THE FAMILY INDEMNITY PLAN APPLICATION FORM

CUNA CARIBBEAN INSURANCE JAMAICA LTD.

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

SECTION 1: PRIMARY APPLICANT INFORMATION:

APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME

DATE OF BIRTH DD / MM / YY GENDER: M ☐ F ☐ ID TYPE & NO.

MOBILE NO. OTHER CONTACT NO.

EMAIL ADDRESS

MAILING ADDRESS

CITY: COUNTRY OF BIRTH:

COUNTRY OF RESIDENCE:

ADMINISTRATOR BRANCH

ACCOUNT NO.

SECTION 2: SECONDARY APPLICANT(S) INFORMATION

THIS SECTION TO BE COMPLETED FOR NEW FIP APPLICATION ONLY Names of family members to be insured (First/Last Names)	DATE(S) OF BIRTH and ID NUMBER(S)	RELATIONSHIP TO PRIMARY APPLICANT
1 Phone: _____ Email: _____	DD / MM / YY ID/Birth certificate No.:	☐ M ☐ F
2 Phone: _____ Email: _____	DD / MM / YY ID/ Birth certificate No.:	☐ M ☐ F
3 Phone: _____ Email: _____	DD / MM / YY ID/ Birth certificate No.:	☐ M ☐ F
4 Phone: _____ Email: _____	DD / MM / YY ID/ Birth certificate No.:	☐ M ☐ F
5 Phone: _____ Email: _____	DD / MM / YY ID/ Birth certificate No.:	☐ M ☐ F

You **must** complete a **Designation of Beneficiary Form** if you are the only person on this application form or if all proposed insureds are minors.

THE FAMILY INDEMNITY PLAN - Select the coverage option and monthly premium of your choice:

PLAN TYPE	INDIVIDUAL BENEFIT	MONTHLY PREMIUM
A ☐	$80,000	$ 422.40
B ☐	$120,000	$ 633.60
C ☐	$150,000	$ 792.00
D ☐	$250,000	$ 1,320.00
E ☐	$400,000	$ 2,112.00
F ☐	$650,000	$ 3,432.00

PLAN TYPE	INDIVIDUAL BENEFIT	MONTHLY PREMIUM
G ☐	$1,000,000	$ 5,280.00
H ☐	$1,300,000	$ 6,864.00
I ☐	$1,600,000	$ 8,864.00
J ☐	$1,800,000	$ 10,458.00
K ☐	$2,000,000	$ 12,680.00

SECTION 3: PLEASE COMPLETE THE SECTION BELOW ONLY IF YOU ARE APPLYING FOR THE CRITICAL ILLNESS RIDER

THE 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	Coverage: $500,000	$350.00 ☐	$715.00 ☐	$1,490.00 ☐	$2,245.00 ☐
	Coverage: $1,000,000	$700.00 ☐	$1,430.00 ☐	$2,980.00 ☐	$4,490.00 ☐

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, medical advice, surgical treatment or have been prescribed medication for any of the following conditions: cancer, stroke, heart attack, major burns OR paralysis? Yes ☐ No ☐

   2b. If yes, please indicate the details_____

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SECTION 4: PLEASE COMPLETE THE SECTION BELOW ONLY IF YOU ARE THE ONLY PERSON ON THIS APPLICATION OR IF ALL PROPOSED INSUREDS ARE MINORS

DESIGNATION OF BENEFICIARY for the Applicant

I hereby designate the following person as my Beneficiary for Family Indemnity Plan. My Beneficiary, if living, shall receive any and all sums of money, herein called the 'BENEFIT', paid under and by virtue of the terms and conditions of the Family Indemnity Plan, of the CUNA Caribbean Insurance Jamaica Limited to the said Organization.

This designation takes precedence over any earlier designation wherever and however made. I hereby reserve the right to change the Beneficiary herein designated. If the designated beneficiary precedes me in death, the Benefit will be paid to my Estate

(Use given name. Example: Helen Smith)

Name _____ If under 18, Please indicate Trustee's Name _____

Age _____ Relationship _____ Contact No _____

Address _____

- 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 maybe be null and void or maybe adjusted based on true state of affairs.
- I hereby agree to receive notices and other information from CUNA Caribbean Insurance Jamaica Limited.
- I have read and understood the above information. In confirmation of this, I have signed and dated this document.
- I hereby authorize any physician or medical professional having information with respect to my physical or mental condition to furnish such information to CUNA Caribbean Insurance Jamaica Limited or its representative.

Signature of Primary Applicant _____ Date (mm/dd/yyyy) _____

Name of Primary Applicant _____

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

Name of Administrator's Representative _____

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CUNA CARIBBEAN INSURANCE JAMAICA LTD.

Please include the premium payment along with this Application Form

FOR OFFICIAL USE ONLY

FIP Premium:	
CI Rider Premium:	
Total Premium Due:	

Date Paid DD MM YYYY

Payment cheque/receipt No.:

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 apply before age 76

Who is covered under the Family Indemnity Plan?

- 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 under the age of 76 at the time of application)
- 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 approved for coverage before age 26. Medical report must be submitted to verify permanent disability.

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 Applicant, who has not yet attained the age of sixty (60) at the time of application for the Rider.
- All other Proposed Insureds shall have basic coverage under the FIP Plan option. In the event of the Primary Applicant's death, all other Proposed Insured's Benefits shall continue under the FIP Policy.
- Coverage under this Rider will automatically terminate at age seventy-five years (75 years). The plan shall then continue under the FIP Policy.
- If diagnosed with a covered critical illness within six (6) months of the effective date of the Primary Applicant's application, 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 Primary Applicant's application.

Your Critical Illness Benefits:
There are two coverage options to choose from: $500,000 and $1,000,000.
The Rider will allow a specific benefit payment based on coverage option chosen by the Primary Applicant upon the diagnosis of a specified critical illness condition for the Primary Applicant covered under this rider prior to age 75.

TERMS AND CONDITIONS OF SERVICE

The Family Indemnity Plan: No person(s) may be insured through more than one Family Indemnity Plan Policy in accordance with the Non-Duplication of Coverage clause contained in the Policy. If a person is named under more than one Family Indemnity Plan Policy, on the death of such a person, the Insurer shall only be liable to pay one claim.

APPLICANT'S (POLICYHOLDER) DECLARATION:

I understand that I am applying for coverage under the Family Indemnity Plan 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 Policy will always be the first of the month following my application. **The waiting period is always six months from the effective date of coverage.**

I also understand that WHERE I HAVE APPLIED FOR COVERAGE UNDER THE CRITICAL ILLNESS RIDER, that there will be a six-month waiting period for the Critical Illness Rider benefit under this application. Further I understand that if a claim is made under the Critical Illness Rider and a diagnosis is confirmed during the six-month waiting period, no benefit will be payable for that Critical Illnesses, unless that critical illness was a direct result of an accident immediately following the effective date of the Primary Insured's Critical Illness Rider.

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 CUNA Caribbean Insurance Jamaica Ltd. (CCIJ) via written notice, SMS, email, etc. about information pertaining to my insurance coverage and other products and services offered by the company.

I consent to CUNA Caribbean Insurance Jamaica Limited (CCIJ) and the Administrator having access to information required for and pertaining to my insurance coverage and matters related thereto. Further, I hereby authorize CUNA Caribbean Insurance Jamaica Limited (CCIJ) to process information and/or data provided by me, relevant to my insurance coverage and the payment of benefits.

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

I confirm that I have seen and verified the Supporting documents

Name of Primary Applicant	**Name of Administrator's Representative**
Signature of Primary Applicant	**Signature of Administrator's Representative**
Date DD MM YYYY	DD MM YYYY