



501 6th Street, Apt 2E-2F
Brooklyn, NY 11215



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).

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:

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

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for disability insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

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"/>	\$.260	
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.059	
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.094	

The Pre-Existing Exclusion of the Credit Disability contract does not apply to a Disability if the Member has been insured continuously during the six (6) months immediately preceding the beginning of the Disability.

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 15th day of disability.

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
ACCOUNT NUMBER		GROUP POLICY NUMBER	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ NONE	N/A
		031-1672-6	MAX. INSURABLE BALANCE	\$ 30,000.00	\$ 30,000.00
DATE OF ISSUE OF THIS CERTIFICATE			SECONDARY BENEFICIARY (If you desire to name one)		
DATE	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)		
X			X		

APP.821-0191NY