



CUNA Mutual Insurance Society

5910 Mineral Point Rd, Madison WI 53705-4456
Phone: 1-800-356-2644
Website: www.cunamutual.com

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 | CLOSED-END | | Covered Member |
|---|---|------------------|--------------------|----------------|
| | Cost Per \$1,000 of Your Monthly Loan Balance | Premium Schedule | "e" means estimate | |
| <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 _____



CUNA Mutual Insurance Society

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

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.**

NOTICE OF PROTECTION PROVIDED BY UTAH LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - \$500,000 in death benefits
 - \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$500,000 in long-term care insurance benefits
 - \$500,000 in disability income insurance benefits
 - \$500,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contract or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City, UT 84111
801.538.3800

Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

CERTIFICATE OF INSURANCE
Single/Joint Credit Life
Single/Joint Credit Disability
Monthly Premium

Within 15 days after you receive this Certificate, you have the right to return the Certificate to the credit union for cancellation and any premium paid by you will be immediately returned.

We certify that while we are paid the premiums for the Group Policy by the credit union as they become due, you are insured for the coverage marked in the Schedule, subject to the terms of the Group Policy issued to the credit union.

BENEFITS

Benefits are paid to your credit union to pay off or reduce your loan. If the benefits are more than the balance of your loan, the difference will be paid to you if you are living or to the Beneficiary named by you, if any, or to your estate. Our payment will completely discharge our liability to the extent of the payment.

Death Benefit. If you die while you are insured for life coverage, we will pay the principal balance of your loan on the date of your death, plus not more than six (6) months unpaid interest on your loan to that date, not to exceed the Maximum Amount of Life Insurance.

Joint Insured Death Benefit. If your joint insured dies while insured for life coverage, we will pay on the same basis as above. Only one (1) death benefit, however, is payable under this Certificate.

Total Disability Insurance Benefit. If you are insured for disability coverage, we will pay a benefit if you file written proof that you became totally disabled while insured and continue to be totally disabled for longer than the period stated in the Schedule. Payment will be calculated beginning with the day shown in the Schedule.

The monthly benefit for each month of your disability to be compensated will be equal to the minimum monthly payment required on your loan on the date you became disabled. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit. Our monthly benefit payment will not exceed the Maximum Monthly Total Disability Benefit stated in the Schedule.

Joint Insured Total Disability Benefit. If your joint insured becomes totally disabled while insured for disability coverage, we will pay on the same basis as above, however, only one (1) monthly disability benefit will be paid even if both you and your joint insured are totally disabled at the same time.

Our benefit payments will stop on the date:

1. you are not totally disabled any more; or
2. the insured portion of your loan has been repaid, refinanced, or otherwise stops; or
3. the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
4. of your death.

Definition of Total Disability. During the first 12 consecutive months of total disability, Total Disability means that you are not able to perform most of the duties of your occupation because of a medically determined sickness or accidental injury and are under the care and treatment of a physician. After the first 12 consecutive months of Total Disability, the definition changes and requires that you not be able to perform the duties of any occupation for which you are reasonably qualified by education, training or experience. You will be required to give us proof of your continuing Total Disability from time to time.

If your Total Disability recurs **within** seven (7) days after you have recovered from that period of Total Disability and the recurrence is a result of the same condition, we will consider this a continuation of that period of Total Disability. However, if your Total Disability recurs **more than** seven (7) days after you have recovered from that period of Total Disability, we will consider it a new period of Total Disability regardless of whether the recurrence is the result of the same condition or a new condition.

EXCLUSIONS AND RESTRICTIONS

The following Exclusions and Restrictions apply to You and Your Joint Insured.

Misstated Age. If you stated you are under the Maximum Age for Insurance stated in the Schedule, but you are not, we will return your premium when we discover this and will not pay any benefits. This applies to disability coverage as well as life coverage on you and your joint insured.

Pre-Existing Conditions. We won't pay a claim for an advance on a loan if you die within six (6) months after the effective date of insurance on the advance and death results directly or indirectly from, or is contributed to by a disease or bodily injury for which you received medical advice, diagnosis or treatment at any time during the six (6) months immediately preceding the effective date of insurance on the advance.

Suicide. We won't pay a claim for an advance on your loan if you commit suicide within 12 months after the effective date of insurance on the advance. We will, however, refund the premium on the advance.

Total Disabilities Not Covered. We won't pay a claim for any advance on a loan or return your disability insurance premium if your Total Disability:

1. begins within six (6) months after the Effective Date of insurance on the advance and results from any disease or bodily injury for which you received medical advice, diagnosis or treatment at any time within the six (6) month period immediately preceding the Effective Date of insurance on the advance; or
2. is a result of normal pregnancy.

WHEN INSURANCE STOPS

This insurance automatically stops:

1. on the last day of the month in which we receive your written request to stop the insurance; or if earlier,
2. on the last day of the month in which you withdraw your authorization for the addition of charges for the insurance to your loan; or
3. on the last day of the month during which you reach the Maximum Age for Insurance; or
4. on the date your loan stops; or
5. on the last day of the month in which you are three (3) months delinquent in any payment on your loan; or
6. on the date the Group Policy stops; or
7. when the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
8. on the date of your death; or
9. on the date your loan is transferred to a creditor other than the credit union.

WHAT THE CONTRACT IS AND HOW YOUR STATEMENTS AFFECT IT

The Group Policy, the Application for the Group Policy and the attached Member's Application are the complete contract of insurance. All statements made by you are considered to have been made to the best of your knowledge and belief. No statement can be used to void this insurance or deny a claim unless that statement is signed by you. After two (2) years from the date of insurance, no statement made by you can be used to void this insurance or deny a claim. If you stated that you are older than the Maximum Age for Insurance, or if insurance is issued over the Maximum Amount, and we do not return your premium within 75 days after we receive it, you are insured for the period the premium would purchase regardless of your actual age.

HOW TO FILE A LIFE CLAIM

We must be given a claim report, a copy of the member's loan records, insurance application/certificate and a certified copy of the death certificate (or other lawful evidence) as proof of a life insurance claim.

HOW TO FILE A TOTAL DISABILITY CLAIM

You must contact us or your credit union about your Total Disability claim when you are eligible for benefits. Your credit union will provide you with claim forms or you can simply send us written proof of your disability. That proof must show the date and the cause of the Total Disability and how serious it is, and it must be signed by a physician or a chiropractor. The initial proof should be for the initial period of Total Disability, after you have completed the Waiting Period or Elimination Period. After that, we will require proof of your continued disability, from time to time.

You must send proof to us within 90 days after your Total Disability stops. If you cannot send proof to us within 90 days, you must do so as soon as you can. Unless you have been legally incapable of filing proof of Total Disability, we won't accept it if it is filed after one (1) year from the time it should have been filed. You can't start any legal action until 60 days after you send us proof of your Total Disability and you can't start any legal action more than three (3) years after you send the proof.

CONFORMITY WITH STATE STATUTES

Any part of the Group Policy which, on the Effective Date of the Group Policy, conflicts with the statutes of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes.

PHYSICAL EXAMINATION

We, at our own expense, have the right, and you must allow us the opportunity, to examine your person as often as is reasonably required while a claim is pending.