



COASTAL FEDERAL CREDIT UNION

P.O. Box 58429
Raleigh, NC 27658-8429
1-800-868-4262



CREDIT INSURANCE

You can protect your financial future by signing up for section below. Your credit union will be happy to explain the **voluntary** credit insurance below. Enroll by simply indicating various insurance options and coverage. The cost is your preference in the "Credit Insurance Application" reasonable.

CREDIT INSURANCE APPLICATION & SCHEDULE



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

"You" or "Your" means the member and the joint insured (if applicable). A co-signor is not eligible for joint 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 check "yes" 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:

You are eligible for disability insurance only if you are working 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.

You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

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)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER		
				INSURANCE MAXIMUMS	DISABILITY	LIFE
Single Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.200	MAX. MONTHLY TOTAL DISABILITY BENEFIT	\$ 750.00	N/A
Joint Credit Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$.332	MAX. INSURABLE BALANCE PER LOAN ACCT	\$ 50,000.00	\$ 50,000.00
Single Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.065	MAXIMUM AGE FOR INSURANCE	66	70
Joint Credit Life	<input type="checkbox"/>	<input type="checkbox"/>	\$.113			
DATE OF ISSUE OF THE CERTIFICATE	RATE OF INTEREST %					
GROUP POLICY NUMBER	ACCOUNT NUMBER					

If you are totally disabled for more than 14 days, then the disability benefit will begin with the 1st day of disability. **SECONDARY BENEFICIARY** (if you desire to name one)

SIGNATURE OF MEMBER (Be sure to check the boxes above.) DATE SIGNED AGE MEMBER'S DATE OF BIRTH
X

SIGNATURE OF JOINT INSURED (CO-BORROWER) DATE SIGNED AGE JOINT INSURED'S DATE OF BIRTH