CUNA CARIBBEAN

CUNA Caribbean Insurance Limited 11 Queen's Park E, Port of Spain, Trinidad & Tobago

ADVANCE PROTECTOR INSURANCE ENROLLMENT FORM

THE INSURANCE YOU ARE APPLYING FOR IS OPTIONAL AND ONCE SELECTED CONTAINS CERTAIN TERMS, CONDITIONS AND EXCLUSIONS OF WHICH YOU SHOULD BE AWARE. PLEASE REFER TO YOUR CERTIFICATE FOR COVERAGE DETAILS. YOUR CERTIFICATE IS AN INTEGRAL PART OF YOUR APPLICATION AND CONTAINS IMPORTANT COVERAGE INFORMATION

Please write in BLOCK letters and WITHIN THE BOXES, AVOIDING CONTACT WITH THE EDGE OF THE BOX 1 2; mark all choice boxes with an X and NOT with a tick (<)

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FOR CREDIT DISABILITY COVERAGE (NB COVERAGE TERMINATES AT AGE 65)																															

GOVERNMENT AGENCY INSTRUMENTALITY, PUBLIC OR PRIVATE CORPORATION ON THE DATE OF

THE LOAN FROM YOUR ORGANIZATION?

PLEASE FILL OUT OVERLEAF

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ADVANCE PROTECTOR INSURANCE ENROLLMENT FORM CONT'D

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INSURED'S LOAN DETAILS

NEW/REFINANCE LOAN AMOUNT	\$
LOAN TERM	\$
LOAN INTEREST RATE	\$ · · ·
MONTHLY LOAN INSTALLMENT	\$
OTHER EXISTING LOAN OUTSTANDING BALANCE	\$
LOAN PROTECTION MAXIMUM, (IF ANY)	\$
LOAN AMOUNT BEING COVERED BY THE ADVANCE PROTECTOR	\$

ADVANCE PROTECTOR PREMIUM CHARGES To be completed by Authorized representative from the Policy Holder Organization

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YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	PREMIUM RATE PER \$1000 FOR ADVANCE PROTECTOR AND PER \$100 FOR CREDIT DISABILITY	INITIAL PREMIUM DUE
SINGLE ADVANCE PROTECTOR (INCLUDES A LUMP SUM BENEFIT FOR TOTAL & PERMANENT DISABILITY)			\$0.63 /\$1000	\$
JOINT ADVANCE PROTECTOR (INCLUDES A LUMP SUM BENEFIT FOR TOTAL & PERMANENT DISABILITY FOR THE PRIMARY BORROWER ONLY)			\$1.134 /\$1000	\$
SINGLE CREDIT DISABILITY (MONTHLY BENEFIT FOR TEMPORARY DISABILITY)			\$ 1.45 / \$100	\$
JOINT CREDIT DISABILITY (MONTHLY BENEFIT FOR TEMPORARY DISABILITY)			\$ 2.75 / \$100	\$
			TOTAL	\$

CUNA Caribbean Insurance Society Limited (CCISL) reserves the right to request a Statement of Insurability for any application made under this policy. In instances where a Statement of Insurability Form is requested coverage will only take effect after approval by CCISL.

I/We understand and certify that, to the best of my/our knowledge and belief, all statements contained in this enrollment are true and agree that if there is any evasion, concealment, or misrepresentation in any of the statements made herein, the insurance issued on the basis hereof shall be null and void.

I/We understand that the placing of my/our insurance with CUNA Caribbean Insurance Society Limited is not a conditional requirement for obtaining or being declined for any of the Credit Union's products now or in the future.

Signature of Insured: ____

Signature of Joint Insured: ____

Enrollment Processed By: _____

Date:

Date:

Staff Signature: _____

(Print Name)

PLEASE FILL OUT OVERLEAF