



RTN FEDERAL CREDIT UNION
 600 Main Street
 Waltham, MA 02452
 (781) 736-9900 • (800) 338-0221



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.



CUNA MUTUAL GROUP
CUNA Mutual Insurance Society

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. You may select any insurer of your choice.

YOU CANNOT BE DENIED CREDIT SIMPLY BECAUSE YOU CHOOSE NOT TO BUY CREDIT INSURANCE. CREDIT LIFE INSURANCE AND CREDIT ACCIDENT AND HEALTH INSURANCE ARE NOT REQUIRED TO OBTAIN CREDIT. INSURANCE WILL NOT BE PROVIDED UNLESS YOU SIGN AND AGREE TO PAY THE ADDITIONAL CHARGE.

The rate you are charged for the insurance is subject to change. 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. Your signature below means you agree that:

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

- You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. 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. PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
SINGLE CREDIT DISABILITY			\$.124	
SINGLE CREDIT LIFE			\$.063	
JOINT CREDIT LIFE			\$.101	

If you are totally disabled for more than **30** days, then the disability benefit will begin with the **31st** day of disability.

MEMBER	INSURANCE MAXIMUMS	DISABILITY	LIFE
ACCOUNT NUMBER	MONTHLY TOTAL BENEFIT	\$ 600.00	N/A
SECONDARY BENEFICIARY (If you desire to name one)	INSURABLE BALANCE PER LOAN ACCOUNT	\$ 30,000.00	\$ 30,000.00
	MAXIMUM AGE FOR INSURANCE	66	70
DATE	BORROWER'S DATE OF BIRTH	DATE	CO-BORROWER'S DATE OF BIRTH
SIGNATURE OF BORROWER ELIGIBLE TO BE INSURED	SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)		
X	X		

APP.825-0786MA

Subsequent Election for Voluntary Credit Insurance

You elected the coverage(s) checked above. Evidence of Insurability must be provided if you are adding coverage more than 30 days after the date of your loan. To pay the insurance charge on your Open-End Plan or Sub Account/Loan _____, you agree to:

make more payments of the same amount until what you owe has been repaid.

increase your monthly payment to \$ _____.

I hereby represent that the above referenced member has authorized election of the specified coverage(s), indicated above by phone conversation on

DATE _____

TIME _____

SIGNATURE OF C.U. EMPLOYEE _____

