



**CEDAR POINT FEDERAL CREDIT UNION**  
 22745 Maple Road  
 Lexington Park, MD 20653-6305



P.O. Box 391 • 5910 Mineral Point Road  
 Madison, WI 53701-0391  
 Phone: 800/937-2644

**CREDIT INSURANCE ENROLLMENT FORM AND SCHEDULE**

"You" or "Your" means a person who is borrowing from the credit union including a co-borrower who is a spouse of the borrower. A co-signer or guarantor is not eligible for coverage.

Credit insurance is **voluntary and not required** in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you are eligible for the coverage and check "yes" below to select coverage and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive 31 days advance written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing.

Do you meet the age for insurance eligibility shown below?  
 Borrower #1  Yes  No Borrower #2  Yes  No

**NOTE: THE INSURANCE YOU'RE APPLYING FOR CONTAINS CERTAIN TERMS AND EXCLUSIONS. Refer To Your Certificate For Coverage Details.**

**YOUR CREDIT INSURANCE COVERAGE WILL TERMINATE IF THE CREDIT UNION'S GROUP POLICY TERMINATES.**

The following Schedule is only valid with the applicable certificate.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	Monthly Cost Per \$100 of Your Insured Loan Balance
Credit Disability For Borrower #1 <input type="checkbox"/> YES <input type="checkbox"/> NO OR Borrower #2 <input type="checkbox"/> YES <input type="checkbox"/> NO ONLY ONE BORROWER CAN CHECK YES	Single Credit Disability \$ .180 Joint Credit Disability N/A
Credit Life For Borrower #1 <input type="checkbox"/> YES <input type="checkbox"/> NO Borrower #2 <input type="checkbox"/> YES <input type="checkbox"/> NO	Single Credit Life \$ .061 Joint Credit Life \$ .109

WAITING PERIOD: If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.  
 Borrower #1 Name and Address Borrower #2 Name and Address

Borrower #1 Date of Birth	Borrower #2 Date of Birth	MAXIMUMS	DISABILITY	LIFE
Group Policy Number	Account Number	Maximum Monthly Disability Benefit	\$ 750.00	N/A
019-0139-9		Maximum Insurable Balance Per Loan Account	\$ 50,000.00	\$ 50,000.00
Effective Date of This Certificate	Secondary Beneficiary (If you desire to name one)	Age For Insurance Eligibility	Less Than 66	Less Than 70
		Maximum Number of Monthly Disability Benefit Payments per Disability	120	N/A
		Age for Insurance Termination	66	70

- I authorize the credit union to add the charges for insurance to my loan each month.
- I understand that I will be insured only for advances actually received by me, not for any unused credit which may be available.
- I understand that the insurance coverage is subject to the maximums, including the age for insurance termination, shown above. Coverage may not be sufficient to cover your entire debt and the monthly disability benefit, if any, may not be sufficient to cover your monthly loan payment.
- I want the coverage(s) selected, even if the insurance will terminate due to one or more of these maximums before my loan is paid off.
- I have received the certificate of insurance for the coverage(s) selected.
- The statements contained in this enrollment form are true and correct to the best of my knowledge and belief.

SIGNATURE OF BORROWER 1 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF BORROWER 2 \_\_\_\_\_ DATE \_\_\_\_\_

CI-MP-EF-0201(MD)

**Subsequent Election for Voluntary Credit Insurance**

- You elected the coverage(s) checked above. To pay the insurance charge on your you agree to.  Open-End Plan or  Sub Account/Loan \_\_\_\_\_
- make more payments of the same amount until what you owe has been repaid.  
 increase your monthly payment to \$ \_\_\_\_\_

I hereby represent that the above referenced member has authorized election of the specified coverage(s), indicated above by phone conversation on

DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE OF C.U. EMPLOYEE \_\_\_\_\_