

**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). The joint insured is eligible **only** for life coverage.

Credit life and credit disability 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 "yes" for the coverage desired, sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive advance written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing.

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- You are eligible for credit disability insurance only if you are actively at work a minimum of 25 hours a week. On this date, are you presently actively at work and

regularly performing all of the usual duties of a gainful occupation a minimum of 25 hours a week?  Yes  No  
If no, why not?

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 (FOR CREDIT DISABILITY INSURANCE). PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.**

**Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
SINGLE CREDIT DISABILITY			SEE SEPARATE SCHEDULE	
SINGLE CREDIT LIFE			\$ .062	
JOINT CREDIT LIFE			\$ .093	

If you are totally disabled for more than **14** days, then the disability benefit will begin with the **15<sup>TH</sup>** day of disability.

MEMBER	INSURANCE MAXIMUMS		DISABILITY	LIFE
	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$	850.00	N/A
ACCOUNT NUMBER	MAX. INSURABLE BALANCE PER LOAN ACCT.*	\$	NONE	\$ 40,000.00
	MAXIMUM AGE FOR INSURANCE		66	70
	<b>*THIS AMOUNT MAY BE LESS THAN THE AMOUNT OF YOUR LOAN.</b>			
GROUP POLICY NUMBER	DATE OF ISSUE OF THE CERTIFICATE	SECONDARY BENEFICIARY (If you desire to name one)		
029-0771-6				
DATE	MEMBER'S DATE OF BIRTH	DATE	JOINT INSURED'S DATE OF BIRTH	
SIGNATURE OF MEMBER	SIGNATURE OF JOINT INSURED (CO-BORROWER)			
<b>X</b>	<b>X</b>			