



CUNA Mutual Insurance Society

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

Credit Insurance Enrollment Form/Schedule

CREDIT UNION NAME AND ADDRESS MASSILLON AREA CREDIT UNION, 46 Federal Ave NW Ste 2, Massillon, OH 44647			
GROUP POLICY NUMBER 034-1096-9	ACCOUNT NUMBER	MEMBER'S NAME	JOINT INSURED'S NAME

“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 CREDIT INSURANCE COVERAGE(S)			COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	(CLOSED-END ONLY) PREMIUM SCHEDULE	COVERED MEMBER (Please Print)
	YES	NO			
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$.201	\$ e	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.073	\$ e	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.128	\$ e	

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 1st day of disability.				
DATE OF ISSUE OF THIS CERTIFICATE	RATE OF INTEREST USED ON THIS LOAN	INSURANCE MAXIMUMS	DISABILITY	LIFE
SECONDARY BENEFICIARY (If you desire to name one)		MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT	\$ 600	N/A
MEMBER'S DATE OF BIRTH		MAXIMUM INSURABLE BALANCE PER LOAN ACCOUNT	\$30,000	\$30,000
JOINT INSURED'S DATE OF BIRTH		MAXIMUM AGE FOR INSURANCE	66	70

X
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)
APP:825-0786OH

DATE

X
SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)

DATE

OH STD

Subsequent Election for Voluntary Credit Insurance

- You elected the coverage(s) checked above. **Evidence of Insurability must be provided if you are adding coverage more than 30 days after the date of your advance/loan.** To pay the insurance charge on your Open-End Plan or Sub Account/Loan _____, you agree to:
- make more payments of the same amount until what you owe has been repaid.
 - increase your monthly payment to \$_____.

I hereby represent that the above referenced member has authorized election of the specified coverage(s), indicated above by phone conversation on

DATE

TIME

SIGNATURE OF C.U. EMPLOYEE

YXX000



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Table with 4 columns: CREDIT UNION NAME AND ADDRESS, GROUP POLICY NUMBER, ACCOUNT NUMBER, MEMBER'S NAME, JOINT INSURED'S NAME. Values include MASSILLON AREA CREDIT UNION, 034-1096-9, etc.

"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.

- 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.

Table with 5 columns: YOU ELECT THE FOLLOWING CREDIT INSURANCE COVERAGE(S), YES, NO, COST PER \$100 OF YOUR MONTHLY LOAN BALANCE, (CLOSED-END ONLY) PREMIUM SCHEDULE, COVERED MEMBER (Please Print). Rows include SINGLE CREDIT DISABILITY, SINGLE CREDIT LIFE, JOINT CREDIT LIFE.

Table with 5 columns: DATE OF ISSUE OF THIS CERTIFICATE, RATE OF INTEREST USED ON THIS LOAN, INSURANCE MAXIMUMS, DISABILITY, LIFE. Includes rows for MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT, MAXIMUM INSURABLE BALANCE PER LOAN ACCOUNT, MAXIMUM AGE FOR INSURANCE.

Signature box for Member with 'X' mark. Includes fields for SIGNATURE OF MEMBER and DATE.

Signature box for Joint Insured with 'X' mark. Includes fields for SIGNATURE OF JOINT INSURED (CO-BORROWER) and DATE.

Subsequent Election for Voluntary Credit Insurance

- You elected the coverage(s) checked above. Evidence of Insurability must be provided if you are adding coverage more than 30 days after the date of your advance/loan. To pay the insurance charge on your □ Open-End Plan or □ Sub Account/Loan, you agree to:
□ make more payments of the same amount until what you owe has been repaid.
□ increase your monthly payment to \$.

I hereby represent that the above referenced member has authorized election of the specified coverage(s), indicated above by phone conversation on

Signature lines for DATE, TIME, SIGNATURE OF C.U. EMPLOYEE, and OH STD.

Certificate of Insurance

Credit Life 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.

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 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, 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, we will consider it a new period of Total Disability.

EXCLUSIONS AND RESTRICTIONS

Misstated Age. If you stated you are under the Maximum Age for Insurance, 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.

The following Exclusions for life insurance apply also to 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 as the result of 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. We will, however, refund the premium on the advance.

Suicide. We won't pay a claim for an advance on a loan if you

commit suicide within **six (6)** months after the effective date of insurance on the advance. We will, however, refund the premium on the advance.

The following Exclusions apply to disability insurance.

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.
3. is a result of a mental illness or mental disorder;
4. is a result of a self-inflicted injury or self-inflicted damage;
5. on the last day of the month in which you are 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.

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

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 60 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.