

Indicate the FIP PLAN selected:

PLAN TYPE	BENEFIT	MONTHLY PREMIUM
A <input type="checkbox"/>	\$ 10,000.00	\$ 52.80
B <input type="checkbox"/>	\$ 15,000.00	\$ 79.20
C <input type="checkbox"/>	\$ 20,000.00	\$ 105.60
D <input type="checkbox"/>	\$ 30,000.00	\$ 158.40
E <input type="checkbox"/>	\$ 40,000.00	\$ 211.20
F <input type="checkbox"/>	\$ 65,000.00	\$ 343.20
G <input type="checkbox"/>	\$ 100,000.00	\$ 528.00

Amount Due .

Date Paid - -

ONLY If applying for the Critical Illness Rider: Please complete information below

Indicate the **COVERAGE LIMIT** selected by checking the appropriate box below:

The monthly premium payable is based on the attained age of the Primary Insured and the selected coverage limit. Your premium rate will change to the next higher rate as you enter into a new age band.

Monthly Premium for the Critical Illness Rider Coverage Limit		
AGE BAND **Years	MONTHLY PREMIUM	
	Coverage: <input type="checkbox"/> \$50,000	Coverage: <input type="checkbox"/> \$100,000
18-29	\$ 14.50	\$ 29.00
30-34	\$ 15.50	\$ 31.00
35-39	\$ 21.00	\$ 42.00
40-44	\$ 35.50	\$ 71.00
45-49	\$ 59.00	\$ 118.00
50-55	\$ 104.00	\$ 208.00
56-60	\$ 125.00	\$ 250.00
61-65	\$ 150.00	\$ 300.00
66-70	\$ 250.00	\$ 500.00
71-74	\$ 350.00	\$ 700.00

Amount Due .

Date Paid - -

NB: Only the primary insured who has not attained the age of 60 years is eligible to apply for the Critical Illness Rider. The rates prescribed after 60 years are only applicable to age band movement after initial enrollment.

- Have you ever been diagnosed with any of the following: Cancer, Heart Attack, Stroke, Paralysis OR Major Burns? [] Yes [] NO
1b. If yes, please indicate the details _____
- Have you received, in the last 5 years, any medical attention or advice or surgical treatment or any medication? [] Yes [] NO
2b. If yes, please indicate the details _____

TERMS AND CONDITIONS OF SERVICE

1. We reserve the right to request proof of all information. The effective date of your Certificate will always be the first of the month following enrollment.
2. If enrollment for Family Indemnity Plan coverage is outside the "Open Enrollment Period" You, the member or Primary Insured Member, along with the other listed Insured Members will be subject to a Six Month Waiting Period before full coverage begins. During the Six Month Waiting Period, benefits are covered if a claim is due to accidental death.
3. It is the sole responsibility of the Member to ensure that eligible persons, for whom application is being made, are not insured persons with existing coverage under the Family Indemnity Plan. No person may be insured through more than one Family Indemnity Plan Certificate in accordance with the Non-Duplication of Coverage clause, contained in the Member's Family Indemnity Plan Certificate. If a person is named under more than one Family Indemnity Plan Certificate, upon the death of such a person the Insurer shall only be liable to pay the claim made under the Family Indemnity Certificate that is first in time. If the Primary Insured Member is named under more than one Family Indemnity Plan Certificate, upon confirmed diagnosis of a specified critical illness (under the Critical Illness Rider), the Insurer shall only be liable to pay the claim made under the Family Indemnity Certificate that is first in time.
4. Premium rates are based upon the experience of the Plan and shall be reviewed annually and may be changed no more than once a year. If the premium rate is changed, thirty-one (31) days advance written notice will be provided by Us.

CRITICAL ILLNESS RIDER (ONLY if applicable):

The Critical Illness Rider is only available to the Primary Insured and Benefits payable shall be in accordance with specified critical illness (Cancer, Heart Attack, Stroke, Paralysis and Major Burns), as specified in the respective Rider, which shall be subject to the following provisions: 1) The CI Rider, is only available to the Primary Insured Member, all other Insured listed on the Member Certificate shall have basic coverage under the FIP Plan. 2) The maximum age of entry for enrollment into the Rider is fifty nine (59) years up to and including the day before the Primary Insured 60th birthday. 3) The Rider will allow a specific living (one time) benefit payment based on coverage option chosen by the Primary Insured upon the diagnosis of a specified critical illness condition. 4) If diagnosed with a specified critical illness, within six months of the effective date of the Primary Insured Member's enrollment or change of plan in the Rider, that critical illness will not be eligible for the benefit for the life of the Rider, unless that critical illness was a direct result of an accident six months immediately following the effective date of the Primary Insured Member's enrollment or change of plan in the Rider. 5) Benefits under this Rider are not payable if the specified covered illnesses is caused either directly or indirectly from a pre-existing condition(s) for which the Primary Insured Member received medical advice, consultation or treatment on or prior to the effective date of enrollment on this rider 6) We shall refund premium, without interest, if the Primary Insured Member dies and the CI Rider is still in effect. 7) The Primary Insured member may change to higher coverage option only after the initial six months waiting period has elapsed and no more than once every 12 months.

Definitions of Specified Critical Illness

- Cancer -** Being a malignant tumor characterized by the uncontrolled growth and spread of malignant cells. Incontrovertible evidence of the invasion of tissue or definite history of malignant growth must be produced. The term "cancer" also include Leukemia (other than Chronic Lymphocytic Leukemia) and Lymphomas or Hodgkins' disease, but excludes Kaposi's sarcoma, non invasive cancers in situ, any skin cancer other than malignant melanomas, localized non-invasive tumors showing only early malignant changes and tumors in the presence of a Human Immunodeficiency Virus (HIV).
- Heart Attack -** Being the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area; the diagnosis evident by all of (i) a history of typical chest pain, (ii) new electrocardiograph changes, (iii) elevated levels of cardiac enzymes.
- Stroke -** Being a cerebrovascular incident, producing neurological sequelae lasting more than twenty-four (24) hours. Evidence of permanent neurological deficit must be produced. This includes:
- a) Infarction of brain tissue
 - b) Intra-cranial and/or subarachnoid hemorrhage, and
 - c) Embolism from an extra cranial source
- The diagnosis must be unequivocal and supported by hospitalization records which indicate a cerebrovascular incident within a period
- Paralysis -** Being the total and permanent loss or use of two or more limbs through paralysis due to loss of nerve function.
- Major Burns -** Third degree burns covering at least twenty (20) percent of the surface area of the Primary Insured Member's body.

FAMILY INDEMNITY PLAN (FIP):

How does the Family Indemnity Plan work?

Seven coverage options are available, so you can choose the one that best fits your needs. The premium cost varies according to the plan you select.

Your Family Indemnity Plan benefits:

- One monthly premium covers final expenses for you and up to five eligible family members
- No medical examination required
- You are eligible to receive the full individual benefit (per person) where valid claims are made
- You get lifetime insurance coverage once you enroll before age 76
- It's available at your Credit Union or other approved FIP providers.

Who is covered under the Family Indemnity Plan?

To enjoy coverage under any one of the seven coverage options with the Family Indemnity Plan, you must be a member of a credit union or Family Indemnity Plan provider. The plan you select can cover you and any combination of the following persons:

- Your spouse/significant other or any combination of up to two persons from your parents or parents-in-law (these persons must be enrolled before age 76)
- Your children (including dependent children under your legal guardianship, aged 1 through 25 and who are not yet married)
- Children who are permanently disabled are covered for the duration of their lives once they are enrolled before age 26

CRITICAL ILLNESS RIDER (Only if applicable):

How does the Critical Illness Rider Work?

- The CI Rider is available on any FIP Plan indicated on the form. There are two coverage options available under the Rider and premiums specified for benefit forms part of the monthly premium payments under the FIP Policy. The CI Rider is only available to the Primary Insured Member, who has not yet attained the age of sixty (60) at the time of enrollment on the Rider.
- All other Insured listed in the Member Certificate shall have basic coverage under the FIP Plan option. In the event of the Primary Insured Member's death, all other Insured's benefits shall continue under the FIP Plan.
- Upon termination of CI Rider, the plan shall then continue under FIP Plan.
- If diagnosed with a covered critical illness within six months of the effective date of the Primary Insured Member's enrollment or change of plan, **that** critical illness will not be eligible for the benefit for the life of the Rider, unless that critical illness was a direct result of an accident immediately following the effective date of the Primary Insured Member's enrollment or change of plan in the Rider.

Your Critical Illness Benefits:

There are two coverage options that can be chosen: \$50,000 & \$100,000

The Rider will allow a specific living benefit payment based on coverage option chosen by the Primary Insured and subject to the terms and conditions of the CI Rider, upon the diagnosis of a specified critical illness condition for the Primary Insured Member covered under this Rider prior to age 75.

I understand and certify that, to the best of my 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 also consent to CUNA Caribbean Insurance Society Limited communicating with me via unencrypted email.

By signing this document I confirm that I have read and understand the above information.

Signature
Member / Primary Insured Member

Print Name
(Member / Primary Insured Member)

___/___/___
Date

Signature
Authorized Organisation Officer

___/___/___
Date

Official Company Stamp