

THE FAMILY INDEMNITY PLAN ENROLMENT FORM



SECTION 1: Please fill out your information below:

MEMBER'S FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH:	GENDER:	IDENTIFICATION:
MOBILE No.:		TELEPHONE:
EMAIL:		OTHER:
ADDRESS:		
CITY:	COUNTRY OF BIRTH:	
	COUNTRY OF RESIDENCE:	
ORGANISATION/ FIP PROVIDER:		
MEMBERSHIP No.:		

SECTION 2: Please fill out the information below if you are enrolling for the Family Indemnity Plan:

1. Have you previously had a Family Indemnity Plan (FIP) certificate?
2. Are you or any person(s) who will be listed below, presently covered under another FIP certificate?

FOR FIP ENROLMENTS ONLY Names of family members to be insured (First/Last Names)	DATE(S) OF BIRTH and ID NUMBER(S)	RELATIONSHIP TO MEMBER	ADDRESS
1 Phone: _____ Email: _____		GENDER: RELATIONSHIP:	
2 Phone: _____ Email: _____		GENDER: RELATIONSHIP:	
3 Phone: _____ Email: _____		GENDER: RELATIONSHIP:	
4 Phone: _____ Email: _____		GENDER: RELATIONSHIP:	
5 Phone: _____ Email: _____		GENDER: RELATIONSHIP:	

If you are the only insured for FIP or the other insureds are all minors, you must complete a Designation of Beneficiary Form to avoid any delays with benefit payments.

THE FAMILY INDEMNITY PLAN

Select the Coverage Option of your choice by clicking on the desired Plan Type from the drop down tab:

Plan Type	
Individual Benefit	
Monthly Premium	

SECTION 3: Please fill out the information below ONLY if you are enrolling for the Critical Illness

THE CRITICAL ILLNESS RIDER

PLEASE CHECK BOX IF YOU WISH TO ADD CI RIDER COVERAGE TO YOUR ENROLMENT

Select the Coverage Option of your choice by clicking on dropdown tab:

Age Band	
Coverage Option	
Monthly Premium	

You must complete a Designation of Beneficiary Form.

1. Have you ever been diagnosed with any of the following: Cancer, Heart Attack, Stroke, Paralysis OR Major Burns?
1b. If yes, please indicate the details _____
2. Have you received, in the last 5 years, any medical attention, medical advice, surgical treatment or have been prescribed medication for any of the following conditions: cancer, stroke, heart attack, major burns, paralysis and cancer?
2b. If yes, please indicate the details _____

Please include the premium payment along with this Enrolment Form

FOR OFFICIAL USE ONLY. To be completed by the Organisation or FIP Provider

FIP Premium:	
CI Rider Premium:	
Total Premium Due:	

Date Paid			
	DD	MM	YYYY
Payment cheque/receipt No.:			



THE FAMILY INDEMNITY PLAN ENROLMENT FORM



ABOUT THE FAMILY INDEMNITY PLAN

Your Family Indemnity Plan benefits:

- One monthly premium covers final expenses for you and up to five eligible family members
- No medical examination required
- You are eligible to receive the full individual benefit (per person) where valid claims are made
- You get lifetime insurance coverage once you enroll before age 76
- It's available at your Credit Union or other approved financial institutions

Who is covered under the Family Indemnity Plan?

- To enjoy coverage under any one of the seven coverage options with the Family Indemnity Plan, you must be a member of a credit union or Family Indemnity Plan provider. The plan you select can cover you and any combination of the following persons:
- Your spouse/significant other
- Any combination of up to two persons from your parents or parents-in-law (the above persons must be enrolled before age 76)
- Your children (including dependent children under your legal guardianship, aged 1 through 25 and who are not yet married)
- Children who are permanently disabled are covered for the duration of their lives once they are enrolled before age 26

How does the Critical Illness Rider Work?

- The CI Rider is available on any FIP Plan indicated on the form. There are two (2) coverage options available under the Rider and Premiums specified for benefit forms part of the monthly premium payments under the FIP Policy. The CI Rider is only available to the Primary Insured Member, who has not yet attained the age of sixty (60) at the time of enrollment on the Rider.
- All other Insured listed in the Member Certificate shall have basic coverage under the FIP Plan option. In the event of the Primary Insured Member's death, all other Insured's Benefits shall continue under the FIP Plan.
- Coverage under this rider will automatically terminate at age seventy-five years (75 years). The plan shall then continue under FIP Plan.
- If diagnosed with a covered critical illness, within six (6) months of the effective date of the Primary Insured Member's enrollment, that critical illness will not be eligible for benefit for the life of the Rider, unless that critical illness was a direct result of an accident six (6) months immediately following the effective date of the Primary Insured Member's enrollment.

Your Critical Illness Benefits:

There are two coverage options to choose from: \$50,000 and \$100,000. The Rider will allow a specific benefit payment based on coverage option chosen by the Primary Insured upon the diagnosis of a specified critical illness condition for the Primary Insured Member covered under this rider prior to age 75.

TERMS AND CONDITIONS OF SERVICE

The Family Indemnity Plan: It is the sole responsibility of the Member to ensure that eligible persons for whom application is being made are not persons who have existing coverage under The Family Indemnity Plan at any other Institution. No person(s) may be insured through more than one Family Indemnity Plan Certificate in accordance with the Non-Duplication of Coverage clause contained in the Policy and the Member's Family Indemnity Plan Certificate. If a person is named under more than one Family Indemnity Plan Certificate, on the death of such a person, the Insurer shall only be liable to pay one claim. The Primary Insured Member may change to a higher coverage option only after the initial six-month waiting period has elapsed and no more than once every 12 months.

Premium Rates

Premium rates are based upon the experience of the Plan and shall be reviewed annually and may be changed no more than once a year. If the premium rate is changed, you will be given 31 days advanced written notice.

Critical Illness Rider (if applicable): Benefits payable shall be in accordance with covered conditions (Cancer, Heart Attack, Stroke, Paralysis and Major Burns), as specified in the respective Rider, which shall be subject to the following provisions: 1) The CI Rider, is only available to the Primary Insured Member, all other Insured listed on the Member Certificate shall have basic coverage under the FIP Plan; 2) The maximum age of entry for enrollment into the Rider is fifty nine (59) years; 3) Coverage under this rider will automatically terminate at age seventy-five (75); 4) The Rider will allow a specific benefit payment based on coverage option chosen by the Primary Insured upon the diagnosis of a specified critical illness condition; 5) If diagnosed with a covered critical illness, within six (6) months of the effective date of the Primary Insured Member's enrollment, that critical illness will not be eligible for benefit for the life of the Rider, unless that critical illness was a direct result of an accident six (6) months immediately following the effective date of the Primary Insured Member's enrollment; 6) Benefits under this Rider are not payable if the covered condition is caused either directly or indirectly from the following pre-existing condition(s) for which he/she received medical advice, consultation or treatment on or prior to the effective date of enrollment on this rider; 7) We shall refund premium, without interest, if the Primary Insured Member dies and the CI Rider is still in effect; 8) Upon termination of this Rider, only the proportion of Critical Illness premiums which has not yet been earned will be refunded; 9) The Primary Insured Member may change to a higher coverage option only after the initial six-month waiting period has elapsed and no more than once every 12 months.

NB: The monthly premium payable for the Primary Insured is based on the attained age and the selected coverage limit, maximum age of entry is 59 years. The premium amount payable for each coverage amount applied for remains the same for that coverage amount throughout the lifetime of the certificate for the Primary Insured, subject to any changes arising from annual premium rate reviews.

Definitions of Specified Critical Illness

Cancer: Being a malignant tumor characterized by the uncontrolled growth and spread of malignant cells. Incontrovertible evidence of the invasion of tissue or definite history of malignant growth must be produced. The term "cancer" also include Leukemia (other than Chronic Lymphocytic Leukemia) and Lymphomas or Hodgkins' disease, but excludes Kaposi's sarcoma, non-invasive cancers in situ, any skin cancer other than malignant melanomas, localized non-invasive tumors showing only early malignant changes and tumors in the presence of a Human Immunodeficiency Virus (HIV).

Heart Attack: Being the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area; the diagnosis evident by all of (i) a history of typical chest pain, (ii) new electrocardiograph changes, (iii) elevated levels of cardiac enzymes.

Stroke: Being a cerebrovascular incident, producing neurological sequelae lasting more than twenty-four (24) hours. Evidence of permanent neurological deficit must be produced. This includes: a) Infarction of brain tissue; b) Intra-cranial and/or subarachnoid hemorrhage, and; 3) Embolism from an extra cranial source. The diagnosis must be unequivocal and supported by hospitalization records which indicate a cerebrovascular incident within a period

Paralysis: Being the total and permanent loss or use of two or more limbs through paralysis due to loss of nerve function.

Major Burns: Third degree burns covering at least twenty (20) percent of the surface area of the Primary Insured Member's body.

APPLICANT'S DECLARATION:

I understand that the **Effective Date of Coverage** on the approved certificate, will always be the first day of the month following enrolment.

I also understand that where I am enrolling for coverage under **The Family Indemnity Plan (FIP)** and that starting from the effective date of coverage, I will be subject to a six-month waiting period during which time only claims arising from accidental death will be paid.

I also understand that where I am enrolling for coverage under **The FIP Critical Illness Rider** that starting from the effective date of coverage, I will be subject to a six-month waiting period, during which time only critical illness claims arising as a direct result of an accident immediately following the effective date of my enrolment, will be paid.

I certify that, to the best of my knowledge and belief, all statements contained in this enrolment are true and agree that if there is any evasion, concealment or misrepresentation in any of the statements made herein, the insurance issued on the basis hereof shall be null and void.

I agree to receive direct communication from CUNA Caribbean Insurance Society Limited (CCISL) via written notice, SMS, email, etc. about information pertaining to my insurance coverage and other products and services offered by the company.

By signing this document I confirm that I have read and understand the above information.

Signature of Member

Signature of Authorized Organisation Officer

Date: _____

Date: _____

DD / MM / YYYY

DD / MM / YYYY