## The Family Critical Illness Plan CERTIFICATE HOLDER'S ENROLMENT FORM



JAMAICA LTD.

Please write in BLOCK letters, mark all choice boxes with an 'X'. Applicant must complete all sections.

	oreviously had a Fa any person(s) who	•	s Plan certificate? n this certificate, en	rolled	on another	Family Critic	cal Ilines	YES [ ss Plan? YES [				
Last Name			Middle Nar	me T			First No	ame			<del></del>	
				Ш								
Proof of Age Su Organization	ubmitted: Birth Cert	ificate[] Passp	orf[] Sex:	: Ма		nale [ ] Membership 1		of Birth: M M	TRN	Y		
				П	TTT					]-[	-	
Residential Add	dress (Street)					City)						
											1	
(Country)			(Zip Code)			Proof c	of Addres	ss Submitted:     I	Jtility Bill Personalized	[ ] - Mail [ ]		
Mailling Addres	ss (If different from a	bove) (Street)				City)						1
(Country)			(Zip Code)			Ema	ail Addres	SS				
Telephone (Hon	ne)	(Work)	]_[		(Mob	ile)						
Please answer	the following quest	ions.						. Dell'error en et en		!	0-11	
1. Have you eve	er been treated or c	diagnosed with:				covered	l results eit	Policy are not po ther directly or inc	directly from A	IDS or HIV vi	rus during th	ne
Cancer [ Paralysis [	<ul><li>Heart Attack</li><li>Major Burns</li></ul>	[ ] Stro	L (3			five year enrolme		nuous coverage	immediately (	offer the eff	ective date	OT
HIV [	] Heart Condit	ion [ ] Dia	betes [ ]					benefit if an Insur				
	received, in the last surgical treatment o		medical attention o d?	or [	]	bodily in	jury for wh	ner directly or indi nich the Insured P	erson receive	d medical o	advice,	
	indicate the details					and which	ch disease	nosis or treatmer e, health conditio	on or bodily inj	ury being ki	nown to the	
								d/or the Certification or to the effective			a trutntully	
Benefit Information 1. The monthly		for the Insured Pers	on is based on the is	ssue c	ge and the	selected cov	verage li	mit.				
2. The maximu children.	ım enrollment age f	or adults is 59 year	s up to and including	g day	before the 6	60th birthday	and 25	years in the co	ise of the Ce	ertificate H	lolder's	
3. Termination	age is 26 years for t	he Certificate Holo	ler's unmarried child	ren wh	no are not pe	ermanently c	disabled	and 75 years f	or all other Ir	nsured Per	sons.	
<ol> <li>The premium Insured Person</li> </ol>		for each coverage	e amount applied fo	r remo	ains the sam	e for that cov	verage o	amount through	nout the litet	ime of the	e Plan for e	eacn
5. We will pay t			older for all Insured Pe									
	12.1							The second second second second				
	PIE	ase indicate the	THE RESERVE THE PARTY OF THE PA					E and COVER	RAGE LIMIT			
	Ple	ase indicate the	Covera	ige O		ificate Hold		E and COVER	RAGE LIMIT			
Age Band (Years)	\$500		Covera	ige O	ption - Cert Premium P	rificate Holo er Person			PAGE LIMIT	\$2,000,0	00	
			Covera Mo	ige O	ption - Cert Premium P	rificate Holo er Person	<b>der</b> \$1,500,0		RAGE LIMIT	\$2,000,0		.00
(Years)		1,000	Covera Mo	ige O onthly 0,000	ption - Ceri Premium P	rificate Holo er Person	\$1,500,0	000	RAGE LIMIT		3,000.	.00
(Years) <35 35-44 45-54		\$ 365.00 \$ 750.00 \$ 1,570.00	Covera Mo	properties of the second secon	730.00 1,500.00 3,140.00	rificate Holo er Person	\$1,500,0	\$ 1,095.00 \$ 2,250.00 \$ 4,710.00	RAGE LIMIT	Ş	3,000. 6,280.	.00
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\*\*Premium rates are subject to change. All Benefits and Provisions are subject to the Terms and Conditions of the Policy white Insurance Coverage is subject to Approval by CCIJ.
Insurance Coverage is not enforced until a certificate has been issued by CUNA Caribbean Insurance Jamaica Ltd. (CCIJ).

CCIJ-FCIP-CHE-08171