

--	--	--



1. Have you previously had a Family Indemnity Plan certificate? ☐ Yes ☐ No

2. Are you or any person(s) who will be listed below presently covered under another Family Indemnity Plan? ☐ Yes ☐ No

☐ ☐

3. Open Enrollment Period Applicable? Yes No From To

[illegible][illegible][illegible][illegible][illegible][illegible]

NAME (First Name/Last Name)	DATE OF BIRTH									SEX	RELATIONSHIP TO MEMBER
	MM		DD		YYYY						
										<input type="checkbox"/> M	MEMBER/PRIMARY INSURED MEMBER
										<input type="checkbox"/> F	
										<input type="checkbox"/> M	
										<input type="checkbox"/> F	
										<input type="checkbox"/> M	
										<input type="checkbox"/> F	
										<input type="checkbox"/> M	
										<input type="checkbox"/> F	
										<input type="checkbox"/> M	
										<input type="checkbox"/> F	
										<input type="checkbox"/> M	
										<input type="checkbox"/> F	
										<input type="checkbox"/> M	
										<input type="checkbox"/> F	
										<input type="checkbox"/> M	
										<input type="checkbox"/> F	

FIP 12/16

Indicate the FIP PLAN selected:

PLAN TYPE	BENEFIT	MONTHLY PREMIUM
A <input type="checkbox"/>	\$ 80,000.00	\$ 422.40
B <input type="checkbox"/>	\$ 120,000.00	\$ 633.60
C <input type="checkbox"/>	\$ 150,000.00	\$ 792.00
D <input type="checkbox"/>	\$ 250,000.00	\$ 1,320.00
E <input type="checkbox"/>	\$ 400,000.00	\$ 2,112.00
F <input type="checkbox"/>	\$ 650,000.00	\$ 3,432.00
G <input type="checkbox"/>	\$ 1,000,000.00	\$ 5,280.00

Amount Due

--	--	--	--	--	--	--	--	--	--

Date Paid

--	--	--	--	--	--	--	--	--	--

ONLY If applying for the Critical Illness Rider: Please complete information below

Indicate the **COVERAGE LIMIT** being selected by checking the appropriate box below:

The monthly premium payable is based on the attained age of the primary insured and the selected coverage limit. Your premium rate will change to the next higher rate as you enter into a new age band.

AGE BAND **Years	MONTHLY PREMIUM	
	Coverage: <input type="checkbox"/> \$500,000	Coverage: <input type="checkbox"/> \$1,000,000
18-29	\$ 145.00	\$ 290.00
30-34	\$ 155.00	\$ 310.00
35-39	\$ 210.00	\$ 420.00
40-44	\$ 355.00	\$ 710.00
45-49	\$ 590.00	\$ 1,180.00
50-55	\$ 1,040.00	\$ 2,080.00
56-60	\$ 1,250.00	\$ 2,500.00
61-65	\$ 1,500.00	\$ 3,000.00
66-70	\$ 2,500.00	\$ 5,000.00
71-74	\$ 3,500.00	\$ 7,000.00

NB: Only the primary insured who has not attained the age of 60 years is eligible to apply for the Critical Illness Rider. The rates prescribed after 60 years are only applicable to age band movement after initial enrollment.

1. Have you ever been diagnosed with any of the following: Cancer, Heart Attack, Stroke, Paralysis OR Major Burns? [] Yes [] No

1b. If yes, please indicate the details _____

2. Have you received, in the last 5 years, any medical attention or advice or surgical treatment or any medication? [] Yes [] No

2b. If yes, please indicate the details _____ (Please refer to 1. Critical Illness Rider #6 below)

Amount Due

--	--	--	--	--	--	--	--	--	--

Date Paid

--	--	--	--	--	--	--	--	--	--

FIP 12/16

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.

I understand that I am enrolling for the Family Indemnity Plan coverage and therefore will be subject to a six months waiting period during which no claim is payable for death which occurs as a result of natural causes. During the six months waiting period only accidental death benefits will be paid. I also understand that the effective date of the certificate will always be the first of the month following enrollment. The waiting period is always six months from the effective date of coverage.

- **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 up to and including the day before the Primary Insured 60th birthday. 3) Coverage under this rider will automatically terminate at age seventy-five (75). 4) The Rider will allow a specific living (one time) 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) known to him/her for which he/she received medical advice, consultation or treatment on or prior to the effective date of enrollment on this rider and which were not fully and truthfully disclosed 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. On termination of this Rider, only the proportion of Critical Illness Rider premiums which has not yet been earned will be refunded. 9. The Primary Insured member may change to higher coverage option only after the initial six (6) months waiting period has elapsed and no more than once every 12 months.

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
 - c) 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.

How does the Family Indemnity Plan work?

Seven coverage options are available, so you can choose the one that best fits your needs. The premium cost varies according to the plan you select.

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 or any combination of up to two persons from your parents or parents-in-law (these 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 immediately following the effective date of the Primary Insured Member's enrollment.

Your Critical Illness Benefits:

There are two coverage options that can be chosen: \$500,000 & \$1,000,000

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.

I understand and certify that, to the best of my knowledge and belief, all statements contained in this enrollment 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 hereby agree to receive notices and other information from CUNA Caribbean Insurance Jamaica by way of unencrypted e-mail.

I have read and understood the above information. In confirmation of this, I have signed and dated this document.

PLEASE COMPLETE A DESIGNATION OF BENEFICIARY FORM IF YOU ARE THE ONLY INSURED PERSON.

MEMBER'S SIGNATURE _____

DATE

--	--	--	--	--	--	--	--	--	--

Enrollment Taken By: _____ (PRINT NAME OF STAFF)

DATE

--	--	--	--	--	--	--	--	--	--

*Premium rates are subject to change. All Benefits and Provisions are subject to the Terms and Conditions of the Policy which is available at your Institution.

FIP 12/16