

Credit Protection

Credit Protection is an optional program that offers benefits for unforeseen events such as involuntary termination from employment, disability, loss of life and more.

THIS IS AN OPTIONAL PROGRAM. WHETHER OR NOT YOU CHOOSE TO ENROLL WILL NOT AFFECT YOUR APPLICATION FOR CREDIT OR YOUR CREDIT TERMS.

Important Cost and Cancellation Details about Credit Protection:

- The monthly fee is **\$1.49 per \$100**, or part thereof, of the ending balance on your billing statement.
- The monthly fee will be charged each month to your Indigo Mastercard Account.
- You may cancel at any time. If you are not satisfied and you cancel within the first 30 days of enrollment, any monthly fees charged to your account will be credited.

Benefits for the Following Events:

- Involuntary Termination from Employment
- Disability and Permanent Disability
- Loss of Life
- Hospitalization
- Natural Disaster
- Auto Service of Qualifying Amount

There are eligibility requirements, conditions, and exclusions that could prevent you from receiving these benefits. You may not qualify for some benefits. For example, if you are retired, you will not be eligible for involuntary unemployment benefits.

To enroll, view and carefully read the below Credit Protection Terms and Conditions.

Indigo® Credit Protection

Terms and Conditions Addendum

Please read these terms and conditions carefully.
They explain provisions, limitations and procedures applicable to Indigo Credit Protection.

Indigo Credit Protection is an optional addendum to your Cardholder Agreement (the “Cardholder Agreement”). In consideration of a monthly fee of \$1.49 per \$100 of your Monthly Statement Balance on your monthly Statement and in accordance with these Terms and Conditions Addendum, the Monthly Minimum Payment or the Monthly Statement Balance on a Protected Account may be canceled if you experience an Eligible Event. Whether or not you purchase Indigo Credit Protection will not affect your application for credit or the terms of any existing credit agreement you have with Celtic Bank.

Capitalized terms not defined in this Indigo Credit Protection Terms and Conditions Addendum (“Terms and Conditions”) refer to defined terms in your Cardholder Agreement and are incorporated herein. Additionally, as used in these Terms and Conditions, “you” and “your” mean the Cardholder, and “we,” “us,” and “our” refer to defined terms in your Cardholder Agreement.

1) Definitions

Account in Good Standing means a Protected Account that is either not past due or is less than ninety-one (91) days past due.

Benefit(s) means the cancellation of the Monthly Statement Balance or Monthly Minimum Payment(s) on a Protected Account, for a specific Eligible Event, as applicable, in accordance with these Terms and Conditions.

Benefit Form means a document that the Plan Administrator will send to you, upon your request, which you must complete and return to the Plan Administrator to verify an Eligible Event and process a Benefit.

Eligible Event means Involuntary Unemployment, Disability, Total & Permanent Disability, Loss of Life, Hospitalization, Natural Disaster or Auto Service, as defined below.

- a) **Involuntary Unemployment** means you suffer a loss of income as a result of an involuntary loss of Permanent Employment due to lay-off, employer termination, generalized strike, or unionized labor dispute or lockout. To qualify, for Involuntary Unemployment Benefits, you must have been engaged in Permanent Employment for thirty (30) consecutive days immediately preceding the Event Date and involuntarily unemployed for at least thirty (30) consecutive days. Unemployment events that occur within the first 30 days from the Enrollment Date are not eligible for Benefits.
 - **Eligible Benefit Amount:** In the event of your Involuntary Unemployment from Permanent Employment, we may cancel your minimum payment due for up to 6 billing periods. You are only eligible for one (1) Monthly Minimum Payment Benefit per billing period. If your account is eligible for 6 consecutive Monthly Minimum Payment benefits for an Eligible Event, we will cancel the Monthly Statement Balance for the Statement immediately prior to your 6th Monthly Minimum Payment benefit approval date.
 - **Unemployment Event of 6 months or more at initial approval:** In cases where you have been experiencing an unemployment event for 6 consecutive months or more at the time of Benefit approval, then we will cancel the Total New Balance for the Statement immediately prior to your Benefit approval date.
 - **Eligibility Date:** The Eligibility Date is the date that is thirty (30) days after your Permanent Employment was involuntarily terminated.
 - **Event Date:** The Event Date is the date you were involuntarily terminated from employment.
- b) **Disability** means you become unable to perform the major duties of your occupation or are unable to pursue your normal daily activities, due to a physical or mental impairment that is not self-inflicted for at least thirty (30) consecutive days as verified by your licensed health care provider, who provided you continuous care.
 - **Eligible Benefit Amount:** In the event of your Disability, we may cancel your Monthly Minimum Payment for up to 6 billing periods. You are only eligible for one (1) Monthly Minimum Payment Benefit per billing period. If your account is eligible for 6 consecutive Monthly Minimum Payment benefits for an Eligible Event, we will cancel the Monthly Statement Balance for the Statement immediately prior to your 6th Monthly Minimum Payment benefit approval date.
 - **Disability Event of 6 months or more at initial approval:** In cases where you have been experiencing a disability event for six (6) consecutive months or more at the time of Benefit adjudication, then we will cancel the Monthly Statement Balance for the Statement immediately prior to your Benefit approval date.
 - **Eligibility Date:** The Eligibility Date is the date that is thirty (30) days after you became disabled, as verified by your licensed health care provider.
 - **Event Date:** The Event Date is the date on which you first became unable to perform the major duties of your occupation or if not working, the date on which you first became unable to perform your normal daily activities, due to a physical or mental impairment that is not self-inflicted, as verified by your licensed health care provider.

Indigo® Credit Protection

Terms and Conditions Addendum

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- c) **Total & Permanent Disability** means you become unable to perform the major duties of your occupation or are unable to pursue your normal daily activities, due to a physical or mental impairment that is not self-inflicted as verified by your licensed health care provider, who provided you continuous care and who has confirmed that your disability is total and permanent. You will only be eligible for one (1) Total & Permanent Disability Benefit under these Terms and Conditions.
- **Eligible Benefit Amount:** In the event of your Total & Permanent Disability, we will cancel your Monthly Statement Balance for the Statement immediately prior to the Benefit approval.
 - **Eligibility & Event Dates:** The Eligibility & Event Dates are the same - the date that you became totally and permanently disabled, as verified by your licensed health care provider.
- d) **Loss of Life** means the loss of life of the Primary Cardholder.
- **Eligible Benefit Amount:** In the event of Loss of Life, the balance immediately following your date of death will be cancelled.
 - **Eligibility & Event Dates:** The Eligibility & Event Dates are the same - the date of your death, provided on the death certificate.
- e) **Hospitalization** means you are admitted to a hospital and stay overnight for at least one (1) night. A “hospital” means any licensed medical hospital, acute care facility, convalescent nursing facility, residential drug facility, psychiatric facility, hospice facility, or licensed nursing home.
- **Eligible Benefit Amount:** In the event of Hospitalization, we will cancel your Monthly Minimum Payment (excluding any past due payment amounts) for 1 billing period. You are eligible for only one (1) Hospitalization Benefit per calendar year.
 - **Eligibility Date:** The Eligibility Date is the day after your first night of hospitalization.
 - **Event Date:** The Event Date is the date on which you are first admitted to a hospital.
- f) **Natural Disaster** means your residence is located in a county or zip code that has been declared a disaster area by the Federal Emergency Management Agency (FEMA).
- **Eligible Benefit Amount:** In the event of a Natural Disaster, we will cancel your Monthly Minimum Payment due for 3 Billing Cycles. You are only eligible for one (1) Monthly Minimum Payment Benefit per Billing Cycle.
 - **Eligibility & Event Dates:** The Eligibility & Event Dates are the same - the date the FEMA-declared natural disaster occurred.
- g) **Auto Service** means you have auto service/parts expenses totaling \$250 or greater.
- **Eligible Benefit Amount:** In the event of Auto Service, we will cancel your Monthly Minimum Payment due (excluding any past due payment amounts) for one (1) Billing Cycle. The Benefit does not reimburse you for the actual auto expenses. The Benefit payment will not be for the total of the expense provided by you. You are eligible for only one (1) Auto Service benefit per calendar year.
 - **Eligibility & Event Dates:** The Eligibility & Event Dates are the same - the date of the service repair/parts purchased provided on a detailed receipt. The auto service/parts purchased must have occurred while enrolled in Credit Protection. If repairs take longer than 1 day, then the Event date will be initial date of the repair work.

Enrollment Date means the date of your enrollment in Credit Protection.

Involuntary Termination means unemployment resulting from lay-off, employer termination, generalized strike, unionized labor dispute or lockout.

Monthly Statement Balance means the ending balance of the Protected Account on your monthly Statement—in other words, your Total New Balance, as described on your Statement.

Permanent Employment means thirty (30) hours or more per week of paid permanent employment.

Plan Administrator provides customer assistance for the Credit Protection program and can be contacted for inquiries regarding the program by calling toll free 1-800-693-9571, 8:00 am to 8:00 pm Eastern Time, Monday through Friday (excluding holidays).

Cardholder means the Cardholder who is primarily responsible for the payment obligations on the Protected Account. Only the Cardholder is eligible for Benefits under these Terms and Conditions, and the Cardholder must experience the Eligible Event.

Protected Account means an Account under the Cardholder Agreement for which these Terms and Conditions are in effect.

2) Additional Eligibility Requirements

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Subject to the Terms and Conditions, the Cardholder is eligible for each Benefit type listed below. Benefits will not be provided due to an Authorized User experiencing an Eligible Event. In addition to all other requirements in these Terms and Conditions, you must also meet the requirements for each specific Benefit below in order to qualify for a Benefit:

- Your Protected Account must be in Good Standing as of the Event Date.
- You must notify the Plan Administrator of the Eligible Event within twelve (12) months from the Eligibility Date.
- You must be enrolled in Credit Protection at the time of the Eligible Event for which you are seeking a Benefit.
- You must be a resident of the United States.

Involuntary Unemployment

- For each Benefit, you must experience involuntary unemployment for at least 30 consecutive days from the Event Date, including the Event Date.
- You are not eligible for a Benefit for loss of employment due to voluntary forfeiture of the employment, salary, wages, or employment income, resignation, retirement, termination of seasonal or temporary employment, scheduled termination or expiration of an employee contract, or willful or criminal misconduct.
- If you are self-employed, you must be eligible for state unemployment benefits.
- To be eligible for another Benefit for Involuntary Unemployment, you must regain Permanent Employment for at least thirty (30) consecutive days before you will be considered eligible for another Involuntary Unemployment Benefit.

Disability

- For each Benefit, you must have a Disability for at least thirty (30) consecutive days from the Event Date, including the Event Date.
- Once you have been approved for a Disability Benefit, you will not be eligible for another Disability Benefit for twelve (12) months due to another Disability with a similar physical or mental impairment. The twelve-month period starts from the Event Date of the previously approved Disability Benefit.

Total & Permanent Disability

- If you have received a Benefit for a Total & Permanent Disability event, you will not be eligible for any additional Disability or Total & Permanent Disability Benefits under these Terms and Conditions.

Loss of Life

- We must receive a copy of a death certificate for the Primary Cardholder.

Hospitalization

- You are eligible for only one (1) Hospitalization Benefit per calendar year.

Natural Disaster

- We may require you to complete and return the forms required by us.

Auto Service

- We may require you to complete and return the Benefit Form required by us for proof of services/parts purchased; and
- You do not have to use your Card to pay for the auto service to qualify.
- You are eligible for only one (1) Benefit for each calendar year.

3) Required Documentation

In addition to a completed Benefit Form, you must provide the Plan Administrator additional documentation so that we can evaluate your eligibility for a Benefit.

- Involuntary Unemployment:** You must provide proof that you qualify for state unemployment benefits by providing a copy of your state unemployment benefit check stub or benefit statement and by having the employer's statement completed on your Benefit Form. In the event of a strike, labor dispute or lockout, a union representative or designated individual must sign a form specifying the situation causing the involuntary unemployment.
If you do not qualify for state unemployment benefits because benefits were exhausted by a past period of unemployment; or if the employer was a nonprofit organization not required to withhold taxes; or if you did not earn enough in the period during which state or federal benefits are based, you must provide a copy of the denial letter from the state unemployment office.
- Disability / Total & Permanent Disability:** The licensed health care provider who is providing you with continuous care

Indigo® Credit Protection

Terms and Conditions Addendum

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must verify the Disability in writing. You must provide your licensed health care provider's written verification.

- c) **Loss of Life:** A death certificate for the Cardholder must be provided.
- d) **Hospitalization:** A copy of documentation that verifies your hospital stay with admission and discharge dates must be provided.
- e) **Natural Disaster:** You must provide proof that your residence is located in a county or zip code declared a disaster by FEMA.
- f) **Auto Service:** You must provide a copy of a detailed receipt for auto service and/or auto parts that total \$250 or greater in a single visit.

4) Benefit Amount and Application of Benefits to Protected Account

- a) If the Plan Administrator verifies your Eligible Event and determines that you have met all of the requirements for a Benefit, your Protected Account will be credited for the applicable Benefit amount as described under Definitions / Eligible Event / Eligible Benefit Amount.
- b) Your Protected Account will be credited in the amount of the Eligible Benefit Amount even if the Eligible Benefit Amount exceeds the account balance owed on your Protected Account at the time the credit is applied and results in a credit balance. You will not be reimbursed directly. Should you have a credit balance on your account, you may contact the number on the back of your Card to request a refund check.
- c) You must continue to make the Monthly Minimum Payment Due in accordance with your Cardholder Agreement while your Benefit request is being processed.

5) How to Request a Benefit

- a) To request a Benefit, you must notify the Plan Administrator by calling toll-free 1-800-693-9571, 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday (excluding holidays) or visit us online at www.myindigocard.com anytime.
- b) The Benefit Form will be sent to you via U.S. Mail. You must complete the Benefit Form and mail it along with the required documentation to the following address: **Indigo Credit Protection, Plan Administrator, P.O. Box 740237, Atlanta, GA 30374-0237**. If you have any questions, you may contact the Plan Administrator by calling the toll-free number noted above. We may deny or close a Benefit at any time if: (i) you provide false information on the Benefit Form; (ii) you fail to send in the Benefit Form; (iii) the Benefit Form is incomplete and you fail to provide the missing information we request within the time period we give you to provide it; or (iv) you do not qualify for the Benefit, in accordance with these Terms and Conditions.
- c) You agree to request Benefits in good faith and to provide accurate and complete information when requesting a Benefit. You agree not to misuse your Protected Account in connection with obtaining or requesting Benefits.

6) Multiple Eligible Events

- a) If more than one Eligible Event occurs within the same Billing Cycle, you will only be eligible to receive Benefits for one (1) of the events. The Eligible Event providing the largest Benefit to you will be processed, provided that all eligibility requirements have been met.

7) Waiver of Requirements

- a) We reserve the right to waive any of the requirements described in the Terms and Conditions, at our discretion. If we do so, we will not be obligated to waive the same requirement in any other situation or for any other Cardholder, and our waiver of one or more requirements will not constitute a waiver of any other requirement. A waiver of a requirement may be terminated at any time upon written notice to you.

8) Credit Protection Cancellation and Termination

- a) We may cancel your Credit Protection at any time. Your enrollment will automatically terminate without written notice if: (i) your Protected Account becomes ninety-one (91) days past due; (ii) we determine your Protected Account was not in Good Standing as of the date of your requested enrollment in Credit Protection; (iii) you die (although this will not prevent your Estate from receiving Benefits earned prior to or as a result of your death), (iv) you at any time cease to be a United States resident; (v) you live in an ineligible state; or (vi) as otherwise stated in the Terms and Conditions.
- b) You may cancel your Credit Protection at any time by contacting the Plan Administrator toll free at 1- 800-693-9571. You will not be charged any Credit Protection fees after your cancellation date. If you cancel Credit Protection and notify the Plan Administrator within the first thirty (30) calendar days after your Enrollment Date, any Credit Protection fees you have been billed will be refunded. You are not entitled to any fee refunds after the first thirty (30) days of enrollment.
- c) Upon automatic termination or cancellation by us or by you, you will not be eligible to receive Benefits for any Eligible

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Event with an Event Date on or after the date of termination or cancellation.

9) Credit Protection Fees

- a) The monthly fee for Credit Protection is \$1.49 per \$100 of your Monthly Statement Balance, which is your balance on the last day of each Billing Cycle. For example, if your Monthly Statement Balance is \$200.00, a Credit Protection fee of \$2.98 would be charged to your Protected Account. This fee is charged even if you pay off the balance in full by the payment due date. If your Monthly Statement Balance is zero, there is no fee charged for that month.
- b) Whether or not you qualify for all the Benefits, the fee for Credit Protection is still \$1.49 per \$100 of your Monthly Statement Balance, which is your balance on the last day of each Billing Cycle.
- c) The fee will appear on your Statement for the Protected Account.

10) Change in Terms

- a) We will provide you notice of a change and a chance to cancel without additional payments, unless the change is favorable and there is no increase in the monthly fee.

11) Potential Tax Impact

- a) Any credit to your Protected Account as a result of qualifying for a Credit Protection Benefit may be considered taxable income to you or your estate. If you have questions about the potential tax impact to you or your estate, you should consult your tax advisor.

12) Jury Trial Waiver/Arbitration Provision

- a) The Arbitration of Disputes Provision of your Cardholder Agreement is incorporated in these Terms and Conditions. In the event of a dispute between you and us, the Arbitration of Disputes Provision will: (i) eliminate the right to a trial by jury; and (ii) substantially affect your rights, including your rights to bring, join in, or participate in class proceedings. You should read the Arbitration of Disputes Provision of your Cardholder Agreement carefully.

13) Other Provisions

- a) All other provisions of your Cardholder Agreement remain in full force and in effect. You must continue to make payments as required under your Cardholder Agreement, while your Benefit request is being processed.