

SCHEDULE OF CREDIT INSURANCE																		
Credit Union/Primary Beneficiary Indiana University Credit Union		Group Policy Contract No. 013-0295-6																
Borrower 1 Name and Address		Email Address																
		Birth Date																
Borrower 2 Name and Address		Email Address																
		Birth Date																
Account No.		Secondary Beneficiary																
Rate(s) per \$1000 of Your monthly Loan balance																		
Single Life \$ 0.95	Joint Life \$ 1.58	Single Disability \$ 2.15	Joint Disability \$ N/A															
Insurance Applied For		Applicable Maximums																
Life Insurance Who do You want covered by life insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input type="checkbox"/> Both borrowers (joint) <input checked="" type="checkbox"/> N/A Only borrower 2 (single) <input type="checkbox"/> Neither borrower		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Life</th> <th style="width: 15%; text-align: center;">Disability</th> </tr> </thead> <tbody> <tr> <td>Maximum Monthly Disability Benefit</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">\$750.00</td> </tr> <tr> <td>Total Benefit Maximum</td> <td style="text-align: center;">\$50,000.00</td> <td style="text-align: center;">\$50,000.00</td> </tr> <tr> <td>Maximum Issue Age</td> <td style="text-align: center;">70</td> <td style="text-align: center;">70</td> </tr> <tr> <td>Termination Age</td> <td style="text-align: center;">70</td> <td style="text-align: center;">70</td> </tr> </tbody> </table>			Life	Disability	Maximum Monthly Disability Benefit	N/A	\$750.00	Total Benefit Maximum	\$50,000.00	\$50,000.00	Maximum Issue Age	70	70	Termination Age	70	70
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Disability Insurance Who do You want covered by disability insurance? Check only one: <input type="checkbox"/> Only borrower 1 (single) <input checked="" type="checkbox"/> N/A Both borrowers (joint) <input checked="" type="checkbox"/> N/A Only borrower 2 (single) <input type="checkbox"/> Neither borrower																		
Waiting Period 14 days	Benefits Begin Retroactive																	

CI-MP-SCH-OECE-S2

ELIGIBILITY REQUIREMENTS: You are eligible for this insurance if You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application and You satisfactorily answer any applicable question(s). Additionally, You are eligible for this insurance only if You are a natural person that is liable for the Loan as a borrower. A guarantor or co-signor on the Loan or a business entity or association is not eligible for this insurance.

Please follow the directions provided for the Question(s) and check the appropriate box(es):

Actively at Work Question - Only answer this Question if:

- You are applying for disability insurance.

Are You actively at work, for wages or profit, for 25 hours or more per week on the date You sign this application? You will be considered to have met this requirement if You are absent from work due to temporary layoff, strike or vacation but will soon return to work.	Borrower 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower 2 <input type="checkbox"/> Yes <input type="checkbox"/> No
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If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

NOTICES TO BORROWER:

- Credit insurance is voluntary and not required to obtain Your Loan. You may purchase insurance from any insurer You choose. If You have other insurance, You may not want or need this coverage.
- You can cancel this insurance at any time for any reason by written request, and if You cancel within 30 days after You receive both Part A and Part B of the certificate, You will receive a full return of insurance charges paid.
- This insurance contains certain terms and exclusions, as explained in both Part A and Part B of the certificate.
- The coverage and benefits available under this insurance are limited by the Applicable Maximums as shown in the Schedule and explained in both Part A and Part B of the certificate, so this insurance may not provide enough benefits to cover the amount You owe.
- In addition to the terms and conditions provided on this application, this insurance is subject to the terms and conditions contained within the group policy, which are explained in both Part A and Part B of the certificate.
- There is a charge for this insurance. The rate You are charged for this insurance is subject to change. You are responsible for paying the insurance charge no later than when Your Loan payment is due. If the insurance charge is added to Your Loan balance, it will be subject to finance charges at the interest rate applicable to Your Loan.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

If You are electing insurance, Your signature means: You agree to pay and You authorize the Credit Union to remit the insurance charge to Us; You have read and understand the notices provided above; all of the information provided in the application is true and correct; You meet the eligibility requirements shown above; and You acknowledge that You will receive Part B of the certificate and a signed copy of this application if the application is approved.

Be sure that the insurance applied for on the Schedule reflects the coverage You want before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance for this Loan/Advance.

Borrower 1 Signature	Date
X	

Borrower 2 Signature	Date
X	

DROP OFF COMPLETED FORM AT ANY IU CREDIT UNION BRANCH OR MAIL TO:

**IU CREDIT UNION
ATTN: CARD SERVICES
PO BOX 368
BLOOMINGTON, IN 47402-0368**