



YOUR APPLICATION FOR CREDIT INSURANCE

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

For Credit Life Insurance
Are you under age 70?

Yes No

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 "yes" below under coverage selected, sign your name and write in the date. The rate you are charged for the insurance is subject to change. You authorize the credit union to add the charges for your insurance to your loan each month. 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. The following statements made by you are representations and are true to the best of your knowledge and belief:

For Credit Disability Insurance
Are you under age 66?

Yes No

On this date, are you physically working for a salary or wages a minimum of 25 hours a week? Yes No

If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

NOTE: THIS INSURANCE CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION. THIS INSURANCE ALSO CONTAINS CERTAIN BENEFIT MAXIMUMS THAT MAY LIMIT YOUR BENEFIT. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, depending on state law.

MAX. MONTHLY TOTAL DISABILITY BENEFIT	MAX. INSURABLE BALANCE PER LOAN ACCOUNT	INITIAL PREMIUM RATE SCHEDULE	
\$ _____	\$ _____ CL \$ _____ CD	Rate Specified x Monthly Outstanding Loan Balance on the Premium Charge Date Per \$100	\$ _____ SCL \$ _____ JCL \$ _____ CD
If you are totally disabled for more than _____ days, then the Disability Benefit will begin with the _____ day of disability.			

COVERAGE SELECTED

SINGLE CREDIT LIFE Yes No

_____ Date

_____ Please Print or Type Name of Member

_____ Account #

JOINT CREDIT LIFE Yes No

CREDIT DISABILITY Yes No

_____ Date of Birth

_____ Signature of Member

_____ Age

_____ Name of Joint Insured

SECONDARY BENEFICIARY if you desired to name one

_____ Date of Birth

_____ Signature of Joint Insured (only required if Joint Credit Life is selected)

_____ Age



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			\$ _____ CD

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_____ Name of Joint Insured

SECONDARY BENEFICIARY if you desired to name one

_____ Date of Birth

_____ Signature of Joint Insured
(only required if Joint Credit Life is selected)

_____ Age

NOTE: This Certificate describes the Credit Insurance coverage you elected to insure your credit card balance. Claims will be paid based on the coverage you selected on the credit union's copy of the application.



CMFG Life Insurance Company

P.O. Box 391 • 5910 Mineral Point Road • Madison, WI 53701-0391
Phone: 800.356.2644

(Called We)

Certificate of Insurance

Group Policy Number: _____

Issued To: _____

SCHEDULE

Date of Issue of this Certificate _____

Date of Birth of Member _____

Member's Name _____

Date of Birth of Joint Insured _____

Joint Insured's Name _____

Maximum Age for Insurance _____ (CL) _____ (CD)

Secondary Beneficiary _____

Maximum Monthly Total Disability Benefit \$ _____

INITIAL PREMIUM RATE SCHEDULE

Single Credit Life \$ _____ /\$100

Maximum Insurable Balance \$ _____ (CL)

Joint Credit Life \$ _____ /\$100

Per Loan Account \$ _____ (CD)

Credit Disability \$ _____ /\$100

If you are totally disabled for more than _____ days, then the Disability Benefit will begin with the _____ day of disability.

IF THE AMOUNT OF YOUR LOAN IS OVER THE MAXIMUM AMOUNT OF LIFE INSURANCE, YOUR BENEFIT WILL BE LESS THAN THE AMOUNT OF YOUR LOAN. IF YOUR MONTHLY LOAN PAYMENT IS OVER THE MAXIMUM MONTHLY TOTAL DISABILITY BENEFIT, YOUR BENEFIT PAYMENT WILL BE LESS THAN YOUR MONTHLY LOAN PAYMENT.

Within 10 days after you receive this Certificate, you have the right to return the Certificate to the credit union or CMFG Life Insurance Company 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. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect.

WHEN INSURANCE STARTS

Your insurance starts on the Date of Issue of the Certificate and thereafter, insurance starts on each advance on the date you receive the advance. We require that you must be working 25 hours a week or more on the date of your initial advance for Disability Insurance to start. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.

If you renew or refinance an insured loan, the effective date of insurance, as it affects any provisions of the Policy, will be the first day on which you become insured under the Policy covering the loan at least to the extent of the amount and term of the loan outstanding at the time you renewed or refinanced your loan.

MONTHLY PREMIUM CHARGES

The initial Monthly Premium Insurance Charges will be determined by the premium rates as stated in the Schedule, which are applied to the monthly outstanding loan balance on the Premium Charge Date.

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. In the event you and your joint insured die simultaneously, it will be presumed that you died first.

Total Disability Insurance Benefit. If you are insured for disability coverage, we will pay a benefit if you file due 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.

CERTIFICATE OF INSURANCE

(Continued)

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 stated in the Schedule.

Our benefit payments will stop on the date:

1. you are not totally disabled any more; or if earlier,
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 disability, Total Disability means that you are not able to perform the principal duties of your occupation because of a medically determined sickness or accidental bodily injury. After the first 12 months of Total Disability, the definition changes and also means that you are unable to perform the principal duties of any occupation for which you are reasonably qualified by education, training or experience.

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 stated in the Schedule, but you are not, we will, subject to the Incontestability Clause, return your premium when we discover this and will not pay any benefits.

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 your 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. If joint coverage was applied for, coverage will remain in force on the survivor and the refund of premium will only be the difference between the single and joint coverage rate.

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.

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 of Insurance; or
4. on the date your loan stops, or the credit card account is terminated, or the credit agreement which is insured is terminated; or
5. on the last day of the month during which you are three (3) months delinquent in any payment on your loan; or
6. on the date the Group Policy stops (if this happens, you will be given 31 days advance notice unless there is immediate replacement of the insurance); 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.

If credit insurance is required as security on the loan, then you are required to supply evidence of insurance, at least equal in coverage and protection, in order to terminate this coverage.

CERTIFICATE OF INSURANCE

(Continued)

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 in your Application are, in the absence of fraud, considered representations and not warranties. No statement can be used to void this insurance or deny a claim unless that statement is signed by you. No statement made by any person insured under the Policy relating to his insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after the insurance has been in force for a period of two (2) years during such person's lifetime, and prior to the date on which the claim thereunder arose. 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 30 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 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. 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 OF 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.