

Sign Up Yourself and Your Family . . . For Additional Accidental Death and Dismemberment Protection!

Member's Additional Benefit	Monthly Premium	
	Member Only	Family Plan
\$ 10,000	\$.95	\$ 1.20
\$ 25,000	\$ 2.37	\$ 3.00
\$ 50,000	\$ 4.75	\$ 6.00
\$ 75,000	\$ 7.12	\$ 9.00
\$100,000	\$ 9.50	\$12.00
\$150,000	\$14.25	\$18.00

Here's How to Add Protection To Your Complimentary Benefit:

1. Check the amount of coverage desired in addition to your complimentary (prepaid) benefit.
2. Indicate your choice of plan (Single or Family).
3. Complete the Enrollment Form and return in the envelope provided.
4. Send no money. Premiums will automatically be deducted from your credit union account.

031-1953-2

Credit Union Member Accident Insurance Enrollment Form - CUNA Mutual Insurance Society

<input type="checkbox"/> Desired Amount of Additional Coverage: (Check Amount)	<input type="checkbox"/> \$150,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 10,000	Plan Desired: (Check One) <input type="checkbox"/> Single <input type="checkbox"/> Family
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I authorize my insurance premiums to be automatically debited from my credit union share savings account as indicated to CUNA Mutual Insurance Society. This authorization is to remain valid until CUNA Mutual has received written notification from me of its termination.

Please Print
Name _____
Address _____
City _____ State _____ ZIP _____

Signature of Member _____ Date _____

Share Savings Acct # _____

Member's Telephone # (____) _____

Member's Date of Birth _____ Sex _____

Member's Beneficiary _____
(The Beneficiary for insurance on dependents is the member.)

Relationship of Beneficiary to Member _____

FOR OFFICE USE ONLY:

Date Received	Effective Date of Coverage
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E10t-008-689

Not available to Iowa residents 65 and over.

Here's How To Change Your Existing Accidental Death & Dismemberment Insurance Coverage:

031-1953-2

1. Use the Change Form below to indicate what item(s) you wish to change.
2. Complete the Change Form and return in the envelope provided.

CUNA MUTUAL INSURANCE SOCIETY
 PO BOX 61
 WAVERLY, IA 50677 Telephone (800) 779-5433

CHANGE FORM

Please Print
Previous Name/Maiden Name (if applicable) _____
Current Name _____
Address _____
City _____ State _____ ZIP _____
Telephone #: (____) _____
Member's Date of Birth _____
Share Savings Acct # _____

CHECK ITEM(S) CHANGED:

- Name
- Address
- Change Beneficiary to:
(The Beneficiary for any insurance on dependents is the member)
- Primary _____
Relationship of Beneficiary to Member _____
- Contingent _____
Relationship of Beneficiary to Member _____
- Cancel All Coverage

FOR OFFICE USE ONLY

Date Received

Signature of Member _____ Date _____