

The Family Indemnity Plan

Indicate your complete name, date of birth, age, and the relationship of all individuals enrolling in the plan including yourself.

PLEASE WRITE CLEARLY

	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH			AGE	SEX	RELATIONSHIP TO MEMBER
				Day	Month	Year			
1.									
2.									
3.									
4.									
5.									
6.									

My membership No. _____

My complete address _____

(City)

(Country)

My telephone No. _____

Name of my Credit Union _____

Indicate the plan selected:

Plan A Plan B Plan C Plan D

Date _____ Signature _____

1. Are you presently covered under another Family Indemnity Plan? Yes No

Note: Coverage is effective on the 1st day of the month following enrollment

2. Have you previously had a Family Indemnity Plan certificate with your current credit union? Yes No