

## STATEMENT OF INSURABILITY INSTRUCTIONS MEMBER'S CHOICE® Credit Life and/or Credit Disability Insurance

1. A Statement of Insurability *is only required* when:
  - Insurance is requested more than 30 days after the loan date *and* new money is not granted.
  - Member meets Eligible Class of Members provision more than 30 days after the loan date.
2. **A completed Statement of Insurability does not constitute an insurance enrollment. A separate Credit Insurance Application must be completed for insurance to become effective.**
3. **Credit Life Insurance**

**If the member answers "No" to Question 3, Credit Life Insurance can be issued.** Provide the member with a Certificate of Insurance and code the member's loan for insurance.

**If the member answers "Yes" to Question 3, Credit Life Insurance cannot be issued.** Do not provide the member with a Certificate of Insurance. Inform the member Credit Life Insurance cannot be issued.
4. **Credit Disability Insurance**

**If the member answers "No" to Questions 3 and 4, Credit Disability Insurance can be issued.** Provide the member with a Certificate of Insurance and code the member's loan for insurance.

**If the member answers "Yes" to Questions 3 or 4, Credit Disability Insurance cannot be issued.** Do not provide the member with a Certificate of Insurance. Inform the member Credit Disability Insurance cannot be issued.
5. A copy of the completed Statement of Insurability must be maintained in the member's loan file whether or not insurance is issued.
6. Your credit union is responsible for maintaining all Statements of Insurability regardless if insurance is issued or not issued. **It is not necessary to forward a copy of the Statement of Insurability to CUNA Mutual until a claim is filed.** If a Statement of Insurability was not completed when required, there is no insurance.

**STATEMENT OF INSURABILITY**  
**MEMBER'S CHOICE® Credit Life and/or Credit Disability Insurance**

**Credit Union Name:**

**Group Policy Number:**

This statement is being completed for  **Credit Life Insurance** and/or  **Credit Disability Insurance** for your loan.

- Please complete Questions 1 and 2.
- If enrolling for Credit Life Insurance, answer Question 3.
- If enrolling for Credit Disability Insurance, answer Questions 3 and 4.

1. Your Name (*please print*) \_\_\_\_\_

Account Number \_\_\_\_\_ Loan Number \_\_\_\_\_

2. Your Address (*please print*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

3. Have You in the past three (3) years been treated for or told by a competent authority that You have cancer, heart disease, stroke, diabetes, lung or kidney disorder, or Acquired Immune Deficiency Syndrome (AIDS)? (Note to residents of ME, ND, VT and WI: You do not have to disclose positive test results for the antibodies to the AIDS virus).

Yes     No

4. Have You in the past three (3) years been treated by a competent authority for alcohol or drug use, back disorder, mental or nervous disorder?

Yes     No

**By signing below, I understand that based on CUNA Mutual's underwriting guidelines:**

- I am not eligible for Credit Life Insurance if I answered "Yes" to Question 3.
- I am not eligible for Credit Disability Insurance if I answered "Yes" to Questions 3 or 4.
- There is no insurance if this statement has not been completed accurately and fully.
- A completed Statement of Insurability does not constitute an insurance enrollment. A separate Credit Insurance Application must be completed for insurance to become effective.
- Any insurance issued shall be in accordance with the terms and conditions of the Group Credit Insurance Policy issued to the credit union.
- The insurance you are applying for contains certain terms and exclusions. Please refer to your certificate for coverage details.

**X**

SIGNATURE OF MEMBER

DATE

**This Statement of Insurability must be maintained in the member's loan file.**