

**The Family Critical Illness Plan
ADDITION OF INSURED(S) SUMMARY FORM**



Please complete IF ADDITIONAL INSURED(s) are being enrolled. Please attach to PRIMARY INSURED ENROLMENT FORM(s). Fill out the box below with all Insured Person(s) details:

Insured Person	Name	Premium Due
Certificate Holder		\$ _____
Additional Insured - 1		\$ _____
Additional Insured - 2		\$ _____
Additional Insured - 3		\$ _____
Additional Insured - 4		\$ _____
Additional Insured - 5		\$ _____
Total Premium Due:		\$ _____

Date Paid

D	D	M	M	Y	Y	Y	Y
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I understand and certify that to the best of my knowledge, all statements contained in the enrolment 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 may be null and void or may be adjusted based on true state of affairs. I hereby agree to receive notices and other information from CUNA Caribbean Insurance Society Limited (CCISL).

I have read and understood the above information. In confirmation of this, I have signed and dated below.

Member Applicant's Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Insurance Coverage is subject to approval by CCISL. Insurance Coverage is not enforced until a certificate has been issued by CCISL. The addition of Insured(s) form with the most current date supersedes any other submitted to CCISL.

CCI-FCIP-AOI-02181

A member of CUNA MUTUAL GROUP

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