

Within 15 days after you receive this Certificate, you have the right to return the Certificate to the credit union for cancellation and any premium paid by you will be immediately returned.

We certify that while we are paid the premiums for the Group Policy by the credit union as they become due, you are insured for the coverage marked in the Schedule, subject to the terms of the Group Policy issued to the credit union.

If you request insurance later than 30 days after the Loan Date, you must provide us with a Statement of Insurability. Coverage will be approved or disapproved within 60 days of application for the insurance. If coverage is approved, you will become insured for your loan on the Loan Date.

Limit on Certain Defenses. If evidence of insurability or eligibility was required respecting this coverage, the insurer was responsible for making any underwriting decision, including any decision respecting eligibility, based upon that evidence within 60 days of the application for insurance. After that 60 days, failure of the insured to meet any underwriting criteria for the issuance of this coverage shall not be used to void the coverage or to deny a claim. However, material misrepresentations made by the applicant in the application for coverage may be used to void the coverage or to deny a claim. A misrepresentation is material where knowledge by the insurer of facts misrepresented on the application would have led to a refusal by the insurer to issue the certificate based upon the insurer's written underwriting criteria on the date of application.

BENEFITS

Benefits are paid to your credit union to pay off or reduce your loan. If the benefits are more than the balance of your loan, the difference will be paid to you if you are living or to the Beneficiary named by you, if any, or to your estate. Our payment will completely discharge our liability to the extent of the payment.

Death Benefit. If you die while you are insured for life coverage, we will pay the principal balance of your loan on the date of your death, plus not more than three (3) months unpaid interest on your loan to that date, not to exceed the Maximum Amount of Life Insurance.

Joint Insured Death Benefit. If your joint insured dies while insured for life coverage, we will pay on the same basis as above. Only one (1) death benefit, however, is payable under this Certificate.

Total Disability Insurance Benefit. If you are insured for disability coverage, we will pay a benefit if you file written proof that you became totally disabled while insured and continue to be totally disabled for longer than the period stated in the Schedule. Payment will be calculated beginning with the day shown in the Schedule.

The monthly benefit for each month of your disability to be compensated will be equal to the minimum monthly payment required on your loan on the date you became disabled. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit. Our monthly benefit payment will not exceed the Maximum Monthly Total Disability Benefit stated in the Schedule.

Our benefit payments will stop on the date:

1. you are not totally disabled any more; or
2. the insured portion of your loan has been repaid or otherwise stops; or
3. the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
4. of the last day of the month during which you reach the Maximum Age for insurance; or
5. of your death.

Definition of Total Disability. During the first 12 consecutive months of total disability, Total Disability means that you are not able to perform the principal duties of your occupation because of a medically determined sickness or accidental injury and are under the care and treatment of a physician. After the first 12 consecutive months of Total Disability, the definition changes and requires that you be unable to perform the principal duties of any occupation for which you are reasonably qualified by education, training or experience.

If your Total Disability is directly or indirectly related to the sickness or accidental injury that resulted in the prior Total Disability and recurs **within** fourteen (14) days after you have recovered from that prior period of Total Disability, we will consider this a continuation of that prior period of Total Disability. However, if your Total Disability recurs **more than** fourteen (14) days after you have recovered, we will consider it a new period of Total Disability.

EXCLUSIONS AND RESTRICTIONS

Misstated Age. If you misstated your age, we will return your premium when we discover this and will not pay any benefits. This applies to disability coverage as well as life coverage on you and your joint insured.

The following Exclusions for life insurance apply also to your joint insured.

1. **Pre-Existing Conditions.** We won't pay a claim for an advance on a loan if you die within six (6) months after the effective date of insurance on the advance and death results directly from, or is contributed to by a disease or bodily injury for which you received medical diagnosis or treatment at any time during the six (6) months

immediately preceding the effective date of insurance on the advance. We will, however, refund the unearned premium on the loan. **We won't apply this rule** (a) to the first \$1,000 of your total outstanding indebtedness if this amount is more than \$1,000, or (b) if your total outstanding indebtedness is less than \$1,000.

2. **Suicide.** We won't pay a claim if you commit suicide within **12** months after the effective date of insurance on the advance. We will, however, refund the premium.

The following Exclusions apply to disability insurance.

Total Disabilities Not Covered. We won't pay a claim or return your disability insurance premium if your Total Disability:

1. begins within six (6) months after the effective date of insurance on the advance and results from any disease or bodily injury for which you received medical advice, diagnosis or treatment at any time within the six (6) month period immediately preceding the effective date of insurance on the advance; or
2. is a result of normal pregnancy; or
3. directly or indirectly results from or is related to intentionally self-inflicted injury.

WHEN INSURANCE STOPS

This insurance automatically stops:

1. on the last day of the month in which we receive your written request to stop the insurance; or if earlier,
2. on the last day of the month in which you withdraw your authorization for the addition of charges for the insurance to your loan; or
3. on the last day of the month during which you reach the Maximum Age for Insurance; or
4. on the date your loan stops; or
5. on the last day of the month in which you are three (3) months delinquent in any payment on your loan; or
6. on the date the Group Policy stops; or
7. when the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
8. on the date of your death; or
9. on the date your loan is transferred to a creditor other than the credit union unless such transfer is the result of an order issued by a regulatory authority or the result of a merger of the credit union; or
10. on the date there has been a zero balance in your open-end account for one year.

WHAT THE CONTRACT IS AND HOW YOUR STATEMENTS AFFECT IT

The Group Policy, the Application for the Group Policy and the attached Member's Application are the complete contract of insurance. All statements made by you are considered to have been made to the best of your knowledge and belief. No statement can be used to void this insurance or deny a claim unless that statement is signed by you. After two (2) years from the date of insurance, no statement made by you can be used to void this insurance or deny a claim. If insurance is issued over the Maximum Amount or if you stated that you are older than the Maximum Age for Insurance and we do not return your premium within 90 days after we receive it, you are insured for the period the premium would purchase regardless of your actual age. We will pay a valid claim if it arises during this 90 day period and before premium is returned.

HOW TO FILE A LIFE CLAIM

We must be given a claim report, a copy of the member's loan records, insurance application/certificate and a certified copy of the death certificate (or other lawful evidence) as proof of a life insurance claim.

HOW TO FILE A TOTAL DISABILITY CLAIM

You must contact us or your credit union about your Total Disability claim when you are eligible for benefits. Your credit union will provide you with claim forms or you can simply send us written proof of your disability. That proof must show the date and the cause of the Total Disability and how serious it is, and it must be signed by a physician or a chiropractor. The initial proof should be for the initial period of Total Disability, after you have completed the Waiting Period or Elimination Period. After that, we will require proof of your continued disability, from time to time.

You must send proof to us within 90 days after your Total Disability stops. If you cannot send proof to us within 90 days, you must do so as soon as you can. Unless you have been legally incapable of filing proof of Total Disability, we won't accept it if it is filed after one (1) year from the time it should have been filed. You can't start any legal action until 60 days after you send us proof of your Total Disability and you can't start any legal action more than three (3) years after you send the proof.

CONFORMITY WITH STATE STATUTES

Any part of the Group Policy which, on the Effective Date of the Group Policy, conflicts with the statutes of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes.

PHYSICAL EXAMINATION

We, at our own expense, have the right, and you must allow us the opportunity, to examine your person as often as is reasonably required while a claim is pending.