CUNA MUTUAL GROUP
CMFG Life Insurance Company

Home Office:
2000 Heritage Way
Waverly, IA 50677

Administrative Office:
5910 Mineral Point Road
Madison, WI 53705
Phone: 800.356.2644

**MONTHLY PREMIUM
LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

SCHEDULE OF CREDIT INSURANCE

Credit Union/Primary Beneficiary	Group Policy Contract No.
Educational & Governmental EFCU	031-0047-3

Borrower 1 Name and Address	Email Address
	Birth Date

Borrower 2 Name and Address	Email Address
	Birth Date

Account No./Loan No.	Secondary Beneficiary

☐ **Closed-End**

Estimated Insurance Charge

Life $

Disability $

Term of Loan _____ months

If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan.

☐ **Open-End**

Rate(s) per $1000 of Your monthly Loan balance

Single Life $ 0.69	Joint Life $ 1.10	Single Disability $ 2.30	Joint Disability $ 4.38

Insurance Applied For

Life Insurance
Who do You want covered by life insurance?
Check only one:

☐ Only borrower 1 (single) ☐ Both borrowers (joint)
N/A Only borrower 2 (single) ☐ Neither borrower

Disability Insurance
Who do You want covered by disability insurance?
Check only one:

☐ Only borrower 1 (single) ☐ Both borrowers (joint)
N/A Only borrower 2 (single) ☐ Neither borrower

Waiting Period
14 days

Benefits Begin
Retroactive

Applicable Maximums

	Life	Disability
Maximum Monthly Disability Benefit	N/A	Unlimited
Total Benefit Maximum	$30,000.00	$30,000.00
Maximum Issue Age	Unlimited	Unlimited
TERMINATION AGE	Unlimited	Unlimited
Maximum Eligible Loan Term*(in months)	240	120
Maximum Term of Insurance*(in months)	240	120

*Closed-End Only

CI-MP-SCH-OECE NY

ELIGIBILITY REQUIREMENTS:

You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. 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.

CREDIT UNION COPY

INYA00-e 011916
031-0047-3

EVIDENCE OF INSURABILITY QUESTIONS:

<u>INSTRUCTIONS:</u>

<u>Applicants for life insurance:</u> If You are applying for life insurance more than 30 days after the date of a Loan/Advance, You must answer Health Question 1.

<u>Applicants for disability insurance:</u> You must answer the Actively at Work Question. If You are applying for disability insurance more than 30 days after the date of a Loan/Advance, You must also answer Health Questions 1 and 2.

Actively at Work Question   **Mark as appropriate**

Are You actively at work, in the full performance of all the essential functions of Your occupation, 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 ☐Yes ☐No	Borrower 2 ☐Yes ☐No

If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

Health Question 1   **Mark as appropriate**

In the past 3 years, have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Borrower 1 ☐Yes ☐No	Borrower 2 ☐Yes ☐No

If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2   **Mark as appropriate**

In the past 3 years, have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Borrower 1 ☐Yes ☐No	Borrower 2 ☐Yes ☐No

If You answered "Yes" to Health Question 2, 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, including a Pre-Existing Condition exclusion, 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.**
- **If a balloon payment is part of Your Loan (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.**
- 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 summarized in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

FRAUD WARNING-DISABILITY COVERAGE ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You have received both Part A and Part B of the certificate.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature Date	Borrower 2 Signature Date
X	**X**

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LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE APPLICATION
AND CERTIFICATE (PART A)**

SCHEDULE OF CREDIT INSURANCE

Credit Union/Primary Beneficiary	Group Policy Contract No.
Educational & Governmental EFCU	031-0047-3

Borrower 1 Name and Address	Email Address
	Birth Date

Borrower 2 Name and Address	Email Address
	Birth Date

Account No./Loan No.	Secondary Beneficiary

☐ **Closed-End**   Estimated Insurance Charge   Term of Loan _____ months

Life $ _____
Disability $ _____

If the Term of Loan is longer than the Maximum Term of Insurance, this insurance will not cover the entire term of Your Loan.

☐ **Open-End**   Rate(s) per $1000 of Your monthly Loan balance

Single Life $ 0.69	Joint Life $ 1.10	Single Disability $ 2.30	Joint Disability $ 4.38

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Who do You want covered by life insurance?
Check only one:

☐ Only borrower 1 (single)   ☐ Both borrowers (joint)
N/A Only borrower 2 (single)   ☐ Neither borrower

Disability Insurance
Who do You want covered by disability insurance?
Check only one:

☐ Only borrower 1 (single)   ☐ Both borrowers (joint)
N/A Only borrower 2 (single)   ☐ Neither borrower

Waiting Period   Benefits Begin
14 days   Retroactive

Applicable Maximums

	Life	Disability
Maximum Monthly Disability Benefit	N/A	Unlimited
Total Benefit Maximum	$30,000.00	$30,000.00
Maximum Issue Age	Unlimited	Unlimited
TERMINATION AGE	Unlimited	Unlimited
Maximum Eligible Loan Term*(in months)	240	120
Maximum Term of Insurance*(in months)	240	120

*Closed-End Only

CI-MP-SCH-OECE NY

ELIGIBILITY REQUIREMENTS:
You are eligible for this insurance if You satisfactorily answer the Evidence of Insurability Question(s) below, and You have not attained the Maximum Issue Age provided in the Schedule as of the date You sign this application. 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.

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INSTRUCTIONS:

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Actively at Work Question   **Mark as appropriate**

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If You answered "No" to the Actively at Work Question, You are not eligible for disability insurance.

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In the past 3 years, have You been treated for, or told by a licensed physician that You have or had cancer, heart disease, a stroke, diabetes, lung disorder, kidney failure, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex?	Borrower 1 ☐ Yes ☐ No	Borrower 2 ☐ Yes ☐ No

If You answered "Yes" to Health Question 1, You are not eligible for life or disability insurance.

Health Question 2   **Mark as appropriate**

In the past 3 years, have You been treated by a licensed physician for alcohol or drug use, a back disorder, or any mental or nervous disorder?	Borrower 1 ☐ Yes ☐ No	Borrower 2 ☐ Yes ☐ No

If You answered "Yes" to Health Question 2, 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, including a Pre-Existing Condition exclusion, 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.**
- **If a balloon payment is part of Your Loan (a payment that is larger than the other scheduled payments and is scheduled to be paid at the end of the Loan), that payment is not covered under Your disability insurance.**
- 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 summarized in both Part A and Part B of the certificate.
- There is a charge for this insurance, which the Credit Union will add to Your Loan each month and which will be subject to finance charges like the rest of Your Loan balance. The rate You are charged for this insurance is subject to change.

FRAUD WARNING-DISABILITY COVERAGE ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

Your signature below means: that You have read and understand the notices provided above, that all of the information provided in the application is true and correct, and if You are electing insurance, it means that You are representing that You meet the eligibility requirements shown above and that You have received both Part A and Part B of the certificate.

Be sure that the insurance election made above reflects the coverage You want to apply for before You sign. If You have not elected coverage, signing below means that You recognize that You will have no credit insurance.

Borrower 1 Signature Date	Borrower 2 Signature Date
X	**X**

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**MONTHLY PREMIUM
OPEN-END AND CLOSED-END
LIFE AND DISABILITY (SINGLE OR JOINT)
CREDIT INSURANCE CERTIFICATE
(PART B)**

Borrower 1 Name	Account No./Loan No.
Borrower 2 Name	

This certificate summarizes the terms and conditions of coverage for credit life insurance ("life insurance") and credit disability insurance ("disability insurance") as provided in the group credit insurance policy ("group policy") issued to the Credit Union, which is available for Your review at the Credit Union's main office location. **Nothing in that group policy invalidates or impairs any rights granted to You in this certificate.** If You meet the eligibility requirements provided on the Credit Insurance Application and Certificate (Part A), You apply for this insurance, and You agree to pay the insurance charges, You are insured for the coverage marked in the Schedule, subject to the terms of the group policy. This certificate does not provide coverage for You unless You are insured. Words that are capitalized in this certificate are either defined terms that always have the meanings explained in the Definitions section below, or they are references to terms provided in the Schedule and have the meanings or values stated in the Schedule.

GENERAL PROVISIONS

What is the insurance contract? The group policy issued to the Credit Union, the application on which it is based, Your individual application for this insurance, the Schedule, and any endorsements, riders and amendments to the group policy make up the entire contract. The group policy may be amended.

When and to whom are benefit payments made? We will pay any benefits You are owed under Your life or disability insurance to the Credit Union to reduce or pay off Your outstanding Loan balance. A benefit will be paid after We determine that You are owed a benefit according to the terms and conditions of this insurance. If You are owed disability benefits under the terms of this insurance for a continuous period of Total Disability that lasts longer than one month, benefit payments will be paid monthly. If the benefits are more than the balance of Your Loan, We will pay the difference to the Credit Union to pay to You if You are living or to the secondary beneficiary named by You, if any, or to Your estate.

Does this insurance affect or change Your Loan obligation? This insurance does not affect, alter, relieve, or otherwise modify Your obligations under Your Loan agreement with the Credit Union. Whether or not You have made a claim for benefits, You remain obligated to the Credit Union to comply with the terms of Your Loan agreement.

How are insurance charges charged to You? Insurance charges will be added to Your Loan balance each month and will be subject to finance charges at the interest rate applicable to the Loan. Your insurance charge is determined by applying the appropriate insurance rate to Your outstanding Loan balance up to the Total Benefit Maximum for life insurance or for disability insurance, depending on the coverage You elected. The monthly insurance charge may change while Your insurance is in effect if the insurance rate changes or if Your coverage changes.

What if Your Loan is refinanced? If Your Loan is refinanced or converted from an open-end Loan to a closed-end Loan, the Effective Date of Insurance with respect to the Loan amount that existed at the time of the refinancing or conversion will remain the original Effective Date of Insurance. However, the Effective Date of Insurance for any new amount added to the Loan balance will be the date that new Loan amount is funded or disbursed. If Your Loan is refinanced or converted during a period of Total Disability, the refinancing or conversion will not change Our benefit obligations.

What if You are issued insurance when You are over the Maximum Issue Age? If Your age was stated correctly on the application and You had already attained the Maximum Issue Age and insurance was therefore issued in error, We may terminate this insurance and return any insurance charges, provided this insurance is terminated prior to You incurring a payable claim. If Your age was misstated on the application and insurance would not have been issued at Your correct age, We may terminate this insurance at any time and return all insurance charges, provided this insurance is terminated prior to You incurring a payable claim. If We discover that Your age was misstated but We do not terminate this insurance, We will use Your correct age for all purposes including determining what benefits You are entitled to, and insurance and benefit termination dates. If joint coverage is in effect and We terminate this insurance for only one borrower, insurance will continue on the eligible living borrower and We will return the difference in insurance charges between joint and single coverage.

What if We overpay benefits? If We pay more benefits than You are owed, You are obligated to return the overpayment to Us within 30 days of receipt of written notification of the overpayment from Us. We may seek to have the Credit Union return such overpayment on Your behalf.

Can Your insurance coverage be contested? We may contest the validity of this coverage at any time based on a failure to pay insurance charges. After Your certificate has been in force for two years during Your lifetime, no statement relating to insurability can be used to contest coverage or deny a claim, except that a fraudulent statement that is made by You in a written application may be used to contest disability insurance coverage or deny a disability claim at any time. All statements made by You shall be deemed representations and not warranties. No statement shall be used in any contest unless a signed copy of the instrument containing the statement is or has been furnished to You, or in the case of death to Your beneficiary or personal representative. If insurance is cancelled as a result of contestability, Our liability is limited to a return of any insurance charges paid.

When does Your insurance terminate? This insurance will automatically terminate for all borrowers on the earliest of: (a) the date Your Loan is paid off by any means (for closed-end Loans only); (b) the date the Maximum Term of Insurance, as stated in the Schedule, has elapsed (for closed-end Loans only); (c) the last day of the month in which Your Loan is 90 days delinquent or past due; (d) the date You are no longer obligated to repay the Loan to the Credit Union; or (e) the last day of the month during which the group policy is terminated. This insurance will automatically terminate for each borrower individually on the earliest of: (1) the date We or the Credit Union receive Your written request to terminate the insurance or on a date that You select that is after the date on which We or the Credit Union receive Your written request (termination by Your request will not affect any valid claim arising before termination); (2) the date of Your death; or (3) the last day of the month during which You reach the Termination Age stated in the Schedule. Life and disability insurance may have different Termination Ages or Maximum Terms of Insurance which means one may terminate but the other continues. If joint coverage is in effect and insurance terminates for only one borrower, insurance will continue for the eligible living borrower until that borrower's insurance terminates as provided in this section. However, life insurance terminates for both borrowers after a life insurance benefit has been paid. We will return any insurance charges paid after the date insurance terminates (if You have joint coverage and only one borrower's insurance terminates, We will return only the difference in paid insurance charges between joint and single coverage).

What if the group policy terminates? If the group policy is terminated for any reason, Your insurance will terminate on the last day of the month during which the group policy is terminated. You will receive written notice at least 31 days prior to insurance terminating.

What if this certificate does not conform to state law? Any provisions of this certificate which, on the Effective Date of Insurance, are in conflict with the laws of the state in which it has been issued, are changed to conform to the minimum standards of those laws.

What are the deadlines for legal action against Us or the Credit Union? You cannot start any legal action against Us or the Credit Union until 60 days after We receive proof of Your Total Disability, and You cannot start any legal action against Us or the Credit Union more than 2 years from the date Your disability claim is first denied or Your benefits are discontinued, whichever is later.

LIFE INSURANCE

What is the life insurance benefit? The life insurance benefit is the lesser of: (a) the Total Benefit Maximum for life insurance as shown in the Schedule; or (b) the unpaid balance of Your Loan as of the date of Your death (including any Advances received by You but recorded by the Credit Union after the date of Your death), less any Advances excluded from benefit payments under the terms of this insurance, and up to 180 days of unpaid accrued interest after the date of Your death.

What does life insurance cover? We will pay a life insurance benefit if You die while You are insured and all other terms and conditions of this insurance are satisfied. If You have joint life coverage, We will pay a life insurance benefit for the death of either insured borrower, but We will pay only one life insurance benefit even if both borrowers die.

What events or Advances are excluded from benefit payments? We will not pay benefits to cover an Advance if Your death: (a) is a result of suicide within 6 months after the Effective Date of Insurance on the Advance; or (b) occurs within 6 months after the Effective Date of Insurance on the Advance and results directly or indirectly from a Pre-Existing Condition. If Your death occurs more than 6 months after the Effective Date of Insurance it will not be excluded from benefit payments based on the Pre-Existing Condition exclusion. If an Advance is excluded from benefit payments based on this section because Your death is a result of suicide, We will return any life insurance charges paid that are attributable to that Advance (if You have joint coverage, We will return only the difference in paid insurance charges between joint and single coverage).

What proof is required to make a claim for life insurance benefits? We must receive a certified copy of the death certificate (or other lawful evidence). We may also request relevant medical records and a copy of Your application for this insurance (We will only request these records in the event they are necessary in the review of Your claim).

DISABILITY INSURANCE

How do You qualify for disability benefits? You qualify for disability benefits if: (a) You first meet the definition of Total Disability while You are insured; (b) Your Total Disability lasts longer than the Waiting Period shown in the Schedule; (c) You are not earning an average monthly income from any work (including a combination of jobs) that is equal to 80% or more of the average monthly income You were receiving from work (including a combination of jobs) in the 12 months just prior to Your Total

Disability; and (d) all other terms and conditions of this insurance are satisfied. If You have joint disability coverage, each borrower must qualify for benefits independently of the other borrower.

What if Your disabling condition recurs? If Your disabling condition recurs within 7 calendar days after You have recovered from Your most recent period of Total Disability, We will consider it a continuation of that period of Total Disability and no new Waiting Period will apply. If the disabling condition recurs more than 7 calendar days after You have recovered, We will consider it a new period of Total Disability and You will have to qualify for disability benefits again. If Your Total Disability is based on a new disabling condition, We will consider it a new period of Total Disability. You have "recovered" for purposes of this insurance if either: (a) You are capable of performing all of the essential functions of the occupation You had at the time Your most recent period of Total Disability started; or (b) if unemployed at the start of Your Total Disability, You are able to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience.

What disabilities or Advances are excluded from benefit payments? We will not pay benefits to cover an Advance if Your Total Disability results directly or indirectly from a Pre-Existing Condition and Your Total Disability starts within 6 months after the Effective Date of Insurance on the Advance. For open-end Loans, the Pre-Existing Condition exclusion is limited to the amount of Advance(s) subject to the exclusion, less the total payments made on Your Loan since the date of the earliest excluded Advance that were greater than the minimum payment due on Your Loan when the payments were made. An Advance will not be excluded from benefit payments under the Pre-Existing Condition exclusion if Your Total Disability starts more than 6 months after the Effective Date of Insurance on that Advance.

What do We pay? For each full month during which You qualify for benefits, We will pay as a monthly disability benefit the lesser of: (a) the minimum monthly Loan payment required for Your Loan as of the date Your Total Disability started (less any amount of that Loan payment attributable to Advances excluded from benefit payments under the terms of this insurance); or (b) the Maximum Monthly Disability Benefit shown in the Schedule. For periods less than a full month, We will pay an amount equal to 1/30th of the monthly disability benefit for each day You qualify for benefits. If Your Loan is not scheduled for monthly Loan payments, We will calculate Your monthly disability benefit by converting Your scheduled Loan payments to a monthly Loan payment equivalent. If Your monthly disability benefit payment, as determined under this section, is less than Your required monthly Loan payment, or monthly Loan payment equivalent, You are responsible to pay the difference owed to the Credit Union. Your monthly disability benefit is determined at the start of Your Total Disability and will not change during that period of Total Disability even if the required monthly Loan payment changes. If You have joint disability insurance, We will pay only one monthly disability benefit even if both of You are disabled.

What do We not pay? We will not pay benefits to cover late fees, unscheduled or additional finance charges, balloon payments, Advances excluded from benefit payments under the terms of this insurance, or any money added to the principal balance of Your Loan after the date Your Total Disability starts, even if any of those amounts are incurred while a claim is being reviewed. Payment of those amounts will always remain solely Your responsibility.

How do We calculate the start date for Your benefit payments? If the Schedule states that Your benefits begin retroactively, Your benefits will be calculated from the first day of Your Total Disability. If the Schedule states that Your benefits begin non-retroactively, Your benefits will be calculated from the day after the Waiting Period stated in the Schedule. In any case, You must meet the definition of Total Disability for longer than the Waiting Period to qualify for benefits.

When do Your benefit payments stop? Your disability benefit payments will stop when any of the following conditions are met: (a) You no longer meet the definition of Total Disability; (b) Your Loan balance (as of the date Your Total Disability started, less any Advances excluded from benefit payments under the terms of this insurance) has been paid in full by any means; (c) the date is reached when Your Loan balance (as of the date Your Total Disability started, less any Advances excluded from benefit payments under the terms of this insurance) should have been paid in full had the required Loan payments been made on time and in accordance with the terms of the Loan agreement, and the interest rate and Loan payment requirements in place on the date Your Total Disability started; (d) this insurance terminates because the Maximum Term of Insurance has elapsed (for closed-end Loans only); (e) You are no longer obligated to repay the Loan to the Credit Union; (f) disability benefits have been paid equal to the Total Benefit Maximum for disability insurance as provided on the Schedule; (g) You fail to provide the required proof of Your Total Disability; or (h) You are deceased.

What proof do You need to provide to make a claim for disability benefits? You must provide Us proof of Your Total Disability. We may request from the Credit Union a copy of Your Loan records, and Your application for this insurance. We may also request relevant medical records, and relevant employment and income records (We will only request these records in the event they are necessary in the review of Your claim). Your proof of Total Disability must contain the date and the cause of Your Total Disability, a statement about the seriousness of the disability and a signature of a treating physician other than You or an immediate family member. Claim forms will be available from the Credit Union or, upon request, will be provided by Us. Upon request, You will be required to provide proof of continued Total Disability from time to time, including additional medical proof signed by a treating physician other than You or an immediate family member.

Can We require a physical or vocational examination? We may require You to participate in an independent medical examination, transferable skills analysis, or other examination or analysis as often as reasonably necessary in order to obtain the proof We require to determine if You qualify for disability benefits. We will pay the cost of any such examination or analysis.

What are the deadlines for providing proof of Total Disability? You are required to provide Us proof of Total Disability as soon as possible and no later than 15 months from the date Your Total Disability ends. If We request proof of continued Total Disability, You will be required to provide such proof as soon as possible and no later than 15 months from the date of Our first request for such proof. We will not accept proof of Total Disability that is provided after the period in which it is required to be provided, unless You were legally incapable of providing the proof. Regardless of the deadlines for providing proof, if We do not receive requested proof of continued Total Disability, We may suspend or stop benefit payments until the required proof is received.

DEFINITIONS

Advance. Under an open-end lending agreement, an "Advance" means each disbursement of money on a Loan by the Credit Union to You at Your direction or request. Under a closed-end agreement, an "Advance" means the disbursement that funds Your Loan.

The Credit Union. The "Credit Union" means the creditor that issued the Loan as shown in the Schedule and that is the group policyholder of this insurance.

Effective Date of Insurance. The "Effective Date of Insurance" is the later of: (a) the date of an Advance; or (b) the date the application for this insurance is signed (if joint coverage is in effect, the date of the last signing). Each Advance will have its own Effective Date of Insurance.

Loan. A "Loan" means the money lent to You by the Credit Union under a lending agreement, for which You have elected this insurance and have agreed to pay insurance charges.

Pre-Existing Condition. A "Pre-Existing Condition" is an illness, disease, or medical condition for which You received medical advice, consultation, or treatment (exclusive of acute infectious diseases of the upper respiratory tract and other diseases generally considered medically as not adversely affecting future health) within the 6 month period immediately prior to the Effective Date of Insurance.

Schedule. The "Schedule" means the "Schedule of Credit Insurance" that is attached to or part of Your "Credit Insurance Application and Certificate (Part A)." The terms and provisions in the Schedule have the same meaning when used in the Schedule or in this certificate.

Total Disability. During the first 12 consecutive months of disability, "Total Disability" means You are unable, because of a medically determined sickness or accidental injury, to perform all of the essential functions of Your occupation at the time Your disability starts. After the first 12 consecutive months of disability, the definition of "Total Disability" changes to mean You are unable, because of a medically determined sickness or accidental injury, to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience. If You are no longer employed when Your disability starts, "Total Disability" always means You are unable, because of a medically determined sickness or accidental injury, to perform the essential functions required of any occupation for which You are reasonably qualified by education, training or experience.

We, Us and Our. "We", "Us", and "Our" mean CMFG Life Insurance Company.

You and Your. "You" and "Your" mean the borrower, and, if joint coverage is elected, "You" and "Your" also mean both borrowers on the Loan.