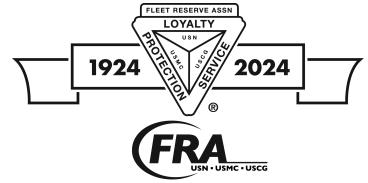


Critical Illness Insurance Plan



Dear FRA Member,

You now have access to the FRA Critical Illness Insurance Plan.

Critical Illness Insurance is designed to pay a fixed cash sum, straight to you, when diagnosed with a covered critical illness.

The lump sum cash benefit you receive can help you and your family pay out-of-pocket medical and non-medical expenses not covered by your basic health insurance. This way you may worry less about paying bills so you can focus on getting well!

This FRA Critical Illness Insurance Plan features these advantages:

- Guaranteed acceptance—no medical exams required.
- Select among 3 different Plans to fit your family's needs and budget.
- Choice of benefit amounts for each Plan (\$5,000, \$10,000 or \$15,000).
- Cash Benefits paid regardless of any other insurance.
- Coverage for you, your spouse or domestic partner and children.
- Affordable group rates.

Please see the enclosed Benefits Summary for more details about this valuable coverage.

Then to enroll, please complete and return the enclosed Enrollment Form. The policy will become effective on the first day of the month following receipt of the enrollment form and premium payment. You have 30 days to review the Certificate, and if you are not satisfied, you can return the Certificate for a full refund.

We look forward to your participation in this Critical Illness Insurance Plan.

Sincerely,

David Chambers

David Chambers, Senior Vice President
Association Member Benefits Advisors, LLC
FRA-endorsed Insurance Programs Administrator

P.S. Lock in this guaranteed coverage today before a critical illness impacts you and your family.
Just complete and return the enclosed Enrollment Form.

Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies.

The logo features a central shield with the words "FLEET RESERVE ASSN", "LOYALTY", "PROTECTION", and "SERVICE" around the perimeter, and "USN" in the center. The shield is flanked by banners reading "1924" and "2024". Below the shield is the "FRA" logo with "USN • USMC • USCG" underneath.

Plan 3 - Best

Critical Condition	Benefit Amount
Skin Cancer	\$250
Type 1 Cancer	100%
Type 2 Cancer	25%
Coronary Artery By-Pass Surgery	25%
Heart Attack	100%
Heart Valve Repair/Replacement Surgery	25%
Stroke	100%
Blindness (Either Eye)	100%
Coma	100%
Paralysis	100%
Major Organ Transplant	100%
Renal Failure	100%

MONTHLY* RATES

\$5,000 Benefit Amount				
Age	Member Only	Member & Spouse	Member & Child	Member & Family
18-24	\$1.90	\$3.80	\$4.20	\$6.65
25-29	\$2.20	\$4.40	\$4.50	\$7.25
30-34	\$2.90	\$5.85	\$5.25	\$8.70
35-39	\$4.15	\$8.35	\$6.50	\$11.20
40-44	\$6.75	\$13.50	\$9.05	\$16.35
45-49	\$10.55	\$21.10	\$12.85	\$23.95
50-54	\$15.90	\$31.75	\$18.20	\$34.65
55-59	\$23.15	\$46.35	\$25.50	\$49.20
60-64	\$34.35	\$68.65	\$36.65	\$71.55
65-70	\$50.65	\$101.25	\$52.95	\$104.15

For all 3 Plan options, to calculate rates for \$10,000 benefit amount, multiply by 2. For rates for \$15,000 benefit amount, multiply by 3.

***For your convenience, you will be billed quarterly.** If applicable, an additional \$2 billing fee will be included on your billing notice payable to the plan administrator. To avoid the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Your benefit will be paid on the date you are diagnosed and after the waiting period has been satisfied. Diagnosis of a chronic condition must be confirmed by a licensed physician. Additional eligibility may be required based on the condition. The total benefits payable will not exceed the Maximum Lifetime Benefit amount. Please see the certificate of insurance for complete details.

Benefits Paid Directly To You—To Use As You Choose

When you're suffering from a covered critical illness, you don't want to have to worry about paying medical expenses or other bills—especially if you're unable to work. With this plan, you can use the cash benefit however you want, such as to pay for:

- Out-of-pocket medical costs such as deductibles, copays and cost shares.
- Living expenses and groceries
- Mortgage or rent
- Entertainment
- Transportation
- Extra treatment, physical therapy or other

Easy To Enroll Today

Complete and return the Enrollment Form enclosed. The policy will become effective on the first day of the month following receipt of the enrollment form and premium payment. You have 30 days to review the Certificate, and if you are not satisfied, you can return the Certificate for a full refund.

30-Day FREE Look

If you are not completely satisfied with the terms of your Certificate of Insurance, you may return it, provided you have not submitted a claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund—no questions asked!

Additional Plan Details

Waiting period: This policy includes a 90 day Waiting Period from the date of enrollment for all categories of Critical Conditions. Benefits will not be paid for a Critical Condition if the diagnosis is made or treatment is recommended during this 90 day period, or if you exhibit symptoms during this 90 day period that would cause a person to seek medical treatment for the critical condition.

Lifetime maximum benefit: The Lifetime Maximum Benefit Amount that will be paid for each Insured Person under this policy is 100% of the Benefit Amount for all occurrences combined for all Covered Conditions. Coverage under this policy ceases when the Lifetime Maximum Amount has been reached.

If you receive benefits for a Critical Illness less than 100% of the Maximum Lifetime Benefit and later receive a diagnosis for a different critical illness, you will receive the percentage of Maximum Lifetime Benefit amount shown, less any prior benefits received. If one critical illness causes another condition, only one benefit will be paid—the largest amount.

When coverage begins and ends: The policy will become effective on the first day of the month following receipt of the enrollment form and premium payment. You have 30 days to review the Certificate, and if you are not satisfied, you can return the Certificate for a full refund. Coverage ends when the policy terminates, you are no longer eligible, premiums are not paid, the Lifetime Maximum Benefit has been met, or upon attaining age 70.

[Read Your Description of Coverage Carefully - This outline of coverage provides a very brief description of the important features of Your Description of Coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both You and Us.](#)

Exclusions and Limitations:

Alcoholism, Drug or Substance Abuse

This insurance does not apply to a **Covered Condition** caused by or resulting from, directly or indirectly, the **Insured Person's** alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a **Hospital** or part of a **Hospital**.

Congenital Conditions

This insurance does not apply to a **Covered Condition** caused by or resulting from, directly or indirectly a congenital condition as **Diagnosed** by a licensed **Physician**.

Cosmetic Surgery

This insurance does not apply to cosmetic surgery or care or treatment solely for cosmetic purposes or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an **Accident** if initial treatment of the **Insured Person** is begun within twelve (12) months of the date of the **Accident** or to treat congenital defects in covered newborns.

Experimental or Investigational

This insurance does not apply to any service, supply or **Covered Condition** that is experimental or investigational.

Intoxication Exclusion

This insurance does not apply to any **Accident** caused by or resulting from, directly or indirectly, the **Insured Person** being intoxicated, at the time of an **Accident**. Intoxication is defined by the laws of the jurisdiction where such **Accident** occurs.

Narcotic Exclusion

This insurance does not apply to any **Sickness** or **Accident** caused by or resulting from, directly or indirectly, the **Insured Person** being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a licensed **Physician**.

Pregnancy

This insurance does not apply to normal pregnancy. Complications of Pregnancy are covered as any other **Sickness**.

Pre-Existing Condition

No Benefit Amount will be paid under this policy for a Covered Condition caused by or resulting from, directly or indirectly, a Pre-Existing Condition. This Pre-Existing Condition exclusion only applies for twelve (12) months, beginning with the effective date of the Insured Person's insurance. A Pre-Existing Condition means any illness, disease, injury, mental illness or condition for which medical advice, Diagnosis, care or treatment: was received by an Insured Person; was recommended to an Insured Person; or would have been sought by a reasonably prudent person, during the twelve (12) month period before becoming insured under this policy.

Procedures and Diagnosis Outside the US or its Territories

This insurance does not apply to a **Covered Condition** that has been **Diagnosed** or to any surgical procedures that have been performed outside of the United States or its Territories.

Rest care or custodial care and treatment

This insurance does not apply to any rest care or custodial care or treatment for any **Sickness** or **Accident**.

Refusal of Medical Treatment

This insurance does not apply to a **Covered Condition** caused by or resulting from, directly or indirectly, the **Insured Person's** refusal of the following recommended medical treatment:

- a. a **Physician** has recommended treatment with angioplasty or **Coronary Artery By-Pass Graft** for coronary artery disease, the **Insured Person** refuses treatment, and the **Insured Person** suffers a **Heart Attack**; or
- b. a **Physician** has recommended treatment for a brain aneurysm or carotid artery stenosis, the **Insured Person** refuses treatment, and the **Insured Person** suffers a **Stroke**; or
- c. a **Physician** has recommended a **Diagnostic** biopsy or **Diagnostic/therapeutic** excision of a mass or lesion suspected of being **Cancer**, the Insured refuses and the **Insured Person** develops **Type 1 Cancer**, **Skin Cancer**, or **Type 2 Cancer**.

Suicide or Intentional Injury

This insurance does not apply to a **Covered Condition** caused by or resulting from, directly or indirectly, an **Insured Person's** suicide, or attempted suicide or intentionally self-inflicted injury while the **Insured Person** is sane or insane.

Uninsured Critical Condition

This insurance does not apply to any loss caused by or resulting from, directly or indirectly any illness not specifically listed as a **Covered Condition** shown in Section C, under the Schedule of Eligible Benefits.

Workers Compensation

This insurance does not cover **Sickness** or **Accident** arising out of and in the course of any occupation for compensation, wage or profit or which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the provision of insurance.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company.

Coverage may not be available in all states or certain terms may be different where required by state law.

Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Please refer to your plan documents for benefit information, definitions and a complete list of exclusions.

THIS POLICY PROVIDES LIMITED BENEFITS ON A FIXED INDEMNITY BASIS. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS "MAJOR MEDICAL COVERAGE") AND DOES NOT SATISFY A PERSON'S INDIVIDUAL OBLIGATION TO SECURE THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA). FOR MORE INFORMATION ABOUT THE ACA, PLEASE REFER TO [HTTPS://WWW.HEALTHCARE.GOV](https://www.healthcare.gov).

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to criminal and civil penalties.



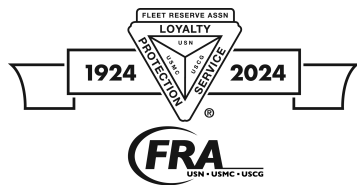
Association Member Benefits Advisors, LLC (AMBA)
P.O. Box 14536
Des Moines, IA 50306

AR Insurance License #100114462
CA Insurance License #0196562
In CA d/b/a Association Member Benefits & Insurance Agency

Form 44-02-2052 (Ed. 03-14)
Policy #9908-9716

QUESTIONS?

Call: 1-800-424-1120
E-Mail: fra.service@getamba.com

**GROUP CRITICAL ILLNESS INSURANCE PLAN
ENROLLMENT FORM**

Mail your completed enrollment form to:
FRA GROUP INSURANCE PLANS
P.O. Box 14536
Des Moines, IA 50306

Questions?
CALL: 1-800-424-1120
EMAIL: fra.service@getamba.com
WEBSITE: www.frainsure.com

Member Name: _____
Last First MI

Address: _____

Address: _____

City, State, Zip: _____

Member Date of Birth: _____
Month/Day/Year

Are you now a member of FRA? ☐ Yes ☐ No Membership # _____

1. Mail this entire form:

FRA Member Benefit
Pre-Approved Critical Illness Insurance

☒ **Yes, I want the Critical Illness Plan:**

- Guaranteed Acceptance
- No medical exams required

2. Select the following coverage:

When no box is selected, you will receive "Plan 2. Better" single coverage, \$5,000 benefit amount. Please check only one box for "Benefit Amount" and one box for those you want to covered. For Rate Charts, see enclosed "Benefit Summary".

Plan 1: Good**Plan 2: Better****Plan 3: Best**

Benefit Amount: ☐ \$5,000 ☐ \$10,000 ☐ \$15,000

☐ \$5,000 ☐ \$10,000 ☐ \$15,000

☐ \$5,000 ☐ \$10,000 ☐ \$15,000

☐ Member Only (10_1)

☐ Member Only (20_1)

☐ Member Only (30_1)

☐ Member & Spouse (10_2)

☐ Member & Spouse (20_2)

☐ Member & Spouse (30_2)

☐ Member & Child(ren) (10_4)

☐ Member & Child(ren) (20_4)

☐ Member & Child(ren) (30_4)

☐ Family (10_3)

☐ Family (20_3)

☐ Family (30_3)

3. Please complete if your family is enrolling.

	Names of Family Members Enrolling	Gender	Date of Birth (Mo./Day/Yr.)
Spouse Name		☐ Male ☐ Female	
Child Name		☐ Male ☐ Female	
Child Name		☐ Male ☐ Female	

If more than 2 Children, attach additional sheet.

Any amount payable will reduce by 50% at age 65.

This plan does not provide comprehensive health care coverage.

Policy Acceptance

The undersigned represents to the best of his or her knowledge and belief that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. I also understand that an additional investigation could occur at the time of claim and any misrepresentation contained herein relied on by the Company may be used to reduce or deny a claim and/or void the coverage if such misrepresentation materially affects the acceptance of the risk. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance begins on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as the Insured Person; or 3) the beginning of the period for which required premium is paid for such Insured Person.

I authorize my financial institution and the Plan Administrator to automatically withdraw from my

☐ Checking ☐ Savings Account, Routing # _____ Account # _____
issued by the financial institution, Quarterly, according to the rate schedule for the coverage I select. I understand and agree that my payment authorization will remain in effect until I notify the Plan Administrator and they have reasonable opportunity to act on it. It is my responsibility to ensure my account information is current and accurate.

Fraud Warning Notices: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to criminal and civil penalties.

4.

Please

Sign Here: _____ **Date:** _____

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

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. Insurance provided by Federal Insurance Company and its U.S. based Chubb underwriting company affiliates. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Underwritten by: Federal Insurance Company.