

CUNA MUTUAL GROUP

CUNA Mutual Insurance Society

P.O. Box 391 - 5910 Mineral Point Road
Madison, WI 53701-0391
Phone: 800/937-2644

OPTIONAL CREDIT INSURANCE

Credit life or credit accident and health insurance is protection for both the buyer and seller.

You are entitled to a copy of the policy or certificate of insurance within thirty days after credit is extended.

You **ARE NOT** required to buy credit life insurance or credit accident and health insurance from any particular company or agent. You may use existing policies if insurance is required as additional security.

If you buy credit life insurance, the proceeds will be used to reduce or pay off your unpaid loan or indebtedness when you die. Any insurance proceeds in excess of the amount required to pay off the loan will be paid to your beneficiary or estate.

READ your policy or certificate **CAREFULLY** for what the policy **DOES NOT** cover. For example: Some policies do not pay disability benefits unless you are disabled for 14 or 30 days or if you have a pre-existing condition. Some policies will not provide coverage if you are over age 65. See the policy for details on these.

You may not be eligible for credit accident and health insurance unless you now work at least 25 hours per week.

The customer, debtor, or lessee, shall use this mandated disclosure form and shall initial the appropriate boxes below.

By initialing below, the customer, debtor or lessee acknowledges that he has accepted or declined credit life or credit accident and health insurance.

ACCEPTS CREDIT LIFE INSURANCE

DECLINES CREDIT LIFE INSURANCE

ACCEPTS CREDIT ACCIDENT AND HEALTH INSURANCE

DECLINES CREDIT ACCIDENT AND HEALTH INSURANCE

IT IS THE INTENT OF THIS FORM THAT THE DISCLOSURES ARE EASILY SEEN.
THERE SHALL BE NOTHING ELSE ON THIS PAGE.

AUTO INSURANCE INFORMATION

1. NAME OF INSURANCE COMPANY: _____

2. AGENT'S NAME: _____

3. AGENT'S PHONE NUMBER: _____

YOUR AUTO LOAN APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION!

ONCE YOUR LOAN IS APPROVED AND YOUR VEHICLE IS PURCHASED, YOU ARE REQUIRED TO NOTIFY YOUR INSURANCE COMPANY. BE SURE TO ADVISE YOUR AGENT THAT L.E.O, CREDIT UNION IS LIENHOLDER ON YOUR VEHICLE & REQUEST THAT A COPY OF YOUR POLICY BE SENT TO:

L.E.O. CREDIT UNION
P.O.B. 937
PAINESVILLE OH 44077

SIGNATURE _____