



CUNA Mutual Insurance Society

P.O. Box 391 ■ 5910 Mineral Point Road
Madison, WI 53701-0391
Phone: 608/238-5851

America First Credit Union
CUNA Mutual Group Number: 143-0021-7



Credit Insurance Enrollment Form/Schedule

"You" or "Your" means the member and the co-borrower (if applicable). A co-signor is not eligible for joint coverage.

Your Name (please print) _____ Date of Birth _____

Co-Borrower Name _____ Date of Birth _____

Your Credit Union Account Number _____

Credit Insurance is voluntary and not required in order to obtain an Advance. You may select any insurer of your choice. Details of this insurance coverage are included in the Insurance Certificate that you have been given or received previously. If you need a copy of the Insurance Certificate, just ask. A statement of insurability must be completed if you are adding coverage more than 30 days after the date of you advance/loan.

Statement of Insurability:

If enrolling for Term Life Insurance, answer Question 1. You are not eligible for credit life insurance if you answer "Yes" to question 1.
If enrolling for Disability Insurance, answer Questions 1, 2 & 3. You are not eligible for credit disability insurance if you answer "Yes" to question 1 or 2, or answer "No" to question 3.

- 1. Have You in the past three (3) years been treated for or told by a competent authority that You have cancer, heart disease, stroke, diabetes, lung or kidney disorder, or Acquired Immune Deficiency Syndrome (AIDS)?
2. Have You in the past three (3) years been treated by a competent authority for alcohol or drug use, back disorder, mental or nervous disorder?
3. Are you working for wages or profit for 25 hours a week or more? If you are off work because of a temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

NOTE: The life and disability insurance contains certain benefit exclusions, including a pre-existing condition exclusion. Please refer to your certificate for details.

You can get this insurance only if you check "yes" below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
• You are eligible for insurance up to the Maximum Age for insurance. Insurance will stop when you reach that age.
• You are insured only for Advances actually received by You.

You are not insured for any unused credit which may be available to You.

Table with 4 columns: Insurance Maximums, Maximum total monthly benefit, Disability, Life. Rows include Maximum insurable balance per loan and Maximum age for insurance.

G Subsequent election for voluntary credit insurance. To pay the Insurance charge you elect to:

- Make more payments of the same amount until what you owe has been repaid or □ increase your monthly payment

Table with 4 columns: You elect the following coverage, Cost Per \$1000 Of Your Loan Balance (Open End Loans), Closed End Premium Schedule, Covered Member. Rows for Single and Joint Credit Disability.

If you are totally disabled for more than 14 days then the disability benefit will begin on the 1st day of disability.

Table with 4 columns: Coverage, Cost, Premium Schedule, Covered Member. Rows for Single and Joint Credit Life.

On loan suffix # _____ New monthly payment \$ _____ Insure Code _____
_____ New monthly payment \$ _____ Insure Code _____
_____ New monthly payment \$ _____ Insure Code _____

Posted By _____ Branch _____ Date _____

Q Credit Insurance Waiver

You elect not to be insured for Credit Life □ Single □ Joint, and/or Credit Disability □ Single □ Joint
on loan suffix # _____ # _____ # _____ # _____
You understand that all other Loan/Suffix accounts that were initially covered will continue to be covered.

By signing below, I understand that based on CUNA Mutual's underwriting guidelines:

- There is no insurance if the insurability statement has not been completed accurately and fully.
• Any insurance issued shall be in accordance with the terms and conditions of the Group Term Insurance Policy issued to the credit union.

Member's Signature _____ Date _____

Joint Insured's Signature _____ Date _____

Statement of Insurability Instructions
MEMBER'S CHOICE™ Term Life and/or Disability Insurance

1. A Statement of Insurability **is only required** when:

- Insurance is requested more than 30 days after the loan date **and** new money is not granted.
- Member meets Eligible Class of Members provision more than 30 days after the loan date.

2. **A Statement of Insurability and Subsequent Action Form or enrollment form must be completed for each borrower and/or co-borrower requesting insurance.**

3. **Term Life Insurance**

If the member answers “no” to Question 1, Term Life Insurance can be issued. Provide the member with a certificate, code the member for insurance premium, and retain the Statement of Insurability in the member's loan file.

If the member answers “yes” to Question 1, Term Life Insurance can not be issued. Do not give the member a certificate, inform the member there is no Term Life Insurance, and retain the Statement of Insurability in the member's loan file.

4. **Disability Insurance**

If the member answers “no” to Questions 1 and 2, Disability Insurance can be issued. Provide the member with a certificate, code the member for insurance premium, and retain the Statement of Insurability in the member's loan file.

If the member answers “yes” to Questions 1 or 2, or “No” to question 3 Disability Insurance can not be issued. Do not give the member a certificate, inform the member there is no Disability Insurance, and retain the Statement of Insurability in the member's loan file.

5. **The credit union is responsible for maintaining all Statements of Insurability whether insurance is issued or not issued. If a claim is filed, the Statement of Insurability and Subsequent Action Form or enrollment form must be submitted with the claim. If a Statement of Insurability was not taken when required, there is no insurance.**