

# FIP & FCIP MEMBER REWARDS PROMOTION

RULES OF THE COMPETITION



**NAME OF COMPETITION:** **FIP & FCIP MEMBER REWARDS**

**COMMENCEMENT DATE:** **August 2, 2022**

**CLOSING DATE:** **October 31, 2022**

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**MAIN FEATURES:**

- Referrer and Referee must be members of the Credit Union.
- Referrer and Referee will be rewarded gift vouchers for every approved **Family Indemnity Plan** (FIP) and every approved **Family Critical Indemnity Plan** (FCIP).
- All gift vouchers will be disbursed at the end of the promotional period.
- A completed Referral Form must be submitted with the applications
- Promotion period runs from **August 2, 2022 to October 31, 2022.**

**RULES OF THE COMPETITION:**

- Referee who is enrolling must complete the Referral Form with the name and details of the Referrer.
- The Referral Form must be attached to the application form.
- The Branch Representative on boarding the Referee, will check, remove and record the Referral Forms and store these.
- At the end of the promotion, all Referral Forms will be submitted to the Marketing, Communications and Member Experience Department via a spreadsheet.



- The Operations and Shared Services Department will provide the list of all approved plans from CUNA Caribbean Insurance for the promotional period for reconciliation and disbursement of gift vouchers.
- Connected parties are not eligible for any prizes. Connected parties include the following persons:
  - Employees and Volunteers (Board of Directors, Credit or Supervisory Committee members) of First Heritage Co-operative Credit Union, and its subsidiary FHC Investments Limited and their immediate family members (parents, spouse, children and siblings). Also, employees and immediate family members (parents, spouse, children and siblings) of CUNA Caribbean Insurance Jamaica Limited.

#### **CONDITIONS:**

- The Referrer and Referee will be contacted via the telephone number in our database.
- The Referrer and Referee must present a valid Identification Card (Passport, Driver's License or National ID) to receive the gift voucher.
- Referrer and Referee must agree to have their names and/or photographs published in the media without any form of compensation. Failure to do this will result in the prize/reward being revoked.
- Gift vouchers are non-transferable.
- The Referrer and Referee's photographs can be published in both digital and print media.



## **METHOD OF SELECTION OF AWARDEES:**

- At the end of the promotion, the Operations and Shared Services Department will generate a report, showing the account number, name and amount for all approved referrals within the promotional period. This will be downloaded to a Microsoft Excel spreadsheet.
- From the Microsoft Excel spreadsheet, FHC Credit Union will match that listing with the approved monthly listing from CUNA Caribbean Insurance to ensure that we have captured all our members being rewarded for gift vouchers for the promotional period.
- The 5 Winners in each category (FIP and FCIP) will be pulled from the box which will carry all the vouchers completed upon submission of plans.
- Both member listings from CUNA Caribbean Insurance and FHC Credit Union containing the members' name will be shared with the Betting, Gaming & Lotteries Commission and FHC's Internal Auditors.
- At the end of the promotion, ten (10) awardees will be selected and awarded for the FIP (5 Referrers and 5 Referees) and ten (10) will be awarded for the FCIP (5 Referrers and 5 Referees).

## **TIMEFRAME FOR SELECTION & AWARDS:**

**Draw date: Friday, November 4, 2022 at 4:00 p.m.** from the FHC Credit Union's Head Office, 8 – 10 Eureka Road, Kingston 5.



**METHOD OF CONTACTING WINNERS:**

- The Referrer and or Referee will be contacted via telephone at the contact number provided on their account and Referral Forms by Friday, November 11, 2022.
- A maximum of five (5) calls will be made to contact all rewardees within the period. If the rewardee is unreachable after the five calls, FHC Credit Union reserves the right to hold gift vouchers in the amount being rewarded to the individual member.

**DETAILS OF REWARD:**

<b>PRODUCTS</b>	<b>NUMBER OF REWARDEES</b>	<b>UNIT VOUCHER VALUE</b>
<b>Family Indemnity Plan (FIP)</b>		
Referrer	5	\$12,000.00
Referee	5	\$5,000.00
<b>Family Critical Illness Plan (FCIP)</b>		
Referrer	5	\$15,000.00
Referee	5	\$8,000.00



<b>GIFT VOUCHER REDEMPTION SITES</b>
MEGAMART
HILO FOOD STORES
COURTS (JAMAICA) LIMITED
JOONG SUPERMARKET
SHOPPERS FAIR SUPERMARKET
JENCARE DAY SPA

**Note: Referrer and Referee may select from the list of gift voucher redemption sites presented.**

#### **DETAILS ON THE COLLECTION OF REWARDS:**

- The Referrer and Referee must present a valid identification card (Passport, Driver's License, or National ID) to claim the prize.
- Referrer and Referee must agree to have their names and or photographs published in the media without any form of compensation. Failure to do this will result in the reward being revoked.
- All rewardees must claim their gift vouchers within 30 days of notification at the Head Office of First Heritage Co-operative Credit Union Limited, 8-10 Eureka Road, Kingston 5.
- FHC reserves the right to unclaimed gift vouchers after 30 days.
- All unclaimed gift vouchers remain the property of First Heritage Co-operative Credit Union Limited.



**MEDIA:**

**Print advertisements:**

- Flyers and posters will be distributed via our branch network, Government Ministries and Departments.

**Radio Advertisement Script:**

- Placement of commercial on various radio stations.

**Digital Media Promotions:**

- Social media posts promoting the Member Rewards Promotion will be published intermittently as well as other digital placements.
  - Facebook: @fhccreditunion
  - Instagram: @fhccreditunion
  - Twitter: @fhccreditunion

**DETAILS OF REFERRAL FORMS:**

Referrer's Name .....

Referrer's Telephone #

Referee's Name

Referee's Telephone #

Referee's Email Address

Product Referred:

a. FIP ..... PLAN.....

b. FCIP..... PLAN.....

Signature.....

Date.....



**VOUCHER**



Referrer's Name: \_\_\_\_\_

Referrer's Telephone #: \_\_\_\_\_

Referee's Name: \_\_\_\_\_

Referee's Telephone #: \_\_\_\_\_

Referee's Email Address: \_\_\_\_\_

Product Referred:

a. F.I.P:

PLAN: \_\_\_\_\_

b. F.C.I.P:

PLAN: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referrer

