



**UNFCU**<sup>®</sup>

United Nations  
Federal Credit Union  
24-01 44th Road • 5th Floor  
Long Island City, NY 11101-4805  
Tel: 347-586-8000 • Fax: 347-585-5400  
email@unfcu.com • www.unfcu.org

**LOANLINER**

**CREDIT INSURANCE**

You can protect your financial future by signing up for **voluntary** credit insurance below. Enroll by simply indicating your preference in the "Credit Insurance Application" section below. Your credit union will be happy to explain the various insurance options and coverage. The cost is reasonable.



**CUNA MUTUAL GROUP**

CUNA Mutual Insurance Society

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

**CREDIT INSURANCE APPLICATION & SCHEDULE**

"You" or "Your" means the member and the joint insured (if applicable).

effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

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 check the "yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into

- If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.

**NOTE: The insurance you're applying for contains certain terms and exclusions; Refer to your certificate for coverage details.**

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)	YES	NO	COST PER \$100 OF YOUR MONTHLY LOAN BALANCE	COVERED MEMBER
Single Credit Disability		<input checked="" type="checkbox"/>	\$ .092	PAPA KYSSMA SYLLA

If you are totally disabled for more than 30 days, then the disability benefit will begin with the 1st day of disability.

MEMBER		INSURANCE MAXIMUMS		DISABILITY	LIFE
PAPA KYSSMA SYLLA		MAX. MONTHLY TOTAL DISABILITY BENEFIT		\$ NONE	N/A
ACCOUNT NUMBER	GROUP POLICY NUMBER	MAX. INSURABLE BALANCE		\$ 30,000.00	N/A
1408910	031-0467-8	SECONDARY BENEFICIARY (If you desire to name one)			
DATE OF ISSUE OF THIS CERTIFICATE		DATE			
DATE	MEMBER'S DATE OF BIRTH	DATE		JOINT INSURED'S DATE OF BIRTH	
12 <sup>th</sup> June 2010	11/25/1964	DATE		JOINT INSURED'S DATE OF BIRTH	
SIGNATURE OF MEMBER (Be sure to check one of the boxes above)		SIGNATURE OF JOINT INSURED (CO-BORROWER) (Only required if JOINT CREDIT LIFE coverage is selected)			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
PAPA KYSSMA SYLLA					
APP.821-0191NY					