

In the event of death or disability, you and your family are protected in many of the following ways:

- Helps remove the financial burden from your family.
- Protects the credit standing of all covered borrowers on your credit card.
- Removes worry during a time of emotional stress and anxiety.
- Supplements other life benefits you may receive from your employer. Your employee benefits can be used for other related expenses.
- Provides peace of mind.

PLACE
STAMP
HERE



GENFED FINANCIAL CREDIT UNION INC
2492 WEDGEWOOD DR STE G
AKRON OH 44312-2422



**MEMBER'S
CHOICE™
PAYMENT
PROTECTION
FOR
CREDIT CARDS**



CMFG Life Insurance Company

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

**GENFED FINANCIAL
CREDIT UNION, INC.**
2492 Wedgewood Dr Ste G
Akron, OH 44312-2422

Available NOW!

Your credit union believes that protecting your credit card with MEMBER'S CHOICE™ Term Life and Disability insurance is a crucial part of financial planning. You now have the opportunity to apply for coverage on your credit card as a credit union member.

Protect Your Balance...

If you became disabled tomorrow and earned 60% of your income while on disability, what would you have to sacrifice to keep your credit card payments current? Or what if you died? Who will make the payments for you? Disability insurance can make the minimum monthly payment on your credit card if you are totally and continuously disabled. Term Life insurance will lessen the financial burden for your family by paying off the insured balance of your credit card, if you should die. Joint coverage may be available to insure a joint cardholder, who is equally responsible for payment of your credit card.

For more information on specific coverage(s) your credit union is offering, please review the enrollment form on the opposite page.

Reasonable Cost!

The cost for these coverages is just pennies a day. The monthly premium is calculated on your outstanding credit card balance.

Applying is Easy!

Simply complete the enrollment form (opposite), seal it and drop it in the mail today.



CMFG Life Insurance Company

Credit Insurance Application/Schedule

"You" or "Your" means the member and the joint insured (if applicable). A co-signor is not eligible for joint coverage.

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 and sign your name and write in the date. 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.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES NO		COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER (please print)
SINGLE CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$.196	
JOINT CREDIT DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	\$.372	
SINGLE CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.077	
JOINT CREDIT LIFE	<input type="checkbox"/>	<input type="checkbox"/>	\$.134	

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability.	INSURANCE MAXIMUMS		
		DISABILITY	LIFE
	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 850	N/A
MAX. INSURABLE BALANCE PER LOAN ACCT	\$50,000	\$50,000	
MAXIMUM AGE FOR INSURANCE	66	70	
GROUP POLICY NUMBER	SECONDARY BENEFICIARY (If you desire to name one)		
034-0694-4	MEMBER'S DATE OF BIRTH	JOINT INSURED'S DATE OF BIRTH	
ACCOUNT NUMBER			

X

SIGNATURE OF MEMBER
(Be sure to check one of the boxes above)
APP835-1196OH

DATE

X

SIGNATURE OF JOINT INSURED (CO-BORROWER)

DATE