

CUNA Mutual Insurance Society
MEMBERS Life Insurance Company

Administrative Office
P.O. Box 61 • Waverly, IA 50677-0061
Phone: 800/779-5433

SERVICE REQUEST
CREDIT UNION ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Name of Insured _____ Soc. Sec. No. _____ Contract _____
 Address _____ Street _____ Certificate Number _____
 City _____ State _____ ZIP _____ Home Phone No. () _____
 Credit Union Name _____ Work Phone No. () _____
 Regular Share Saving Account Number _____ Member's Date of Birth _____

CHECK ITEM(S) CHANGED: Name Address Account Number

| | | | | | | | |
|--|---|------|---------------|-------|-------|-------|-------|
| 1. <input type="checkbox"/> Coverage Amount | <input type="checkbox"/> Increase Coverage to: <input type="checkbox"/> Decrease Coverage to: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 10,000 <input type="checkbox"/> \$ _____ (Coverage is available in \$5000 increments above \$10,000) <i>Note: Maximum Coverage Amount in Florida and New York is \$150,000</i> | | | | | | |
| 2. <input type="checkbox"/> Change of Plan | (Check one): <input type="checkbox"/> Single Cost: _____ per \$10,000 of coverage per quarter <input type="checkbox"/> Family Cost: _____ per \$10,000 of coverage per quarter | | | | | | |
| 3. <input type="checkbox"/> Cancellation Request | (Check one): <input type="checkbox"/> Cancel All Coverage <input type="checkbox"/> Keep Basic Benefit Only (Noncontributory) (If Applicable) <input type="checkbox"/> Cancel Rider Coverage Only | | | | | | |
| 4. <input type="checkbox"/> Rider Coverage Change | (Check one): <input type="checkbox"/> 2 Units (\$100 per day) <input type="checkbox"/> 3 Units (\$150 per day) <input type="checkbox"/> 4 Units (\$200 per day) <input type="checkbox"/> 5 Units (\$250 per day) <input type="checkbox"/> Single Cost (Member Only): _____ per unit per quarter <input type="checkbox"/> *Family Cost (Member, Spouse, Child): _____ per unit per quarter <input type="checkbox"/> *Member/Child Cost: _____ per unit per quarter *When adding a spouse or child(ren), please complete the following information: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 60%;">Name</td> <td style="text-align: center; width: 40%;">Date of Birth</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | Name | Date of Birth | _____ | _____ | _____ | _____ |
| Name | Date of Birth | | | | | | |
| _____ | _____ | | | | | | |
| _____ | _____ | | | | | | |

Remarks or Special Instructions:

I hereby authorize and direct my credit union to make the necessary periodic account deductions for the amount of insurance selected above. (Not applicable on Cancellation Request.)

| | |
|----------------------------------|------|
| Signature of Insured | Date |
| * Signature of Spouse of Insured | Date |

*Consent of Spouse: SIGNATURE REQUIRED IN COMMUNITY PROPERTY STATES (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin).