the moment of birth to end of the calendar year in which the child reaches age 25. A child, for eligibility purposes, includes Your: 1) natural child; 2) stepchild; 3) adopted child (a child is considered adopted from the moment You are party in a suit to adopt the child); or 4) grandchild who is dependent on You for federal income tax purposes at the time application for coverage of the child is made. Insurance will continue for any child who reaches age 25 who is (1) unable to engage in any substantial gainful activity because of a mental or physical handicap and (2) is chiefly dependent on You for support and maintenance. You must send us satisfactory proof of the handicap within 31 days of the child reaching the maximum age for insurance to continue. We may require further proof at any time after that. We may not require this more often than annually after two years. **Injury:** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **We, Our, Us:** means the insurance company underwriting this insurance or its authorized agent. **You or Your:** means a person insured under the Policy.

**Payment of Claims:** If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary designated by the insured and on file with the Policyholder. If there is no named beneficiary or surviving beneficiary on file, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured's estate. All other benefits will be paid to the Covered Person.

**If You need to file a Claim, please call: your Financial Institution or the Sisk Association at 800-899-7175 to obtain a claim form.**

You must provide notice of claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify You, Your Financial Institution, and the Policy Number. In no event, except in the absence of legal capacity, will proof of loss be accepted more than one year from the date it was otherwise required.

Policy Number: ADD N04820228, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

**Travel Assistance Services:** In addition to the insurance protection provided by this plan, ACE USA has arranged with Europ Assistance USA to provide You with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when You are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while You are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification, and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of Your traveling companion or dependents, and vehicle return.

**Contact Information:** For medical evacuation, repatriation, or other travel assistance services call: Europ Assistance at 800-243-6124 (inside the U.S.) or call collect 202-659-7803 (from outside the U.S.) or e-mail OPS@europassistance-usa.com.

When You call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Covered Person; 2) Covered Person's name, age, sex, and the policy number for Your insurance plan, and Your Plan Number (01AH585); 3) a description of the Covered Person's condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers' compensation, or auto insurance if the Covered Person was involved in an accident.

This information provides You with a brief outline of the services available to You. These services are subject to the terms and conditions of the Policy under which You are insured. A third party vendor may provide services to You. Europ Assistance makes every effort to refer You to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel, or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is Yours alone. Europ Assistance assumes no liability for the services provided to You under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to You.

Travel assistance services are not available if Your coverage under the Policy providing insurance benefits is not in effect.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Sisk Association to which your Financial Institution is a sponsoring organization. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.