For Official Use Only

CUNA CARIBBEAN INSURANCE

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
3. Open Enrolment Period Applicable? ☐ Yes ☐ No From _____ To _____

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

Date of Birth | **Gender** M ☐ F ☐ | **ID** ☐ **DP** ☐ **PP** ☐

Membership No. | **Member Telephone No.**

Address Line 1

Address Line 2

City | **Country**

Email | **Country of Birth**

Organization

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 MM DD YYYY	RELATIONSHIP TO MEMBER
		☐ M ☐ F
		☐ M ☐ F
		☐ M ☐ F
		☐ M ☐ F
		☐ M ☐ F

Plan Selected ☐ **Benefit Amount** . 0 0

Please include the premium payment along with this Enrollment Form.

Amt. Paid .

Date Paid DD – MM – YYYY

Please turn this form over to read and sign your agreement to the Terms and Conditions of Service of the Family Indemnity Plan.

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-,onth 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. 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.

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

7. 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.

_____
Signature of Member

Date Signed ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY

_____
Signature of Authorised Organisation Officer

Date Signed ☐☐ – ☐☐ – ☐☐☐☐
MM DD YYYY