

You now have the opportunity to apply for Credit Insurance on your credit card.

For coverage in the event of death or disability, complete the Credit Insurance Application and Certificate (Part A).

To apply for Credit Insurance:

- 1) Complete Section A.
- 2) Read over Section B and indicate which borrower(s) you would like protected.
- 3) Read over Section C and sign.
- 4) Please return completed Credit Insurance Application and Certificate (Part A) to the address below in a stamped envelope.

WESTERN NEW YORK FEDERAL CREDIT UNION
1937 UNION ROAD
WEST SENECA NY 14224



CMFG Life Insurance Company

Home Office:
2000 Heritage Way • Waverly, IA 50677
Administrative Office:
5910 Mineral Point Road • Madison, WI 53705
Phone: 800.356.2644

**MONTHLY PREMIUM
LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

Credit Card

SCHEDULE OF CREDIT INSURANCE

SECTION A	Credit Union / Primary Beneficiary Western New York Federal Credit Union		Group Policy Contract No. 031-1478-6																	
	Borrower 1 Name and Address		Email Address	Birth Date																
	Borrower 2 Name and Address		Email Address	Birth Date																
	Account No. Pending Credit Card Approval		Secondary Beneficiary																	
SECTION B	Rate(s) per \$1000 of Your monthly Loan balance																			
	Single Life \$0.55	Joint Life \$0.88	Single Disability \$1.90	Joint Disability \$ N/A																
	Insurance Applied For		Applicable Maximums																	
	Life Insurance Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower		<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Life</td> <td style="text-align: center;">Disability</td> </tr> <tr> <td>Maximum Monthly Disability Benefit</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">\$ 800</td> </tr> <tr> <td>Total Benefit Maximum</td> <td style="text-align: center;">\$55,000</td> <td style="text-align: center;">\$30,000</td> </tr> <tr> <td>Maximum Issue Age</td> <td style="text-align: center;">70</td> <td style="text-align: center;">66</td> </tr> <tr> <td>TERMINATION AGE</td> <td style="text-align: center;">70</td> <td style="text-align: center;">66</td> </tr> </table>				Life	Disability	Maximum Monthly Disability Benefit	N/A	\$ 800	Total Benefit Maximum	\$55,000	\$30,000	Maximum Issue Age	70	66	TERMINATION AGE	70	66
		Life	Disability																	
Maximum Monthly Disability Benefit	N/A	\$ 800																		
Total Benefit Maximum	\$55,000	\$30,000																		
Maximum Issue Age	70	66																		
TERMINATION AGE	70	66																		
Disability Insurance Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input checked="" type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> Only borrower 2 (single) <input type="checkbox"/> Neither borrower																				
Waiting Period 14 days		Benefits Begin Non-Retroactive																		

CI-MP-SCH-OECE NY
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CONTINUED ON REVERSE SIDE

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

EVIDENCE OF INSURABILITY QUESTIONS:

INSTRUCTIONS:

Applicants for life insurance: You must answer Health Question 1.

Applicants for disability insurance: You must answer the Actively at Work Question and Health Questions 1 and 2.

Actively at Work Question

Mark as appropriate

Are You actively at work, in the full performance of all the essential functions of Your occupation, for 25 hours or more per week on the date You sign this application?
You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.

Borrower 1	Borrower 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

Health Question 1

Mark as appropriate

In the past 3 years, have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?

Borrower 1	Borrower 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2

Mark as appropriate

In the past 3 years, have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?

Borrower 1	Borrower 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If You answered "Yes" to Health Question 2, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are summarized in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

FRAUD WARNING-DISABILITY COVERAGE ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature	Date
X	

Borrower 2 Signature	Date
X	