



CMFG Life Insurance Company

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**MONTHLY PREMIUM
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

Credit Card

SCHEDULE OF CREDIT INSURANCE			
Credit Union/Primary Beneficiary Meridian Mutual Federal Credit Union		Group Policy Contract No. 023-0050-4	
Borrower 1 Name and Address		Email Address	
		Birth Date	
Borrower 2 Name and Address		Email Address	
		Birth Date	
Account No.		Secondary Beneficiary	
Rate(s) per \$1000 of Your monthly Loan balance			
Single Life \$ 1.21	Joint Life \$ 1.65	Single Disability \$ 3.27	Joint Disability \$ N/A
Insurance Applied For		Applicable Maximums	
Life Insurance			
Who do You want covered by life insurance?			
Check only one:			
<input type="checkbox"/> Only borrower 1 (single)	<input type="checkbox"/> Both borrowers (joint)	Maximum Monthly Disability Benefit	Life Disability
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower	Total Benefit Maximum	N/A \$600.00
		Maximum Issue Age	\$30,000.00 \$30,000.00
		Termination Age	70 66
			Unlimited Unlimited
Disability Insurance			
Who do You want covered by disability insurance?			
Check only one:			
<input type="checkbox"/> Only borrower 1 (single)	<input checked="" type="checkbox"/> N/A Both borrowers (joint)		
<input checked="" type="checkbox"/> N/A Only borrower 2 (single)	<input type="checkbox"/> Neither borrower		
Waiting Period	Benefits Begin		
30 days	Non-Retroactive		

CI-MP-SCH-OECE

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

EVIDENCE OF INSURABILITY QUESTIONS:

INSTRUCTIONS:

Applicants for disability insurance: You must answer the Actively at Work Question.

Actively at Work Question

Mark as appropriate

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.

Borrower 1 Borrower 2
 Yes No Yes No

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- **Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.**
- **You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.**
- **This insurance contains certain terms and exclusions, including a Pre-Existing Condition exclusion, as explained in both Part A and Part B of the certificate.**
- **The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.**
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are summarized in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

FRAUD WARNING: 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.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature

Date

X

Borrower 2 Signature

Date

X