

ENROLLMENT FORM

CUNA Mutual Insurance Society
 P.O. Box 61 • Waverly IA 50677-0061
 1-877-MEMBERS (1-877-636-2377)

(Please Print - Use black ink)

Credit Union Member

ADD

Accidental Death & Dismemberment Insurance Enrollment Form

To receive your \$1,000 no-cost accident protection, **YOU MUST COMPLETE THE FORM PROVIDED HERE.** Use this form to enroll for your additional coverage too! Credit Union Members ages 18 and over are eligible to enroll.

1. Select any additional amounts and plan (single or family) desired.

2. Please provide us with your regular Share Savings account number.

3. Be sure to sign the Enrollment Form. Then cut along the dashed line at right; fold, tape and mail. Postage is already paid.

4. Your premium will be conveniently deducted from your Share Savings account. There is **NO DIRECT CHARGE TO YOU** for your \$1,000 coverage.

Credit Union Name: XYZ Federal Credit Union

Member's Name: _____

Member's Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Member's Date of Birth: ____/____/____ Male Female

Member's Beneficiary: _____ Relationship of Beneficiary to Member: _____
 (The beneficiary for insurance on dependents is the member.)

Member's Share Savings Account Number: _____

Amount of Accidental Death & Dismemberment Insurance

Yes, I want \$1,000 of Accidental Death & Dismemberment Insurance at no charge.

Yes, I would also like this additional coverage: \$300,000 \$100,000 \$30,000
 \$250,000 \$75,000 \$20,000

Plan Desired: Single \$200,000 \$50,000 \$10,000
 Family \$150,000 \$40,000

DEDUCTION AUTHORIZATION

I authorize my insurance premium and the additional coverage to be automatically debited from the account number listed above to CUNA Mutual Insurance Society. This authorization is to remain valid until CUNA Mutual has received written notification from me of its termination. (If you do not indicate your account number, we will bill you directly at home semi-annually.)

X _____ Date _____

Signature of Member _____ Date _____

E10f-014-2001
 MC2264A_STD-0209

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Choice of Benefit Amounts

In addition to the \$1,000 no-cost coverage, eligible members* may choose to purchase from \$10,000 to \$300,000** of accident protection.

Find Your Monthly Rates For Additional Accident Protection:

Amount of Additional Coverage	Member Only	Family Plan
\$ 10,000	\$ 0.80	\$ 1.20
\$ 20,000	\$ 1.60	\$ 2.40
\$ 30,000	\$ 2.40	\$ 3.60
\$ 40,000	\$ 3.20	\$ 4.80
\$ 50,000	\$ 4.00	\$ 6.00
\$ 75,000	\$ 6.00	\$ 9.00
\$100,000	\$ 8.00	\$12.00
\$150,000	\$12.00	\$18.00
\$200,000	\$16.00	\$24.00
\$250,000	\$20.00	\$30.00
\$300,000	\$24.00	\$36.00

Automatic Premium Deductions

For your convenience, your premium will be automatically deducted from your account.

What is not covered

This coverage does not cover loss caused by or resulting from: intentionally self-inflicted injury; suicide or attempted suicide while sane or insane (for Colorado and Missouri residents, while sane); being under the influence of any illegal drug, or any legal drug if it is not used in accordance with the usage instructions for that drug (does not apply to Vermont residents); declared, undeclared war or any act of war; attacks using weapons of mass destruction (does not apply to Vermont residents); flying as a pilot or crew member; participating in any kind of race or competition as a professional (does not apply to Vermont residents); operating a motor vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the accident occurs

Accidental Death & Dismemberment Insurance

(does not apply to Vermont residents); committing or attempting to commit an assault or felony (felony only for Vermont residents); any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The above exclusions may vary by state.

For more information on these benefits or if you have questions, call Member Services toll-free at 1-877-MEMBERS (1-877-636-2377).

Product availability, benefit features and exclusions may vary by state.

Coverage (no-cost and additional) is reduced by 50% at age 70.

*Your credit union helps maintain this program and is entitled to compensation from CUNA Mutual Insurance Society for doing so. The insurance offered is not a deposit and is not federally insured or underwritten or guaranteed by your credit union. **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (RESIDENTS OF CA, GA, KS, MA, MD, MO, ND, OK, OR, TX, VA & VT: Such person may be guilty of a crime depending on state law.)** Available to credit union members age 18 and over.

**The total amount of Accidental Death & Dismemberment additional coverage you may have with us is \$500,000. Other coverage amounts are available.

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Base Policy Series E10a-014-2001



CUNA Mutual Insurance Society



Up to \$300,000**
 of Additional
 Coverage ...because
accidents
 can and do
happen



Accidental Death & Dismemberment Insurance

Choice of Benefit Amounts • In addition to your no-cost coverage (basic amount), eligible members (ages 18 and over)* may choose to purchase from \$10,000 to \$300,000** of accident protection.

LOSSES	ADDITIONAL COVERAGE (Varies by state.)		
	MEMBER	FAMILY PLAN	
		SPOUSE	EACH CHILD
Loss of two members (hand, foot, eye).***	100% of death benefit amount	50% of member's death benefit amount	20% of member's death benefit amount
One hand or one foot or sight of one eye; or speech or hearing.***	50% of death benefit amount	25% of member's death benefit amount	10% of member's death benefit amount
Thumb and index finger of same hand.***	25% of death benefit amount	12% of member's death benefit amount	5% of member's death benefit amount
Loss of thumb. (Not applicable in ME, VT.)	Lesser of 10% of death benefit amount or \$1,000	Lesser of 5% of death benefit amount or \$1,000	Lesser of 2% of death benefit amount or \$1,000

Family Protection • If you select the Family Plan, your spouse will be insured for 50% of your selected coverage. Unmarried dependent and handicapped children will be covered 20%.

Dependent children must be under age 18, or under 25 if full-time students and dependent on the member for at least 50% of their support. (Eligibility ages and requirements for dependent or handicapped children may vary by state.) If you do not have dependent children, your spouse will be insured for 60% of your coverage amount. If you do not have a spouse, each of your dependent children will be insured for 25% of the benefit level you choose.

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Definitions of “legal spouse,” “lawful children” and “handicap or handicapped” may also vary by state.

Protection at Age 70 • Once you or your insured spouse reach age 70, coverage (no cost and additional) will be reduced to 50% of the full benefit amount for that person. Enrollees age 70 and over are covered for 50% of the coverage amount shown on the enrollment form.

Group Rate Protection • Your rates will not go up unless everyone else in your class insured under this group policy has the same increase. Your coverage cannot be canceled as long as your premiums are paid, you remain a member of a participating credit union and the master policy is not terminated.

Effective Date of Coverage • A Certificate of Insurance will be mailed to you. Your coverage will become effective on the date shown on your Certificate.

Benefits You'll Receive with Your Additional Protection:

Cost of Living Benefit • Every two years on the anniversary date of your enrollment, your additional coverage amount will be increased by 5% at no added cost to you. This benefit will continue as long as you remain insured, or until your coverage has increased a full 25%. So, if you select the \$300,000 coverage level, your benefit will actually increase to \$375,000 after 10 years.

Double Accidental Death Benefit • If you die within one year of an accident as a result of traveling on a bus, train, or other form of

public transportation as a ticketed passenger, your additional coverage benefit doubles.

Hospital Benefit • If you or your covered spouse or child are hospitalized within one year due to injuries caused by a covered accident, and are confined for more than 7 days, we will pay a hospital benefit from the first day of confinement. The benefit will equal 1% of the additional coverage for that person for each full month of confinement, up to \$1,000 a month or \$12,000 a year.

Family Plan Only:

Child Savings Fund • If death should occur from a covered accident while the Family Plan is in force, your beneficiary will receive \$1,000 for each child who is an insured dependent on the date of the accident.

College Education Benefit • If death should occur from a covered accident while the Family Plan is in force, your beneficiary will receive two percent of the principal sum (up to \$3,000 a year) for each child attending college (or within 12 months of attending college) or covered spouse who is attending college (or who enrolls as a full-time student within two years). This benefit is payable for each year your child and/or spouse qualify, up to five years.

Child Care Assistance Benefit • If you or your covered spouse die from a covered injury while the Family Plan is in force, a child care assistance benefit will be paid to your beneficiary. This benefit will be paid for each month (following the death) that any of your covered children (less than 14 years of

age) require child care service. Child care service must be provided for at least 120 hours per month. The monthly benefit amount (payable for 1 year following the accident) is 1/12 of 2% of the deceased person's additional coverage amount, up to a maximum of \$160 per month.

Grief Counseling Benefit • If you select the Family Plan, this unique benefit pays for counseling services (within one year of a covered person's accidental death) for covered survivors. The benefit amount payable is equal to \$50 per session, and is limited to a total of ten sessions for all covered survivors combined.

To receive your **no-cost** coverage, fill out the application on the reverse side of this brochure.

Use the form to enroll for **Additional Protection** also!

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 21 WAVERLY IA
 POSTAGE WILL BE PAID BY ADDRESSEE
 MEMBER COVERAGE
CUNA MUTUAL INSURANCE SOCIETY
 PO BOX 331
 WAVERLY IA 50677-9922



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES

