

The Credit Union
Difference



Credit Card Application

Visa

CATHOLIC & COMMUNITY
CREDIT UNION

1109 Hartman Lane
Shiloh, IL 62221

618-233-8073

800-358-2233

Fax: 618-233-5794

people helping people



CUNA Mutual Insurance Society

Credit Insurance Application/Schedule

"You" or "Your" means the member and the joint insured (if applicable).

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 the "yes" box 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 work-

ing 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. Are you working for wages or profit for 25 hours a week or more?
 Yes No

- 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.

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

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 1st day of disability.

GROUP POLICY NUMBER

012-0270-0

ACCOUNT NUMBER

INSURANCE MAXIMUMS	DISABILITY	LIFE
MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 600	N/A
MAX. INSURABLE BALANCE PER LOAN ACCT	\$30,000	\$30,000
MAXIMUM AGE FOR INSURANCE	66	70

SECONDARY BENEFICIARY (if you desire to name one)

MEMBER'S DATE OF BIRTH

JOINT INSURED'S DATE OF BIRTH

X

SIGNATURE OF MEMBER
(Be sure to check one of the boxes above)
APP.825-0786IL

DATE

X

SIGNATURE OF JOINT INSURED (CO-BORROWER)
(Only required if JOINT CREDIT LIFE coverage is selected)

DATE

