

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Better Financial Corporation

Policy Number: 9541964

BLANKET ACCIDENT INSURANCE

Description of Coverage

This Description of Coverage describes blanket accident insurance coverage provided to eligible persons of the policyholder named above (herein called the Policyholder).

Who Is Eligible

The persons eligible for coverage under the above referenced blanket accident insurance policy (herein called the Policy) issued to the Policyholder are:

All loyalty program members on file with the Policyholder. Loyalty program members will have a demand deposit account available through the Policyholder and establish a direct deposit to their account.

PLEASE READ THIS DESCRIPTION OF COVERAGE CAREFULLY

Important Cancellation Information – Please Read the Provision entitled Your Effective and Termination Dates on page 5.

TABLE OF CONTENTS

Schedule of Benefits	3
Definitions	4
Effective and Termination Dates	5
Description of Benefits	6
Emergency Transportation	
Emergency Treatment Benefit	
In-Hospital Indemnity Daily Benefit	
Exclusions	7
Claim Procedures	8

Schedule of Benefits

Emergency Transportation

Maximum Amount	\$250.00
Maximum Number of Emergency Transportation Benefits per Policy Term	3

Emergency Treatment

Maximum Amount	\$250.00
Maximum Number of Emergency Treatment Benefits per Policy Term	3

In-Hospital Indemnity Daily Benefit

Daily Maximum Amount:	\$250.00
Maximum Number of Days per Policy Term:	14

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

DEFINITIONS

Emergency Treatment – means treatment for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the person (or with respect to a pregnant woman, the health of her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

Hospital - means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward room, wing, or other section of the hospital that is used for such purposes.

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under this Policy is in force; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

Inpatient – means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless You are confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

Immediate Family Member - means a person who is related to You 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 or stepchild).

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) You; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Policy Term – A one year period beginning on the Policy Effective Date and ending on the Policy Termination Date.

You, Your – means a person: (1) who is a member of an eligible class of persons as described in the Who is Eligible section of this Description of Coverage; (2) for whom premium has been paid; and (3) while covered under the Policy.

YOUR EFFECTIVE AND TERMINATION DATES

Effective Date. Your coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for Your coverage is paid; or (3) the date You become a member of the loyalty program of **Better Financial Corporation**.

Termination Date. Your coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated (unless the Company and the Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums); (2) the end of the period for which premiums have been paid if premiums are not paid when due, or (3) the date the You cease to be a member of the loyalty program of **Better Financial Corporation**.

Termination of coverage will not affect a claim for a covered loss that occurred while Your coverage was in force under the Policy.

Description of Benefits

The Maximum Amounts shown in the Benefit Schedule are used to determine amounts payable under each Benefit.

Emergency Transportation and Emergency Treatment Benefit

Emergency Transportation Benefit. If You suffer an Injury that requires Emergency Treatment within 72 hours of the date of the accident that caused the Injury and it is determined that it is Medically Necessary that You be transported to a Hospital or a Satellite Emergency Center by Ambulance, the Company will pay the Emergency Transportation Maximum Amount shown in the Benefit Schedule. Only one Emergency Transportation Benefit is payable for any one accident per Person. The maximum number of Emergency Transportation Benefits payable per Policy Term per Person regardless of the number of accidents incurred, is shown in the Benefit Schedule.

Emergency Treatment Benefit. If You suffer an Injury that requires You to receive Medically Necessary Emergency Treatment in a Hospital emergency room or a Satellite Emergency Center, within 72 hours of the date of the accident that caused the Injury, the Company will pay the Emergency Treatment Benefit Maximum Amount shown in the Benefit Schedule. Only one Emergency Treatment Benefit is payable for any one accident per Person. The maximum number of Emergency Treatment Benefits payable per Policy Term per Person regardless of the number of accidents incurred.

Medically Necessary –means an Emergency Treatment or Emergency Transportation is: (1) essential for the diagnosis, treatment and care of the Injury; (2) meets generally accepted standards of medical practice; or (3) is ordered by a Physician and performed under the Physician's care, supervision or order; or (4) with regard to Emergency Transportation, is subsequently authorized by a Physician as appropriate due to the nature of the Injury.

In-Hospital Indemnity Daily Benefit

If You suffer an Injury that requires you to be confined in a Hospital as an Inpatient, within 30 days of the date of the accident that caused the Injury, the Company will pay the Daily Maximum Amount shown for the In-Hospital Indemnity Daily Benefit in the Benefit Schedule for each day of Medically Necessary Confinement due to that Injury up to the Maximum Number of Days per Policy Term per Person shown for the In-Hospital Indemnity Benefit in the Benefit Schedule. No benefit is provided for any Days of Confinement that are not Medically Necessary. Only one benefit is provided for any one Day of Confinement, regardless of the number of Injuries for which the confinement is required.

Medically Necessary – means that confinement as an In-patient in a Hospital is (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.
2. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any either of these.
3. Your commission of or attempt to commit a felony.
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the you are not covered due to your active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the You are:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by You or the Your employer;
8. While you are under the influence of intoxicants;
9. While you are under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. While you are riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

Claims Procedures

All claims should be reported to the Company as soon as possible in writing to:

AIG Claims Services, P. O. Box 1918, London, KY 40743

Provide the policy number and any applicable documentation and details describing the nature of the loss. Upon receipt, the Company will provide You with necessary claim forms for completion. Claim payments will be made immediately upon receipt of written proof of loss, except with regard to periodic claim payments. Claim payments will be made to You, except death claims which will be made, in equal shares, to the survivors in the first surviving class of those that follow: Your (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is Your estate. Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

IMPORTANT

If any conflict should arise between the contents of this Description of Coverage and the Master Policy, or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases.