



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

**Subsequent Election for Payment Protection**

Member Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Borrower Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Credit Union Account Number \_\_\_\_\_

You can now voluntarily elect to become insured with the coverage(s) checked below. In order for coverage to become effective you must meet all insurance eligibility requirements stated in the Credit Insurance Application/Schedule. **If you are adding coverage more than 30 days after the date of your advance/loan, you must complete the Evidence of Insurability questions noted below. NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.** If you need a copy of the Insurance Certificate, just ask. By signing below, you authorize us to add the charges for insurance to your outstanding balance each month.

You elect the following:	OPEN-END Cost Per \$1,000 of Your Monthly Loan Balance		CLOSED-END Premium Schedule "e" means estimate	Covered Member
<input type="checkbox"/> Single Credit Disability	\$1.64	\$	(e)	_____
<input type="checkbox"/> Joint Credit Disability	\$3.12	\$	(e)	_____
<input type="checkbox"/> Single Credit Life	\$0.55	\$	(e)	_____
<input type="checkbox"/> Joint Credit Life	\$0.87	\$	(e)	_____

To pay insurance premium, you agree to increase your monthly payment to \$\_\_\_\_\_.

On loan suffix # \_\_\_\_\_ New monthly payment \$ \_\_\_\_\_ Insure Code \_\_\_\_\_  
 # \_\_\_\_\_ New monthly payment \$ \_\_\_\_\_ Insure Code \_\_\_\_\_  
 # \_\_\_\_\_ New monthly payment \$ \_\_\_\_\_ Insure Code \_\_\_\_\_  
 Posted By \_\_\_\_\_ Branch \_\_\_\_\_ Date \_\_\_\_\_

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.

**X** \_\_\_\_\_  
 SIGNATURE OF MEMBER DATE

**X** \_\_\_\_\_  
 SIGNATURE OF CO-BORROWER DATE

**EVIDENCE OF INSURABILITY** - Please complete the following questions if you are adding coverage more than 30 days after the date of your advance/loan.

**IF ENROLLING FOR CREDIT LIFE INSURANCE, PLEASE ANSWER QUESTION #1.** You are not eligible for credit life insurance if You answer "Yes" to Question #1. **IF ENROLLING FOR CREDIT DISABILITY INSURANCE, PLEASE ANSWER QUESTIONS #1 AND #2.** You are not eligible for credit disability insurance if You answer "Yes" to Questions #1 or #2.

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)?  
 Member  Yes  No Co-borrower (if applicable)  Yes  No

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?  
 Member  Yes  No Co-borrower (if applicable)  Yes  No

The statements contained in this form are true and correct to the best of my knowledge and belief.

**X** \_\_\_\_\_  
 SIGNATURE OF MEMBER DATE

**X** \_\_\_\_\_  
 SIGNATURE OF CO-BORROWER DATE

Branch \_\_\_\_\_ Employee Name \_\_\_\_\_ 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.**

