

**THE MASSILLON AREA CREDIT UNION**

46 Federal Ave NW Ste. 2  
Massillon, OH 44647-5467



**CREDIT INSURANCE**

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



P.O. Box 391 • 5910 Mineral Point Road  
Madison, WI 53701-0391  
Phone: 800/937-2644

**CREDIT INSURANCE APPLICATION & SCHEDULE**

"You" or "Your" means the member and the joint insured (if applicable).

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you check the "yes" box 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 disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular

advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

- You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

**NOTE: THE LIFE AND DISABILITY INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.**

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$ .270	
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$ .076	
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$ .134	

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

MEMBER	INSURANCE MAXIMUMS		
	DISABILITY	LIFE	
ACCOUNT NUMBER	MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT \$	600.00	N/A
GROUP POLICY NUMBER 034-1096-9	MAX INSURABLE BALANCE PER LOAN ACCOUNT \$	30,000.00	\$ 30,000.00
DATE OF ISSUE OF THIS CERTIFICATE	MAXIMUM AGE FOR INSURANCE	66	70
DATE	SECONDARY BENEFICIARY (If you desire to name one)		
MEMBER'S DATE OF BIRTH	DATE	JOINT INSURED'S DATE OF BIRTH	
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)	SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		
<b>X</b>	<b>X</b>		