

The Family Indemnity Plan

MEMBER ENROLMENT FORM



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 certificate? Yes No

MEMBER'S FIRST NAME **MIDDLE NAME** **LAST NAME**

Date of Birth: DD MM YY **Gender:** M: F: **ID:** **DP:** **PP:** _____

Membership No.: **Member's Telephone No.:**

Member's Address Line 1:

Address Line 2:

City: **Country:**

Email: **Country of Birth:**

Organisation:

Please complete a Designation of Beneficiary Form if you are the only person on this form or if all insureds are minors.

Names of family members to be insured (First Name/Last Name)	DATE OF BIRTH			RELATIONSHIP TO MEMBER
	DD	MM	YYYY	
				M F
				M F
				M F
				M F
				M F

PREMIUM SCHEDULE FOR THE FAMILY INDEMNITY PLAN (FIP) ENROLMENT: [SELECT OPTION BELOW](#)

Plans	A	B	C	D	E	F	G
Monthly Premium	\$52.80	\$79.20	\$105.60	\$158.40	\$211.20	\$343.20	\$528.00
Individual Benefit	\$10,000.00	\$15,000.00	\$20,000.00	\$30,000.00	\$40,000.00	\$65,000.00	\$100,000.00

PREMIUM SCHEDULE FOR THE FIP: CRITICAL ILLNESS RIDER ENROLMENT: [SELECT OPTION BELOW](#)

		Age Band			
		18-34	35-44	45-54	55-59
Monthly Premium	Coverage: \$50,000	\$35.00	\$71.40	\$149.00	\$224.50
	Coverage: \$100,000	\$70.00	\$143.00	\$298.00	\$449.00

NB: The monthly premium payable for the Primary Insured is based on the issue age and the selected coverage limit, maximum age of entry is 59 years. The premium amount payable for each coverage amount applied for remains the same for that coverage amount throughout the lifetime of the certificate for the Primary Insured, subject to any changes arising from annual premium rate reviews.

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 prescribed over the counter medication.] Yes No
 2b. If yes, please indicate the details _____

Amt. Paid **Date Paid** - - DD MM YYYY

Please include the premium payment along with this Enrolment Form



TERMS AND CONDITIONS OF SERVICE

1. We reserve the right to request proof of all information. The effective date of your Certificate will always be the first of the month following enrolment.
2. If enrolment for Family Indemnity Plan coverage is outside the "Open Enrolment Period" You, the member or Primary Insured Member, along with the other listed Insured Members will be subject to a Six Month Waiting Period before full coverage begins. During the Six Month Waiting Period, benefits are covered if a claim is due to accidental death.
3. It is the sole responsibility of the Member or Primary Insured Member to ensure that eligible persons, for whom application is being made, are not insured persons with existing coverage under The Family Indemnity Plan. No person may be insured through more than one Family Indemnity Plan Certificate in accordance with the Non-Duplication of Coverage clause, contained in the Member's Family Indemnity Plan Certificate. If a person is named under more than one Family Indemnity Plan Certificate, upon the death of such a person the Insurer shall only be liable to pay the claim made under The Family Indemnity Certificate that is first in time. If the Primary Insured Member is named under more than one Family Indemnity Plan Certificate, upon confirmed diagnosis of a covered condition (under the Critical Illness Rider), the Insurer shall only be liable to pay the claim made under the Family Indemnity Certificate that is first in time.
4. Premium rates are based upon the experience of the Plan and shall be reviewed annually and may be changed no more than once a year. If the premium rate is changed, thirty-one (31) days advance written notice will be provided by Us.
5. 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 Insureds listed on the Member Certificate shall have basic coverage under the FIP Plan. 2) The maximum age of entry for enrolment into the Rider is 59 years. 3) Coverage under this rider will automatically terminate at age 75. 4) 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. 5) If diagnosed with a covered critical illness, within six (6) months of the effective date of the Primary Insured Member's enrolment, that critical illness will not be eligible for benefits for the life of the Rider, unless that critical illness was a direct result of an accident six months immediately following the effective date of the Primary Insured Member's enrolment. 6) Benefits under this Rider are not payable if the covered condition is caused either directly or indirectly by the pre-existing condition(s) for which he/she received medical advice, consultation or treatment on or prior to the effective date of enrolment which were not fully and truthfully disclosed by the Primary Insured prior to the Effective Date of enrolment on this rider 7) We shall refund premium, without interest, if the Primary Insured Member dies and the CI Rider is still in effect

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.

I understand and certify that, to the best of my knowledge and belief, all statements contained in this enrolment 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 understand that there will be a six-month waiting period for the Critical Illness Rider benefit under this enrolment. I also understand that if a claim is made under the Critical Illness Rider and a covered diagnosis is confirmed during the six-month waiting period, the benefit will be based on the original plan, unless that critical illness was a direct result of an accident immediately following the effective date of the Primary Insured's enrolment.

I agree to receive direct communication from CUNA Caribbean Insurance Society Limited (CCISL) via written notice, SMS, email, etc. about information pertaining to my insurance coverage and other products and services offered by the company.

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

Signature of Member

Date

. .

dd

mm

yyyy

Signature of Authorised Organisation Officer

Date

. .

dd

mm

yyyy

Plan Change Taken By: (PRINT NAME OF STAFF)