

**ALTERNATIVE REVENUE SOLUTIONS INVOLUNTARY UNEMPLOYMENT  
REIMBURSEMENT PROGRAM**

**SUMMARY OF INSURANCE COVERAGE**

| Named Insured  | Organization   |
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| Alternative Revenue Solutions<br>(on behalf of Preferred Care Association)<br>3511 W. Commercial Blvd Ste.200<br>Fort Lauderdale, FL 33309 | Freedom Legal Plan<br>1623 Central Ave, Ste 18<br>Cheyenne, WY 82001 |

**IMPORTANT FACTS YOU SHOULD KNOW**

The words "we," "us" and "our" refer to Alternative Revenue Solutions on behalf of the Preferred Care Association and Freedom Legal Plan (FLP). "You" and "your" refers to the debt consolidation client in good standing with FLP and a member in good standing of the Preferred Care Association ("PCA").

This is a summary of the terms and conditions of an insurance policy ("Policy") issued by the Insurer shown below to reimburse FLP for that portion of monthly debt consolidation payments qualifying for coverage under the policy. This Summary of Insurance Coverage is not an insurance policy or a Certificate of Insurance. It does not include all terms and conditions of the Policy. Subject to the actual terms and conditions of the Policy as outlined herein, the Insurer will reimburse FLP for your monthly debt consolidation payment ("monthly payment") up to the Maximum Monthly Involuntary Unemployment Amount while you are involuntarily unemployed.

This policy has been purchased by us as the Named Insured under the policy as a program benefit at no direct cost to you. While the policy is in effect, coverage is extended to all debt consolidation/settlement clients in good standing with FLP and a member in good standing of PCA. Insurance is being provided by one of the Great American Insurance Companies (or any A.M. Best "A" rated successor as selected by us). Coverage may cease at any time upon termination of the policy by the Insurer without notice to you. You are only a beneficiary and not the Insured under this policy.

**SCHEDULE**

**ELIGIBILITY:** That portion of your monthly payment, up to the Maximum Monthly Involuntary Unemployment Amount, is eligible for reimbursement under the Policy if you are a client in good standing of FLP and a member in good standing of PCA. You must have been working full-time for six consecutive months prior to the date you become involuntarily unemployed. You may not become involuntarily unemployed within thirty (30) days of becoming a client of FLP or a member of PCA. Your monthly payment will be re-eligible for reimbursement under the Policy if you continue to be a client in good standing of FLP and a member in good standing of PCA. You must have been working full-time for a period of 180 days (6 months) following any previous period of involuntary unemployment. "Working full-time" means working on salary or wages, thirty (30) or more hours per week.

**MAXIMUM MONTHLY INVOLUNTARY UNEMPLOYMENT AMOUNT:** The lesser of your monthly debt consolidation payment or Seven Hundred Fifty Dollars (\$750.00) commencing after the thirty (30) day waiting period. The waiting period begins at the initial date of involuntary unemployment.

**MAXIMUM COVERAGE PERIOD:** Three (3) consecutive months of involuntary unemployment, commencing thirty (30) days after you become involuntarily unemployed.

**MAXIMUM AMOUNT OF INVOLUNTARY UNEMPLOYMENT COVERAGE:** Two Thousand Two Hundred Fifty Dollars (\$2250.00) combined during a single period of three (3) months.

**MONTHLY PAYMENT REIMBURSEMENT DUE TO INVOLUNTARY UNEMPLOYMENT**

The Policy will only pay if you file written proof that you became involuntarily unemployed and you are eligible in accordance with the Schedule above. You must be working full-time for thirty (30) or more hours per week on the date you become involuntarily unemployed. Involuntary unemployment means ceasing to be employed as a result of a complete and permanent severance of employment (including but not limited to lay-off, strike, labor disputes and union lock-outs), and qualifying you for receipt of unemployment compensation as provided by a state or federal unemployment benefits program. You must be involuntarily unemployed for more than thirty (30) consecutive days. Payment by the Insurer will be calculated from the 31<sup>st</sup> day of involuntary unemployment. The most the Insurer will pay for each day of involuntary unemployment will be 1/30th of: (a.) \$750.00 or the Maximum Monthly Involuntary Unemployment Amount shown in the Schedule; or (b.) your required monthly payment under your debt consolidation agreement, whichever is less. Payments will stop when: (1.) you are no longer involuntarily unemployed; (2.) you have been unemployed for more than four (4) consecutive months; (3.) the Insurer has made three (3) monthly reimbursement payments; (4.) the Insurer has paid the Maximum Amount of Involuntary Unemployment Coverage shown in the Schedule; or (5.) you are no longer a client in good standing of FLP or a member in good standing of PCA.

**WHO GETS PAID**

Claim payments are made by the Insurer directly to you.

## NOTICE OF CLAIM AND PROOF OF INVOLUNTARY UNEMPLOYMENT

If you become involuntarily unemployed, you must give us written notice of eligibility under the Policy. You must file a Proof of Involuntary Unemployment form as provided by us. Upon notification, we will provide you with the Proof of Involuntary Unemployment form. You have ninety (90) days from the date you become involuntarily unemployed, and thirty (30) days for each subsequent month of unemployment, to give us notice of eligibility and file a Proof of Involuntary Unemployment.

## UNEMPLOYMENT THAT IS NOT COVERED

The Policy will not pay if you are: (a.) self-employed (or otherwise exclusively receiving 1099 income), (b.) receiving termination or severance pay (however, coverage may begin after the severance period has expired), (c.) not a client in good standing of FLP and a member in good standing with PCA on the date of involuntary unemployment, (d.) not working full-time for six consecutive months prior to the date of involuntary unemployment, (e.) employed with any other employer during the period of involuntary unemployment, (f.) not eligible for state unemployment benefits, or (g.) involuntarily unemployed during the first thirty (30) days of becoming a client of FLP or a member of PCA.

The Policy will not pay if your unemployment is due to: (a.) retirement, resignation, refusal to relocate at employer's request, family leave, voluntary sabbatical or forfeiture of employment, (b.) completion of seasonal or temporary work, (c.) layoff as a result of normal and routine shutdown as determined by your occupation or place of employment, (d.) death, disability, physical or mental injury, disease, sickness or condition (including pregnancy), (e.) intoxication, drug abuse, imprisonment, willful misconduct; dereliction of duty; criminal or unlawful behavior, or (f.) war or military call-up.

## WHAT MUST BE DONE IF YOU BECOME INVOLUNTARILY UNEMPLOYED

You must register with a state unemployment office or an employment agency within fifteen (15) days of the date you become involuntarily unemployed. Within ninety (90) days of your becoming involuntarily unemployed, you must notify us of your involuntary unemployment. We will provide you with a Proof of Involuntary Unemployment form that must be completed. Accompanying the Proof of Involuntary Unemployment Form, the Insurer will require: (a.) a letter or other verification of your involuntary unemployment from your employer or union official, (b.) proof of your registration with the state unemployment office and qualification for such benefits, and (c.) proof of your continued involuntary unemployment, registration with a state unemployment office and qualification for such benefits prior to each monthly payment.

## HOW AND WHEN COVERAGE MAY STOP OR CHANGE

Coverage stops: (a.) when we or the Insurer cancel the Policy, (b.) when you are no longer a client in good standing of FLP or a member in good standing of PCA, (c.) you are deceased, or (d.) upon discovery of fraud or material misrepresentation by you relating to your employment, involuntary unemployment or any claim. Either we or the Insurer may cancel or change the terms of the Policy at any time without notice to you. As a courtesy only, we may notify you of changes to, cancellation of, or replacement of the Policy or the Insurer.

## CONFORMITY WITH STATE STATUTES

Any part of the Policy which conflicts with the statutes of the state having jurisdiction over the Policy may be changed by us to conform to the minimum standards of those statutes. We have no obligation to notify you of such changes.

## MISREPRESENTATION AND FRAUD

The Policy will not pay us nor will you be relieved of any portion of your monthly payment if you have intentionally concealed or misrepresented any material fact or circumstance relating to your employment, involuntary unemployment or other circumstance that affects coverage under the Policy.

## CONTACT INFORMATION

For questions and information about this coverage or to obtain a Proof of Involuntary Unemployment Form, contact our administrator, Lenders Risk Management at: (888) 600-4436.

## SPECIAL CONDITIONS

Coverage shall remain in effect as long as: you are a client in good standing of FLP and a member in good standing of PCA; and the Policy is in effect. If any Association membership fees are not current as of the due date, you will no longer be a member in good standing of PCA. If your monthly payment has been reimbursed by the Policy and you are eligible for future monthly payment reimbursements and your membership terminates, you will be given a fifteen (15) day grace period to reinstate your association membership without lapse in order to continue to be eligible under this program. Should your membership terminate and then you become unemployed before reinstating your membership, your monthly payment will not be eligible for waiver and reimbursement under the Policy.