For Official Use Only

CUNA CARIBBEAN INSURANCE

The Family Indemnity Plan

MEMBER ENROLLMENT 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 Enrollment 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 .

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 the information. The effective date of your certificate will always be the first of the month following the date of the enrollment.

2. If enrolling for coverage under the Family Indemnity Plan, outside of the “Open Enrollment Period” you the member, along with the other Insured Persons will be subject to a six-months Waiting Period before full coverage begins. During the six-month waiting period, benefits will only be paid for accidental death.

3. **It is the sole responsibility of the Member to ensure that eligible persons for whom applications are being made, are persons who have existing coverage under the Family Indemnity Plan as 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 Primary Insured Member’s Family Indemnity Plan Certificate. If a person is named under more than one Family Indemnity Plan Certificate, on the death of such a person the Insurer shall only be liable to pay the claim made under the Family Indemnity Plan 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 we change the premium rate, we will give you thirty-one (31) days advance written notice.

5. I understand and certify that, to the best of my knowledge and belief, all statement 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. **I acknowledge that I have read and understood the Terms & Conditions of Service as stated above.**

6. **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

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