

BalanceShieldSM Program Summary

THIS PROGRAM IS OPTIONAL. Your purchase of BalanceShieldSM is **optional**. Whether or not you purchase BalanceShield will not affect your application for credit or the terms of any existing credit agreement you have with us. BalanceShield protection is available to the primary and/or joint cardmember.

COST. The monthly Program fee is 85 cents per \$100 of your month ending balance on your credit card statement.

BalanceShield will cancel your minimum payment in the event of Disability, Involuntary Unemployment, Leave of Absence or Hospitalization / Nursing Home Care up to a maximum of \$10,000; for Loss of Life, the cancellation of the statement ending balance reflected on the statement following the date of death.

ELIGIBILITY REQUIREMENTS, CONDITIONS AND EXCLUSIONS. There are eligibility requirements, conditions and exclusions that could prevent you from receiving benefits under BalanceShield. The following is a summary of the eligibility requirements, conditions and exclusions.

INVOLUNTARY UNEMPLOYMENT means that as result of an entire loss of full-time, non-seasonal employment due to an individual or mass layoff, a general strike, a unionized labor dispute, lockout or an involuntary termination of employment. To qualify for a benefit, you must be unemployed for 30 consecutive days, have worked 30 hours per week during the 90 day period immediately preceding unemployment and qualify for state unemployment benefits. You will not qualify for a benefit if Involuntary Unemployment is the result of: (a) voluntary forfeiture of employment salary, wages or other employment income; (b) resignation; (c) retirement; (d) termination of employment as the result of cause or willful or criminal misconduct; (e) scheduled termination of an employment contract; (f) termination of seasonal employment; (g) loss of income caused by illness, disease, accident, injury or pregnancy; (h) reduction in number of hours worked that does not result in total elimination of employment income; (k) You had notice either orally or in writing of pending unemployment within 90 days prior to the enrollment effective date; (l) job loss beginning within 30 days after the enrollment effective date; or (m) you are self-employed or an independent contractor. The maximum benefit period for Involuntary Unemployment is 12 months per occurrence.

DISABILITY means that as result of an illness or injury, you are unable to perform your normal daily activities. To qualify for a benefit, you must be disabled for 30 consecutive days and under the continuous treatment of a physician who verifies your disability in writing. You will not qualify for a benefit if Disability is the result of: (a) normal pregnancy or childbirth; (b) an intentionally self-inflicted injury; or (c) a Pre-Existing Condition. A Pre-Existing Condition means a condition for which you received a medical diagnosis or treatment during the 6 months immediately preceding the enrollment effective date and which results in your Disability within the first 6 months after the enrollment effective date. The maximum benefit period for Disability is 12 months per occurrence.

LEAVE OF ABSENCE means an employer-approved temporary absence from permanent, non-seasonal full-time employment without pay due to the birth or adoption of a child, to care for a sick family member or due to your recall to active military status. Family member means a spouse, child or parent. To qualify for a benefit, you must be on employer-approved unpaid leave for 30 consecutive days and have been working 30 hours per week during the 90 day period immediately preceding the leave. You will not qualify for a benefit if Leave of Absence is the result of: (a) termination of employment; (b) absence from work due your illness, disease, accident or injury; (c) you are self-employed or an independent contractor. The maximum benefit period for Leave of Absence is 12 months per occurrence.

HOSPITALIZATION / NURSING HOME CARE means that you are confined to a hospital or nursing home as a registered patient. To qualify for a benefit, you must be admitted for 2 consecutive nights to a licensed facility. Hospital / nursing home include any licensed medical hospital, acute care facility, convalescent nursing facility, residential drug, psychiatric or hospice facility. The maximum benefit period for Hospitalization / Nursing Home Care is 12 months per occurrence.

LOSS OF LIFE means your death.

PROGRAM TERMINATION. The Program may be cancelled by you or us at any time. If you decide to cancel the Program within 60 days from the enrollment effective date, we will credit any Program fees charged to your account. We may cancel this Program with 30 days advance written notice to you at the last address in our records.

The Program will automatically terminate with no advance notice to you if: (a) You are 90 days past due in making monthly payments; (b) You are in a default under your Cardmember Agreement; or (c) your account is closed with a \$0 balance.

We may terminate this Program by written notice to you if we discover that you intentionally misrepresented any information to us about your participation in the Program or your request for a benefit.

ADDITIONAL IMPORTANT DISCLOSURES:

- You must continue to make your minimum payment as scheduled in accordance with your Cardmember Agreement until you are notified in writing that you have been granted a benefit.
- A benefit may be taxable as income. You should contact a qualified tax advisor concerning any tax impact.
- Any arbitration provisions that may apply with respect to your Cardmember Agreement shall also apply with respect to this Program.
- The Program is not insurance.

CONTACT US: Call the Customer Care Center toll-free at 1-877-694-1286, from 9:00 a.m. – 8:00 p.m. Eastern Time, Monday through Friday, except on federal holidays. Written correspondence and other documents should be sent via U.S. mail to: BalanceShield Customer Care Center, P. O. Box 2506, Roswell, GA 30077-2506.