

- is a result of normal pregnancy; or
- is a result of an intentionally self-inflicted injury.

WHEN INSURANCE STOPS

This insurance stops on the earliest of the following dates:

- the last day of the month in which we receive your written request to stop the insurance; or
- the last day of the month in which you withdraw your authorization for the addition of charges for the insurance to your loan; or
- the date your loan stops; or
- the last day of the month in which you reach the age for insurance termination; or
- the date the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
- the last day of the month in which the credit union stops charging you an insurance charge due to delinquency, but only if you are at least three (3) months delinquent in any payment on your loan; or
- the date the group policy stops; or
- the date the credit union transfers servicing of your loan to another creditor, but not before you receive notice of the transfer; or
- the date of your death.

WHAT THE CONTRACT IS AND HOW YOUR STATEMENTS AFFECT IT

The group policy, the application for the group policy, this certificate, including any endorsements, riders and amendments, and the member's enrollment form and schedule are the complete contract of insurance. The contract may be changed by us at any time. However, the credit union cannot change this contract, waive any of its terms or make promises that will be binding on us.

All statements made by you are considered to have been made to the best of your knowledge and belief. No statement made by you with respect to your insurability can be used to void this insurance or deny a claim unless it is signed by you.

No statement made by you relative to your insurability can be used to void this insurance or deny a claim after your insurance, with respect to which the statement was made, has been in force prior to the contest for a period of two (2) years during your lifetime.

If you stated in your enrollment form that you are older than the age for insurance eligibility, or if insurance is issued over the maximum amount, we will return the insurance charge for the insurance issued in error if no otherwise payable claim has been submitted to us. Return of the insurance charge will not prejudice an otherwise payable claim that arises in or prior to the month the insurance charge is returned.

HOW TO FILE A LIFE CLAIM

The credit union must give us the following as proof of a life insurance claim: a claim report; a copy of your loan records; a copy of your certificate of insurance and enrollment form; and a certified copy of the death certificate (or other lawful evidence).

HOW TO FILE A TOTAL DISABILITY CLAIM

We will supply the credit union with claim forms or we will send one to the credit union within 15 days after being informed of a claim. You must contact us or your credit union about your 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. 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.

NOTE: This Enrollment (Application)/ Certificate describes the insurance option(s) available at your credit union. Claims will be processed based on the insurance coverage you previously selected on your credit union's (original) copy of your enrollment for insurance.

BORROWER COPY
IMPORTANT — RETAIN FOR YOUR RECORDS

**MEMBER'S
CHOICE™
PAYMENT
PROTECTION
INSURANCE
CERTIFICATE
FOR
CREDIT CARDS**



CUNA Mutual Insurance Society

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



**SPIRIT OF ALASKA
FEDERAL CREDIT UNION**

1417 Gillam Way
Fairbanks, AK 99701
Ph: 907-459-5970 Fax: 907-459-5986

CREDIT INSURANCE INFORMATION/SCHEDULE

"You" or "your" means a person who is borrowing from the credit union. A co-signer or guarantor is not eligible for coverage.

Credit insurance is **voluntary and not required in order to obtain this loan**. You may select any insurer of your choice. You can get this insurance only if you are eligible for the coverage. If you have other insurance that covers the risk, you may not want or need credit insurance. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing.

NOTE: THE INSURANCE CONTAINS CERTAIN MAXIMUMS, INCLUDING AN AGE MAXIMUM. THE INSURANCE ALSO CONTAINS CERTAIN BENEFIT EXCLUSIONS, INCLUDING A PRE-EXISTING CONDITION EXCLUSION.

PLEASE REFER TO YOUR CERTIFICATE FOR DETAILS OF YOUR COVERAGE.

YOU ELECT THE FOLLOWING INSURANCE COVERAGE(S)

Credit Disability

For Borrower #1 YES NO *or*
 Borrower #2 YES NO **Check Only One**

Credit Life

For Borrower #1 YES NO
 Borrower #2 YES NO

MONTHLY COST PER \$100 OF YOUR INSURED LOAN BALANCE

Single Credit Disability	\$.102
Single Credit Life	\$.067
Joint Credit Life	\$.106

MAXIMUMS	DISABILITY	LIFE
Max. Monthly Disability Benefit	\$ 600	N/A
Max. Insurable Balance per Loan Account	\$30,000	\$30,000
Age for Insurance Eligibility	Less than 66	Less than 70
Max. Number of Monthly Disability Benefit Payments per Disability	120 Mos.	N/A
Age for Insurance Termination	66	70

WAITING PERIOD: If you are totally disabled for more than 30 days, then the disability benefit will begin with the 31st day of disability.

The credit union will add the charges for insurance to your loan each month. You will be insured only for advances actually received by you, not for any unused credit which may be available. You understand that the insurance coverage is subject to the maximums, including the age for insurance termination shown above.



CUNA Mutual Insurance Society

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

CERTIFICATE OF INSURANCE CREDIT LIFE/CREDIT DISABILITY MONTHLY PREMIUM

Within 30 days after you receive this certificate, you have the right to return the certificate to the credit union for cancellation and any insurance charge paid by you for coverage under this certificate will be immediately returned.

We certify that if we have been paid the insurance charge shown in the schedule, you are insured for the coverage marked in the schedule, subject to the terms of the group policy issued to the credit union.

WHO IS INSURED AND WHEN INSURANCE STARTS

Credit Life. If your credit union offers credit life insurance, you are eligible if you have a loan with the credit union that falls within the credit union's insured class(es) of loan(s) and you meet the age for insurance eligibility on the loan date.

Credit Disability. If your credit union offers credit disability insurance, you are eligible if you have a loan with the credit union that falls within the credit union's insured class(es) of loan(s), and you meet the age for insurance eligibility on the loan date, and you are actively at work and regularly performing all of the usual duties of a gainful occupation at least 25 hours a week on the date you initially enroll for the insurance.

Loan date means the date an advance is paid and a debt is created.

Advance means proceeds disbursed by the credit union to you, or to a third party at your direction, under a closed end loan or an open end lending agreement.

We may require you to provide satisfactory evidence of insurability before your insurance becomes effective.

If you request insurance within 30 days after the initial loan date, insurance will start on the loan date.

If you request insurance later than 30 days after the initial loan date, insurance will start on the date the evidence of insurability is approved.

Each advance will be treated as a separate loan. Insurance will start on the date of each advance only if you meet the eligibility requirements applicable on the date of the advance. (Note: the actively at work requirement applies only to disability insurance and only on the date of initial enrollment.)

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 lesser of:

- the principal balance of your loan on the date of your death, plus not more than six (6) months unpaid interest on your loan from the date of your last payment to the date of your death; or
- the maximum amount of life insurance.

For Joint Life Insurance Coverage, only one (1) death benefit is payable under this certificate.

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 waiting 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 loan payment required on the date:

- you became disabled; or

- immediately prior to any advance(s) determined by us to be excluded due to the pre-existing condition exclusion or other credit disability insurance exclusion.

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 disability benefit shown in the schedule.

The insured portion of your loan is equal to the lesser of:

- the outstanding balance on the date of your disability less any excluded advance(s); and
- the maximum amount of loan insurable shown on the schedule.

For Joint Disability Insurance Coverage, only one (1) monthly disability benefit will be paid even if both insureds are totally disabled at the same time.

Our benefit payments will stop on the earliest of the following dates:

- the date you are not totally disabled any more; or
- the date the insured portion of your loan (plus interest and insurance charges accruing on the insured portion after the date of disability) has been repaid by benefits from this insurance; or
- the date the balance of your loan has been paid by a lump sum disability benefit under a credit life insurance policy; or
- the last day of the month in which you reach the age for insurance termination shown in the schedule; or
- the date on which the maximum number of monthly benefit payments shown in the schedule has been made; or
- the date 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 most of the 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 means that you are not able to perform the duties of any occupation for which you are reasonably qualified by education, training, or experience. You will be required to give us proof of your continuing total disability from time to time.

If your total disability recurs **within** seven (7) calendar days after you have recovered from that period of total disability and the recurrence is a result of the same condition, we will consider this a continuation of that period of total disability. However, if your total disability recurs **more than** seven (7) calendar days after you have recovered from that period of total disability, we will consider it a new period of total disability regardless of whether the recurrence is the result of the same condition or a new condition.

EXCLUSIONS AND RESTRICTIONS

The following Exclusions and Restrictions apply to each insured and separately to each advance.

Misstated Age. If you stated that you are within the age for insurance eligibility shown in the schedule, but are not, we will return your insurance charge when we discover this and will not pay any benefits. This applies to disability coverage as well as life coverage.

The following exclusion(s) apply to Credit Life Insurance Coverage.

Pre-Existing Conditions. We won't pay a claim for any advance on your loan or return your life insurance charge if you die within six (6) months after the effective date of insurance on the advance and death results from or is related to any disease or bodily injury for which you received medical advice, diagnosis, or treatment at any time during the six (6) months immediately preceding the effective date of insurance on the advance.

Suicide. We won't pay a claim for any advance on your loan if you commit suicide within 12 months after the effective date of insurance charge on the advance. We will, however, refund the life insurance charge on that advance.

The following exclusion(s) apply to Credit Disability Insurance Coverage.

Pre-Existing Conditions. We won't pay a claim for any advance on your loan or return your disability insurance charge if your total disability begins within six (6) months after the effective date of insurance on the advance and results from or is related to 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.

Other Credit Disability Insurance exclusions. We won't pay a claim for any advance on your loan or return your disability insurance charge if your total disability: