

**BRISTOL MUNICIPAL EMPLOYEES
FEDERAL CREDIT UNION**
363 North Main Street
Bristol, Connecticut 06010
Tel. (860) 584-0100-Fax (860) 585-0644

CREDIT DISABILITY INSURANCE

WHAT IS CREDIT DISABILITY INSURANCE?

It is voluntary insurance protection on your loan. If you, the member, become injured or disabled, it will cover the loan payments and directly pay the Credit Union if the member becomes incapacitated due to sickness, accident or disability. Members must be under a Doctor's care and you must be actively working at least 25 hours per week.

HOW MUCH WILL THE INSURANCE PAY?

The maximum amount of coverage is \$ 600.00 per month for a period of one hundred twenty (120) months up to age 70.

WHEN ARE THE BENEFITS PAID?

Benefits commence on the 31st day of disability after the member satisfies an initial 31 (thirty-one) day waiting period.

ARE THERE EXCLUSIONS?

Normal Pregnancy

WHEN DOES THE INSURANCE STOP?

The insurance stops the date the loan stops; the last day of the month that the member stops the insurance; or upon the date of death.

PREEXISTING CONDITIONS

Cuna Mutual will not pay a claim that occurs within the first six (6) months of the loan for which a member had received treatment six (6) months prior to the loan date. The pre-existing condition does not apply to new monies advanced when refinancing a closed end loan, only on the initial loan.

NOTE:

Bristol Municipal Employees Federal Credit Union does not in any way underwrite this policy, nor is it responsible for its management. It is underwritten and managed by the Cuna Mutual Insurance who is solely responsible for any and all claims.

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ELECTION OR WAIVER OF DISABILITY COVERAGE

Bristol Municipal Employees Federal Credit Union offers a disability payment protection plan underwritten by CUNA MUTUAL INSURANCE. I have read Or have had the disclaimer read to me. I understand the coverage is voluntary and know that it is available with my loan.

(Please check)

_____ Yes, I would like the disability insurance payment protection.

_____ No, I did not wish to take advantage of the available insurance.

I understand that I may apply for this insurance coverage at a later date, but a Statement of Insurability will be required.

I also understand that if I become disabled this coverage that would keep me current. The policy cannot be enforced unless I check the above YES.

Member signature

date

Loan Number: _____
(CREDIT UNION USE ONLY)

Loan Date: _____
(CREDIT UNION USE ONLY)