RESET FORM

THE FAMILY INDEMNITY PLAN CHANGE OF PLAN FORM

CUNA CARIBBEAN INSURANCE

Select the option(s) that apply: THE FAMILY INDEMNITY PLAN ☐ CRITICAL ILLNESS RIDER ☐

SECTION 1: MEMBER INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME

DATE OF BIRTH (dd/mm/yyyy) | GENDER M ☐ F ☐ | IDENTIFICATION ID ☐ DP ☐ PP ☐ | ENTER ID NUMBER

MOBILE NO. | OTHER TELEPHONE NO. | EMAIL ADDRESS

MAILING ADDRESS

CITY | COUNTRY OF RESIDENCE | COUNTRY OF BIRTH

CERTIFICATE NO | ORGANISATION (Credit Union/FIP Provider)

ADDITIONAL DUE DILIGENCE AND FATCA INFORMATION

1. Are you, or any of your immediate family members or close associates, currently or have been within the last five years, a PEP* or have close association with such individuals, either domestically or internationally? Yes ☐ No ☐
2. Are you a U.S. citizen or resident? Yes ☐ No ☐
3. Do you have a U.S. address (residence, correspondence or P.O. Box)? Yes ☐ No ☐
4. Have you granted a U.S. person the authority, under a power of attorney, or signatory Authority for this policy to individuals who are U.S. citizens/residents or holders of a U.S. Address? Yes ☐ No ☐

*PEP – Politically Exposed Persons refer to a prominent public function/position entrusted to individuals e.g. current or former Heads of State or of government, Ministers of Government, senior governmental, judicial, or military officials, senior executives of state-owned corporations, senior members of a political party.

NB: If you responded "Yes" to any of the questions above we shall contact you within 5 business days of receipt of this application to obtain additional information necessary to complete your enrolment.

NB: A COPY OF PICTURE IDENTIFICATION (PASSPORT, NATIONAL ID, DRIVERS PERMIT), BIRTH CERTIFICATE AND PROOF OF ADDRESS (UTILITY BILL OR BANK STATEMENT NOT OLDER THAN 3 MONTHS) MUST BE SUBMITTED WITH THIS APPLICATION. IF REQUIRED DOCUMENTS ARE NOT SUBMITTED APPLICATION WILL BE PLACED ON HOLD AND NO CHANGE TO COVERAGE WILL BE EFFECTED.

SECTION 2: SELECT THE PLAN OF YOUR CHOICE. PREMIUM AND COVERAGE AMOUNT IS LISTED BELOW THE CORRESPONDING PLAN

PLAN (Death Benefit)	☐ A	☐ B	☐ C	☐ D	☐ E	☐ F	☐ G
Coverage Amount	$10,000.00	$15,000.00	$20,000.00	$30,000.00	$40,000.00	$65,000.00	$100,000.00
Monthly Premium	$63.40	$95.10	$126.80	$190.20	$253.60	$412.10	$634.00

PLEASE COMPLETE THE SECTION BELOW ONLY IF YOU ARE APPLYING FOR THE CRITICAL ILLNESS RIDER

CRITICAL ILLNESS RIDER – Select the coverage option of your choice based on your current age

CRITICAL ILLNESS RIDER COVERAGE OPTIONS		Age Band 18-34	35-44	45-54	55-59
MONTHLY PREMIUM	Option 1: $ 50,000.00	$35.00 ☐	$71.50 ☐	$149.00 ☐	$224.50 ☐
	Option 2: $ 100,000.00	$70.00 ☐	$143.00 ☐	$298.00 ☐	$449.00 ☐
	Option 3: $ 150,000.00	$105.00 ☐	$214.50 ☐	$447.00 ☐	$673.50 ☐
	Option 4: $ 300,000.00	$210.00 ☐	$429.00 ☐	$894.00 ☐	$1,347.00 ☐
	Option 5: $ 450,000.00	$315.00 ☐	$643.50 ☐	$1,341.00 ☐	$2,020.50 ☐
	Option 6: $ 600,000.00	$420.00 ☐	$858.00 ☐	$1,788.00 ☐	$2,694.00 ☐

1. Have you ever been diagnosed with any of the following: cancer, heart disease of any kind, stroke, paralysis, burns, diseases of the nervous system, deafness, speech issues or mental disorders of any kind? Yes ☐ No ☐

   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, heart disease of any kind, stroke, paralysis, burns, diseases of the nervous system, deafness, speech issues, organ failure or mental disorders of any kind? Yes ☐ No ☐

   2b. If yes, please indicate the details _____

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SECTION 4: APPLICANT DECLARATION

I understand that the Effective Date of Coverage, on the approved Change of Plan endorsement letter, will always be the first day of the month following the signature date indicated on this form.

I also understand that where I am applying for an increase in coverage under the Family Indemnity Plan, that starting from the effective date of coverage, all persons listed on the Certificate will be subject to a waiting period, specified on the endorsement letter or new Certificate, during which time only claims arising from accidental death will be paid at the benefit amount listed on the higher plan, and claims resulting from death by other causes or other losses, including the additional Accidental Death Benefit, will be paid at the benefit amount listed on the previous lower plan. Where I am applying for a decrease in coverage, no waiting period will be applied, and benefits will be paid on the decreased coverage from the effective date specified on the endorsement letter or new Certificate.

I also understand that where I am applying for an increase in coverage under the Critical Illness Rider that starting from the effective date of coverage, I will be subject to a waiting period, specified on the endorsement letter or new Certificate, during which time only critical illness claims arising as a direct result of an accident and immediately following the effective date of my Certificate, will be paid at the benefit amount listed on the higher plan; and where critical illness claims arise due to natural causes and immediately following the effective date of my Certificate, the benefit will be paid at the amount listed on the lower plan. Where I am applying for a decrease in coverage, no waiting period will be applied, and benefits will be paid on the decreased coverage from the effective date specified on the endorsement letter or new Certificate.

I agree to be bound by the terms and conditions of the Family Indemnity Plan Policy and continued payment of premiums to CUNA Caribbean Insurance (CCI)and acceptance thereof constitutes my ongoing agreement.

I understand and certify that, to the best of my knowledge and belief, all statements contained in this application 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 CCI via written notice and electronic means including SMS, Whats App and email about information pertaining to my insurance coverage. Yes ☐ No ☐

I agree to receive direct communication from CCI via written notice and electronic means including SMS, Whats App and email in relation to other products and services which may be offered by the company Yes ☐ No ☐

Insured's Consent to Processing of Personal Information:

I consent to CCI and where applicable, the Policyholder or Administrator, accessing and further processing my personal data, the personal data of my dependents and other information required for and pertaining to my insurance coverage, evaluation, payment of benefits and matters related thereto. Yes ☐ No ☐

NB: If you do not consent to the processing of the personal information supplied on this form, please do not submit this application and destroy this application to ensure protection of the personal information contained herein.

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

Signature of Member: _____ Date: _____
(dd/mm/yyyy)

CUNA's DATA PROTECTION COMMITTMENT:

We are committed to the protection of your Personal Data, as defined under applicable laws, which is collected, used and otherwise processed by us in accordance with the Data Protection Act, and other applicable laws as outlined in our Privacy Notice, which can be obtained from our website at www.cunacaribbean.com or at any of our locations or at the offices of your administrators, insurance brokers or agent. We reserve the right to update our Privacy Notice from time to time and same shall be available to you in the manner previously mentioned.

Please include your first month's increased premium payment along with this Form

FOR OFFICIAL USE ONLY

FIP Premium: _____ Date Paid: _____
(dd/mm/yyyy)

CI Rider Premium: _____

Total Premium Due: _____ Payment cheque/receipt No.: _____

Signature of Administrator's Representative: _____ Date: _____
(dd/mm/yyyy)

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CUNA CARIBBEAN INSURANCE

ABOUT THE FAMILY INDEMNITY PLAN

Description of Plan

- You can choose any Plan from the Coverage Options.
- One monthly premium covers you and up to a maximum of eight (8) eligible family members
- No medical examination is required for coverage.
- Coverage ceases for Children insured on the plan once they attain age 26 or upon becoming married, whichever is first in time.
- Permanently disabled children, who are not married, can obtain lifetime coverage once they are fully dependent on you for support.
- Terminal Illness coverage for the Member or Insured Persons at no additional cost. Conditions apply.
- Accidental Death coverage for the Member only. Double the lumpsum payment if the Member dies as a result of an Accident prior to attaining age 60 and after completion of Waiting period as stated in the policy.
- Optional Critical Illness coverage is available for the Member only at an additional cost
- No duplication of coverage is allowed under the plan.
- Standard Waiting Periods must elapse before a Benefit becomes payable under any of the coverage options

Who is covered under the Family Indemnity Plan?

The plan you select can cover you and any combination of the following persons:

- Your spouse/co-habitant or any combination of up to two persons from your parents or parents-in-law (these persons must be under the age of 76 at the time of application)
- Children (biological, adopted, children under your legal guardianship and dependents with proven insurable interest, 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 approved for coverage before age 26. Medical report must be submitted to verify permanent disability.

What are the Family Indemnity Plan exclusions?

Benefits under the Family Indemnity Plan are not payable if the death occurs as a result of the following:

1) Suicide committed within twenty-four (24) months of the effective date of the certificate or plan change.
2) Committing or attempting to commit a crime or any involvement in criminal activity.
3) A self-inflicted injury or illness, whether the Insured is sane or insane;
4) Injuries received by the Insured during his participation or engagement in a riot;
5) Alcohol dependency, drug addiction or any mental condition or mental disorder which resulted from alcohol dependency or drug addiction.

Additionally, Benefits for Terminal Illness are not payable if the Terminal Illness occurs as a result of sickness or injury for which the Member or Insured Person received medical advice, consultation or treatment prior to the effective date of the certificate and the Terminal Illness occurs within twenty-four (24) months of the effective date of the certificate.

How does the Critical Illness Rider Work?

- The CI Rider is available in addition to any plan indicated on the form. There are four (4) coverage options available under the CI Rider and Premiums specified for benefit forms part of the monthly premium payments under the Family Indemnity Plan. The CI Rider is only available to the Member, who has not yet attained the age of sixty (60) at the time of application for the CI Rider.
- Coverage under the CI Rider will automatically terminate when the Member attains age seventy-five years (75 years).
- If diagnosed with a covered critical illness within six (6) months of the effective date of the approval, 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 within six (6) months immediately following the effective date of the Member's application.
- All premiums paid will be refunded without interest under the Critical Illness Rider if the Member dies while the certificate is still in effect.

Your Critical Illness Benefits:

The Rider will allow a specific benefit payment based on coverage option chosen by the Member upon the diagnosis of a specified critical illness condition for the Member covered under this Rider prior to age 75.

The following critical illnesses defined in the Policy are covered:

- Cancer
- Heart Attack
- Stroke
- Paralysis
- Major Burns
- Coronary Artery Bypass
- Alzheimer's Disease
- Deafness
- Loss of Speech
- Multiple Sclerosis

What are the Critical Illness Rider exclusions?

Benefits under the Critical Illness rider are not payable if the specified critical illness condition is caused either directly or indirectly from the following:

- Willful self-inflicted injury or illness.
- Willful misuse or abuse of drugs and/or alcohol.
- Committing or attempting to commit a crime or any involvement in criminal activity.
- Poison, inhaled poisonous gases or vapors.
- Pre-existing condition(s) for which you received medical advice, consultation, or treatment on or prior to the effective date of coverage under the Rider.
- Bodily injury through external and violent means which was not the result of an Accident.
- Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex or infection by HIV virus.
- If the Member is injured or becomes ill directly or indirectly from warlike action by a military force, insurrection, revolution, terrorism, usurped power, or action taken by governmental authority in hindering or defending against any of these.
- If the Member is injured or becomes ill directly or indirectly from Nuclear reaction, radiation, or radioactive contamination.