

\$500,000
TRAVEL ACCIDENT INSURANCE
DESCRIPTION OF COVERAGE
PERSONAL PAYMENT CARDS

PLAN

As an eligible credit cardholder*, you, your spouse, your dependent children** and any authorized users of the account registered with a participating institution will be automatically insured against accidental loss of life, limb, sight, speech or hearing while riding as a passenger in, entering or exiting any licensed common carrier, provided the entire cost of the passenger fare(s), less redeemable certificates, vouchers or coupons, has been debited from your debit card account or charged to your credit card account. If the entire cost of the passenger fare has been debited from your debit card account or charged to your credit card account prior to departure for the airport, terminal or station, coverage is also provided for common carrier travel (including taxi, bus, train or airport limousine, but not including courtesy transportation provided without a specific charge): a) immediately preceding your departure, directly to the airport, terminal or station; b) while at the airport, terminal or station; and c) immediately following your arrival at the airport, terminal or station of your destination. If the entire cost of the passenger fare has not been debited or charged prior to your arrival at the airport, terminal or station, coverage begins at the time the full passenger fare is debited from your debit card account or charged to your credit card account. Common Carrier means any land, water or air conveyance operated by those whose occupation or business is the transportation of persons without discrimination and for hire.

ELIGIBILITY

This travel insurance plan is provided to debit card or credit card account holders automatically when the full passenger fare(s) are debited from your debit card account or charged to your credit card account while this insurance is effective. It is not necessary for you to notify the participating institution, the administrator, or the Insurance Company when tickets are purchased.

COST

This travel insurance plan is provided at no additional cost to eligible debit or credit cardholders of the participating institution. The Policyholder pays the account holder's premium out of the revenues generated from the debit or credit card account.

BENEFICIARY

The Loss of Life benefit will be paid to the beneficiary designated by the Insured. If no such designation has been made, that benefit will be paid to the first surviving beneficiary in the following order: a) the Insured's spouse, b) the Insured's children, c) the Insured's parents, d) the Insured's brothers and sisters, e) the Insured's estate. All other indemnities will be paid to the Insured.

BENEFITS

Benefits provided are: \$500,000 for accidental loss of: life, two or more members, sight of both eyes, speech and hearing or any combination thereof, or \$250,000 for accidental loss of: one member, sight of one eye, speech or hearing, or \$125,000 for the accidental loss of the thumb and index finger of the same hand. "Member" means hand or foot. "Loss" means, with respect to a hand, complete severance through or above the knuckle joints of at least 4 fingers on the same hand; with respect to a foot, complete severance through or above the ankle joint. The Company will consider it a loss of hand or foot even if they are later reattached. "Benefit Amount" means the Loss amount applicable at the time the entire cost of the passenger fare is debited from a debit card account or charged to your credit card account. The loss must occur within one year of the accident. If the Insured has multiple losses as the result of one accident, the Company will pay the single largest applicable Benefit Amount. In no event will duplicate request forms or multiple charge cards obligate the Insurance Company in excess of the stated Benefit Amounts for any one loss sustained by any one individual Insured as the result of any one accident.

In the event of multiple accidental deaths per credit card or debit card account arising from any one accident, the Company's liability for all such losses will be limited to a maximum limit of insurance equal to two times the applicable Benefit Amount for loss of life. Benefits will be proportionately divided among the Insureds up to the maximum limit of insurance.

EXCLUSIONS

This insurance does not cover loss resulting from: 1) an Insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection (except bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria), or bodily malfunctions; 2) suicide or attempted suicide or intentionally self-inflicted injuries; 3) declared or undeclared war, but war does not include acts of terrorism. This insurance also does not apply to an accident occurring while an Insured is in, entering, or exiting any aircraft while acting or training as a pilot or crew member, but this exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.

EFFECTIVE DATE

This insurance is effective on 4/1/03 or on the date you became an eligible Class Member, whichever occurred first, and will cease on the date the master Policy #6406-94-51 is terminated, or on the date your debit or credit card account ceases to be in good standing, whichever occurs first.

QUESTIONS OR NOTICE OF CLAIM

Answers to specific questions can be obtained by writing the Plan Administrator. To make a claim please contact the Plan Administrator. As a handy reference guide, please read this and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is simply an informative statement of the principal provisions of the insurance while in effect. Complete provisions pertaining to this plan of insurance are contained in the master policy on file with the Policyholder, Dominion Trust Company as Trustee of Financial Institution Benefit Association Trust. If this plan does not conform to your state statutes, it will be amended to comply with such laws. If a statement in this description of coverage and any provision in the policy differ, the policy will govern.

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

PLAN UNDERWRITER:
Federal Insurance Company
a member insurer of the
Chubb Group of Insurance Companies
15 Mountain View Road
P. O. Box 1615
Warren, NJ 07061-1615

NOTICE TO FLORIDA RESIDENTS. THE BENEFITS OF THE POLICY PROVIDING YOUR COVERAGE ARE
GOVERNED BY THE LAW OF A STATE OTHER THAN FLORIDA.

* Eligible card on file with the plan administrator.

** "Dependent Children" means children who are primarily dependent upon the Insured for maintenance and support and who are under the age of 19 and reside with the Insured, beyond the age of 19 who are permanently mentally or physically challenged and incapable of self support, or up to age 25 if classified as a full-time student at an institute of higher learning.