

# YOUR APPLICATION FOR CREDIT INSURANCE

"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 insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

## CREDIT INSURANCE SCHEDULE

MAXIMUM MONTHLY DISABILITY BENEFIT	MAXIMUM AMOUNT OF LOAN INSURABLE		MAXIMUM AGE FOR INSURANCE	
	Life	Disability	Life	Disability
NONE	\$30,000	\$30,000	NONE	NONE
If you are totally disabled for more than <u>14</u> days, then the Disability Benefit will begin with the <u>15TH</u> day of disability.				

You agree to pay the charge shown.

### COST DISCLOSURE:

Credit Life rate per \$100 of the Monthly Loan Balance is \$ .054 for Single Coverage or \$ .086 for Joint Coverage.

Credit Disability rate per \$100 of the Monthly Loan Balance is \$ .18.

### COVERAGE SELECTED

SINGLE CREDIT LIFE  Yes  No

JOINT CREDIT LIFE  Yes  No

CREDIT DISABILITY  Yes  No

\_\_\_\_\_  
Please Print or Type Name of Member

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Joint Insured  
(only required if Joint CL is selected)

\_\_\_\_\_  
Date

APP. 821-0191 NY

A-5 NY

## EXCLUSIONS

Benefits are not payable for the following disabilities: 1) those that happen before the effective date of the insurance; 2) those that result from normal pregnancy; 3) those that happen on or within six months of the effective date of the insurance as a result of a condition for which you received medical advice or treatment within six months prior to the effective date of the coverage.

Exclusion provisions may vary somewhat depending on the state in which you live or by the specific contract issued to your credit union. More exacting details of this insurance coverage are contained in the group policy which is available for review at the credit union office. The provisions of the group policy are controlling in all instances.

## TERMINATION

Your protection may end if you become more than 90 days delinquent on your credit card payments to the credit union; if the group policy is terminated; when you reach the maximum eligible age; if you die; or upon your request.