THE FAMILY CRITICAL ILLNESS PLAN
PRIMARY APPLICANT ENROLLMENT FORM

CUNA CARIBBEAN INSURANCE JAMAICA LTD.

SECTION 1: PRIMARY APPLICANT INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME

DATE OF BIRTH (dd/mm/yyyy) | GENDER (M / F) | TRN NO. | ID TYPE & NO.

MOBILE NO. | OTHER TELEPHONE NO. | EMAIL ADDRESS

ADDRESS

PARISH/ CITY/STATE | COUNTRY OF BIRTH | COUNTRY OF RESIDENCE

OCCUPATION | SOURCE OF FUNDS | ACCOUNT #

ADMINISTRATOR | BRANCH

ADDITIONAL DUE DILIGENCE AND TAX RESIDENCY INFORMATION

1. Are you, or any of your immediate family[1] members or close associates, currently or have been within the last five years, a PEP* either locally or internationally? Yes ☐ No ☐
2. Details of Associated PEP (If applicable) - If you have indicated that you are a PEP or are associated with one, please provide the following details: Yes ☐ No ☐
   a. Full Name of PEP:
   b. Job Title/Position of PEP:
   c. Nature of relationship to PEP (if not yourself):
3. Do you hold citizenship/ nationality/ residency status or are required to file taxes in another country/ countries: Yes ☐ No ☐
4. Have you granted a U.S. person the authority, under a power of attorney, or signatory Authority for this policy to individuals who are U.S. citizens/residents or holders of U.S. Address? Yes ☐ No ☐

If your answer is yes to questions 3 or 4 above, please complete the Tax Residency Self Certification form. If your answer is 'No', please sign the applicant's declaration below.

PRIMARY APPLICANT'S DECLARATION

I, _____ , declare that I am not a citizen or tax resident of any country other than those listed on this form or the Tax Residency Self-Certification Form. I shall inform CUNA Caribbean Insurance Jamaica Limited (CCIJ) no later than sixty (60) days of any changes to the information provided in this form. I understand that I may be required to submit additional documentation to verify my tax status before a policy can be issued.

Signature of Applicant: _____ Date: _____ (dd/mm/yyyy)

***PEP – Politically Exposed Persons refer to a prominent public function/position entrusted to individuals e.g. current or former Heads of State or of government, Ministers of Government, senior governmental, judicial, or military officials, senior executives of state-owned corporations, senior members of a political party.**

[1]Immediate family members include Spouse/Ex-spouse, parent, child/stepchild, sibling/half-sibling

NB: If you responded "Yes" to any of the questions above we will contact you to obtain additional information necessary to complete your application.

NB: A COPY OF YOUR PICTURE IDENTIFICATION (NATIONAL ID, DRIVERS PERMIT, PASSPORT), TRN, PROOF OF ADDRESS (E.G. UTILITY BILL OR BANK STATEMENT NOT OLDER THAN 3 MONTHS) AND THE FIRST MONTH'S PREMIUM MUST BE SUBMITTED WITH THIS APPLICATION. IF REQUIRED DOCUMENTS ARE NOT SUBMITTED, APPLICATION WILL BE PLACED ON HOLD AND NO COVERAGE WILL BE EFFECTED. WE MAY REQUEST ADDITIONAL DOCUMENTATION, IF NECESSARY, BEFORE ISSUING YOUR CERTIFICATE.

SECTION 2: PRIMARY APPLICANT MEDICAL QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you ever been diagnosed with?

Cancer	Yes ☐	No ☐	Heart Attack	Yes ☐	No ☐	Coma	Yes ☐	No ☐
Paralysis	Yes ☐	No ☐	Major Burns	Yes ☐	No ☐	Diabetes	Yes ☐	No ☐
HIV	Yes ☐	No ☐	Stroke	Yes ☐	No ☐	Heart Condition	Yes ☐	No ☐

2. Have you received, in the last 5 years, any medical attention, medical advice, surgical treatment or have been hospitalized? Yes ☐ No ☐

   If yes, please indicate the details _____

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SECTION 3: PRIMARY APPLICANT COVERAGE CHOICE

Age Bands (Years)	$500,000.00	$1,000,000.00	$1,500,000.00	$2,000,000.00	$2,500,000.00*	$3,000,000.00*
<35	$365.00 ☐	$730.00 ☐	$1,095.00 ☐	$1,460.00 ☐	$1,825.00 ☐	$2,190.00 ☐
35-44	$750.00 ☐	$1,500.00 ☐	$2,250.00 ☐	$3,000.00 ☐	$3,750.00 ☐	$4,500.00 ☐
45-54	$1,570.00 ☐	$3,140.00 ☐	$4,710.00 ☐	$6,280.00 ☐	$7,850.00 ☐	$9,420.00 ☐
55-59	$2,365.00 ☐	$4,730.00 ☐	$7,095.00 ☐	$9,460.00 ☐	$11,825.00 ☐	$14,190.00 ☐

***NB: THE PRIMARY APPLICANT CAN ONLY CHOOSE FROM THE FOUR (4) COVERAGE OPTIONS: $500,000 THROUGH TO $2,000,000 AT THE TIME OF INITIAL ENROLLMENT IN THE PLAN. AFTER INITIAL ENROLLMENT, THE PRIMARY APPLICANT MAY CHOOSE TO PURCHASE AN ADDITIONAL COVERAGE AMOUNT, FROM AMONG ALL SIX (6) COVERAGE BENEFIT OPTIONS, FOR HIMSELF AND EACH SUBSIDIARY INSURED.**

SECTION 4: DESIGNATION OF BENEFICIARY

I hereby designate the following person as my Beneficiary for the Family Critical Illness Plan. My designated Beneficiary, if living shall be the only person authorized to complete a claim form for me as the Primary Insured in the event that I am medically incapable of doing so upon certification by my attending specialist doctor, to collect on my behalf any and all sums of money, herein called the 'BENEFIT' payable to me under and by virtue of the terms and Conditions of the Family Critical Illness Plan.

This designation replaces any earlier designation. I hereby reserve the right to change the Beneficiary herein designated. If the designated Beneficiary precedes me in death, or I do not designate a Beneficiary, the above payments will be paid in accordance with the priority stated in the Designation of Authorization the Policy.

FIRST NAME _____ LAST NAME _____

AGE _____ RELATIONSHIP _____ CONTACT NO. _____

ADDRESS _____

Proportion: ☐ 100% ☐ Other ☐

If under 18, Please indicate Trustee's Name _____

I hereby authorize any physician or medical professional having information with respect to my physical or mental condition to furnish such information to CUNA Caribbean Insurance Jamaica Limited or its representative.

Signature of Primary Applicant : _____ Date: _____
dd/mm/yyyy

If you wish to add additional beneficiaries, please complete a Designation of Beneficiary Form.

ABOUT THE FAMILY CRITICAL ILLNESS PLAN

Your Family Critical Illness Plan benefits:

- The monthly premium payable for all Insured Persons is based on the issue age and the selected coverage limit.
- The maximum enrolment age for adults is 59 years up to and including day before the 60th birthday and 25 years in the case of the dependent children.
- Termination age is 26 years for the Primary Insured's unmarried children who are not permanently disabled and 75 years for all other Insured Persons.
- The premium amount payable for each coverage amount applied for remains the same for that coverage amount throughout the lifetime of the certificate for each Insured Person.**
- We will pay the total living Benefit to the Primary Insured for all Insured Persons.
- Benefits under this Policy are not payable if the diagnosis of a covered Critical Illness results either directly or indirectly from AIDS or HIV virus during the five years of continuous coverage immediately following the effective date of enrolment and subject to the definition of cancer as stated in the Policy contract.
- We will not pay a benefit if an Insured Person is diagnosed with a Critical Illness caused either directly from any disease, health condition or bodily injury for which the Insured Person received medical advice, consultation, diagnosis or treatment prior to the Effective Date of the Plan for the Insured Person and which disease, health condition or bodily injury was known to the Insured Person and/or the Primary Insured and was not fully and truthfully disclosed to us prior to the Effective Date of coverage.

**Premium rates are subject to change. All Benefits and Provisions are subject to the Terms and Conditions of the Policy which is available at your institution. Insurance coverage is subject to approval by CUNA Caribbean Insurance Jamaica Limited (CCIJ). Insurance coverage is not enforced until a certificate has been issued by CCIJ.

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TERMS AND CONDITIONS OF SERVICE

The Family Critical Illness Plan: No person(s) may be insured through more than one Family Critical Illness Plan Policy in accordance with the Non-Duplication of Coverage clause contained in the Policy. If a person is named under more than one Family Critical Illness Plan Policy, on the death of such a person, the Insurer shall only be liable to pay one claim.

PRIMARY APPLICANT'S DECLARATION:

I also understand that WHERE I HAVE APPLIED FOR COVERAGE UNDER THE FAMILY CRITICAL ILLNESS PLAN, that there will be a six-month waiting period for the benefit under this application. Further I understand that if a claim is made under the Family Critical Illness Plan and a diagnosis is confirmed during the six-month waiting period, no benefit will be payable for that Critical Illness, unless that critical illness was a direct result of an accident immediately following the effective date of the Insured's coverage.

I understand and certify that, to the best of my knowledge and belief, all statements contained in this application 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.

I agree that CUNA Caribbean Insurance Jamaica Limited may use all information contained in this application in order to augment and update its database, superseding all other information which CUNA Caribbean Insurance Jamaica Limited may have on record for me and my dependents in relation to any insurance product previously held with CUNA Caribbean Insurance Jamaica Limited.

DATA PROTECTION

CUNA Caribbean Insurance Jamaica Limited is committed to the protection of your Personal Data, as defined under applicable laws, which is collected, used and otherwise processed by us in accordance with the Data Protection Act, as outlined in our Privacy Notice, which can be obtained from our website at www.cunacaribbean.com or at any of our locations or at the offices of your administrators, insurance brokers or agent. We reserve the right to update our Privacy Notice from time to time and same shall be available to you in the manner previously mentioned. The consents that we require to process your data are outlined below. Please review them carefully and if you agree, place a tick in the appropriate boxes, and sign at the space provided in acknowledgement of your agreement. If you do NOT agree with the "Mandatory" consents required to process the information provided on this application, please do NOT submit this application and destroy it to ensure the protection of the personal information contained herein.

MANDATORY CONSENT TO PROCESS DATA:

I hereby give my explicit consent for the collection, processing, use, and sharing of my personal data, including but not limited to my health data , and to the collection, processing, use and sharing of the personal data, including but not limited to the health data, of my dependents (being a minor, mental health patient or anyone of whom I am otherwise a legal representative), as is necessary for and pertaining to my or my dependent's insurance coverage, evaluation, payment of benefits and other matters related thereto by CUNA Caribbean Insurance Jamaica Limited, and where applicable the Administrator, for the purpose of risk assessment, underwriting, servicing my certificate, claims processing, compliance with legislative obligations under any law and for purposes of fraud prevention. I understand that this includes sharing my personal data with the regulatory authorities, reinsurers, and other third parties as required by law, as necessary for the administering of my certificate or fraud prevention.

OPTIONAL CONSENT:

I agree to receive direct communication from CUNA via written notice, SMS, email, etc. in relation to other products and services which may be offered by the company. Yes ☐ No ☐

By signing this document, I confirm that I have read and understood the above information and provide consent where applicable.

Signature of Primary Applicant : _____ Date: _____
dd/mm/yyyy

FOR OFFICIAL USE ONLY. To be completed by the Administrator

Application taken by: _____
Please Print Name

Date _____
dd/mm/yyyy