

BORROWER NAME (Last - First - Middle Initial) AND ADDRESS (Street - City - State - Zip Code)      DATE      MEMBER NUMBER      NOTE NUMBER

CONTRACT NUMBER      CERTIFICATE NUMBER      MATURITY DATE



P.O. Box 391 • 5910 Mineral Point Road  
Madison, WI 53701-0391  
Phone: 800/937-2644

## CREDIT INSURANCE ENROLLMENT FORM AND SCHEDULE

"You" or "Your" means a person who is borrowing from the credit union including a co-borrower who is a spouse of the borrower. A co-signer or guarantor is not eligible for 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 are eligible for the coverage and check "yes" below to select coverage and sign your name and write in the date.

Do you meet the age for insurance eligibility shown below?  
Borrower #1  Yes  No      Borrower #2  Yes  No

**NOTE: THE INSURANCE YOU'RE APPLYING FOR CONTAINS CERTAIN TERMS AND EXCLUSIONS. Refer To Your Certificate For Coverage Details.**

The following Schedule is only valid with the applicable certificate.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)

Credit Disability For Borrower #1  YES  NO      Borrower #2  YES  NO  
Credit Life For Borrower #1  YES  NO      Borrower #2  YES  NO

Initial Amount of Loan Insured	Insurance Charge	Monthly Loan Payment	Term of Certificate in Months	Effective Date of Certificate	Expiration Date of Certificate
CD \$	CD \$		CD		CD
CL \$	CL \$	\$	CL		CL

WAITING PERIOD: If you are totally disabled for more than \_\_\_\_\_ days, then the disability benefit will begin with the \_\_\_\_\_ day of disability.

Fully Amortized Loan Term      Rate of Interest on this Loan \_\_\_\_\_ %

Borrower #1 Name and Address

Borrower #2 Name and Address

Borrower #1 Date of Birth

Borrower #2 Date of Birth

Account Number	Group Policy Number	MAXIMUMS	DISABILITY	LIFE
		Maximum Monthly Disability Benefit	\$	N/A
		Maximum Amount of Loan Insurable	\$	\$
		Age For Insurance Eligibility	Less Than	Less Than
		Age for Insurance Termination		

- I understand that the insurance coverage is subject to the maximums, including the age for insurance termination, shown above. Coverage may not be sufficient to cover your entire debt and the monthly disability benefit, if any, may not be sufficient to cover your monthly loan payment. I want the coverage(s) selected, even if the insurance will terminate due to one or more of these maximums before my loan is paid off.
- I have received the certificate of insurance for the coverage(s) selected.
- The statements contained in this enrollment form are true and correct to the best of my knowledge and belief.

SIGNATURE OF BORROWER 1      DATE

CI-SP-EF-0201(MD)

SIGNATURE OF BORROWER 2      DATE