

(5) Pre-existing condition(s) for which the insured has received medical advice, consultation, or treatment prior to the effective date of insurance, and which were not fully and truthfully disclosed by the insured prior to the effective date of insurance.

(6) Physical/Bodily injury caused by external and violent means save, where the insured was an innocent victim.

(7) Nuclear reaction, radiation, or radioactive contamination.

Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex or infection by HIV virus: Insurance benefits are not payable if the diagnosis of a covered Critical Illness results either directly or indirectly from AIDS or HIV virus within five (5) years of the effective date of insurance for an insured person.

Non Duplication:

An Insured Person cannot be insured on more than one (1) Family Critical Illness Plan, underwritten by CUNA Caribbean Insurance Society Limited.

Pre-Existing Condition:

We will not pay a benefit if an Insured Person:

(a) is diagnosed with a Critical Illness caused either directly or indirectly by 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 or;
(b) had knowledge of a disease, health condition or; bodily injury and did not fully and truthfully disclosed to us prior to the Effective Date of coverage.

Misstated Age:

If the Insured misstated his/her age (whether fraudulently or otherwise) at the time of enrollment: (a) coverage shall be avoided if permissible by the laws of the country or; (b) coverage will be determined and entitlement, if any, adjusted based on the correct age or; (c) premiums refunded if applicable.

Beneficiary

Designation of Beneficiary Form

The primary insured must designate a person as beneficiary by completing the section “**Designation of Beneficiary**” on the Enrollment Form. This beneficiary may include but is not limited to a person who is eligible to be an insured person. The designation is revocable, and the primary insured may change the beneficiary by completing a new “Designation of Beneficiary”.

In the event that the Primary Insured has been deemed medically incapable by his attending specialist doctor, the Beneficiary (if living) named on the Enrollment Form is only authorized to:

(a) complete a claim form for and on behalf of the primary insured.

(b) collect the primary insured’s Benefit or refunded premiums on his behalf.

How to File A Claim?

The claim form must be accompanied by a detailed medical report signed by the attending specialist (qualified in the respective field) of the Insured Member who has suffered the Critical Illness and must be submitted to the Policyholder in the following order of priority, as applicable:

Who Can File A Claim?

a. The Primary Insured in respect of his own Critical Illness and for all other Insured Persons named in the Member Certificate.

b. The Beneficiary named under the Designation of Beneficiary on the Enrollment Form if the Primary Insured is diagnosed with a Critical Illness and is medically unable to complete the Claim Form.

c. The estate of the Primary Insured if the Primary Insured is diagnosed with and has died from a Critical Illness.

d. The Insured Person who has suffered a Critical illness if the Primary Insured is medically unable to complete the claim form.

e. The Insured Member named in the Primary Insured Member’s Certificate who has suffered a Critical Illness if the Primary Insured has died, and the Certificate continues in force.

f. The persons listed in the Designation of Authorization (in the stated order of priority) if the Primary Insured is diagnosed with a Critical Illness, has not designated a Beneficiary and the Primary Insured is medically unable to complete the claim form.

g. The persons listed in the Designation of Authorization (in the stated order of priority) where the Primary Insured has died, the Certificate continues in force and the Insured Member who has suffered the Critical Illness is medically unable to complete his claim form.

h. to the estate of the Insured Member who is diagnosed with and has died of the specified Critical Illness where the Primary Insured (who has affixed his signature to the enrollment form as the Primary Insured) has died and the Member Certificate continues in force.

Terms and Conditions apply

The insurance product described in this brochure is only a brief description of the coverage. For complete details, including limitations of the coverage, please refer to the Family Critical Illness Plan policy at your Policyholder.

The Family Critical Illness Plan
from  CUNA CARIBBEAN INSURANCE

SAFEGUARD
YOUR FAMILY’S
FINANCIAL FUTURE
from medical and
non-medical expenses
in the event of a
Critical Illness diagnosis.



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Sign up for the Family Critical Illness Plan today!

Should you have any queries, complaints or require further clarification and/or information, contact your Policyholder or call CUNA Caribbean Insurance at 628-CUNA (2862), message us via Whatsapp at 336-CUNA (2862) or email us at customerservices@cunacaribbean.com

www.cunacaribbean.com  

For All People

SIGN UP TODAY

FOR CRITICAL ILLNESS COVERAGE,
WHEN YOUR FAMILY NEEDS IT THE MOST.

www.cunacaribbean.com

For All People

The Family Critical Illness Plan

When a serious diagnosis strikes, there's nothing like the support of your loved ones. Add to that support the Family Critical Illness Plan which provides up to \$300,000 in critical illness coverage.

No medical examination is required when you sign up, which makes it easy for you and your family to get the insurance coverage you need.

Benefits and Special Features

- Take care of the ones you love! The Family Critical Illness Plan provides critical illness coverage for you and up to FIVE (5) of your eligible family members. This includes your spouse or significant other, a combination of up to two persons from your parents or parents-in-law or children ages one (1) through twenty-five(25).
- Access up to *\$300,000 (see plan options on next page) worth of coverage should you or any one of your covered family members become diagnosed with one of the six specified critical illnesses: **cancer, heart attack, stroke, paralysis, major burns and coma.**
- You or any eligible family member may enrol for coverage under the Family Critical Illness Plan up to age fifty-nine (59), including the day prior to their sixtieth (60th) birthday. Children may be enrolled during age one (1) through twenty-five (25).
- Permanently disabled children are covered up to age seventy-five (75) once enrolled after age one(1) but before age twenty-six (26). Proof of disability is required upon enrolment.
- Qualify easily for coverage with no medical examination required when you sign up!
- Receive benefits for your specified critical illness claim after a brief waiting period of six(6) months. You and your covered family members may receive benefits for a critical illness diagnosis resulting from an accident during the waiting period.
- You and your covered family members are each entitled to receive one lump sum benefit payment for the life of the plan.
- This plan is flexible and allows you to select coverage that is right for you and your family. You may chose coverage amounts for each covered family member that are less than or equal to your coverage amount.
- If the Plan is still in effect and no claim has been made in relation to an Insured Person, we will refund to the Policyholder 50% of premiums paid excluding any interest for that Insured Person upon him/her reaching age seventy-five (75) or in the case of the insured unmarried child who is not permanently disabled, when he/she marries or reaches 26 years of age (whichever occurs first).

Your Family Critical Illness Plan Premium:

- Your Family Critical Illness Plan premium is calculated based on the coverage amount chosen by you and the number of persons listed on your enrolment form for the duration of coverage.
- Premiums for each term of insurance is due and payable on or before the first (1st) day of the next calendar month following the effective date of coverage, and before the first day of each subsequent month.
- Premiums for each person covered under the Family Critical Illness Plan will be determined by their attained age and the coverage amount chosen at the time of enrolment.
- Premium amounts for additional coverage for each person will be determined by their age and coverage amount chosen at the time of enrolling for additional coverage.

*Plan options:

Choose from one of the four (4) plans (up to \$200,000) when you enrol, with the option to purchase additional coverage to the maximum of \$300,000, after the initial six-month waiting period.

Your monthly premium options:

Age Band (Yrs)	Plan A \$50,000	Plan B \$100,000	Plan C \$150,000	Plan D \$200,000	Plan E \$250,000 <small>(Available after the first six months)</small>
<35	\$36.50	\$73.00	\$109.50	\$146.00	\$182.50
35-44	\$75.00	\$150.00	\$225.00	\$300.00	\$375.00
45-54	\$157.00	\$314.00	\$471.00	\$628.00	\$785.00
55-59	\$236.50	\$473.00	\$709.50	\$946.00	\$1,182.50

Your eligible family members' monthly premium options:

Age Band (Yrs)	Plan A \$50,000	Plan B \$100,000	Plan C \$150,000	Plan D \$200,000	Plan E \$250,000 <small>(Available after the first six months)</small>
<35	\$32.85	\$65.70	\$98.55	\$131.40	\$164.25
35-44	\$67.50	\$135.00	\$202.50	\$270.00	\$337.50
45-54	\$141.30	\$282.60	\$423.90	\$565.20	\$706.50
55-59	\$212.85	\$425.70	\$638.55	\$851.40	\$1,064.25

Your insurance coverage must be equal to or higher than the coverage amounts selected for your eligible family members.

Premium Rate Adjustments

Premium rates are based upon the experience of this product and shall be reviewed annually and may be changed no more than once a year. If We change the premium rate, We will advise you in writing of such change.

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Premium Deductions

If the Insured Person is diagnosed with a Critical Illness while insured under the Policy and a premium payment is due but not yet paid, that premium will be deducted from the Critical Illness benefit amount.

If an Insured Person reaches age seventy-five (75) or in the case of the Primary Insured's unmarried child who is not permanently disabled, when he/she marries or reaches twenty-six (26) years of age, and a premium payment in relation to that person is due but not yet paid, that Total Premium Due will be deducted from any sums to be refunded for that Insured Person subject to the Refund provision.

Automatic Termination: Individual insurance coverage under the Family Critical Illness Plan will automatically terminate for an insured person upon the occurrence of any of the following, whichever occurs first:

- Upon receipt of a written request to terminate coverage made by you or any of your covered family members who are over the age of the age of eighteen (18) years.

- After you or any of your covered family members have been paid a Family Critical Illness Plan benefit.

- When a dependent child who is not permanently disabled and is covered under your Family Critical Illness Plan marries or reaches the age of 26 years, whichever occurs first.

- When all covered Insured persons reach age seventy-five (75).

- Once you or any of your covered family members die.

Other Termination: CUNA Caribbean Insurance Society Limited will terminate coverage under the Family Critical Illness Plan upon the occurrence of any of the following:

- If your Policyholder terminates the Group Policy contract. In this case coverage for all family members will terminate.

- You have ceased being a customer and are no longer considered a member of the Policyholder. In this case coverage for all family members will terminate.

- You have not paid premiums for more than thirty-one (31) days. In this case coverage for all family members will terminate.

What We Will Not Pay

Insurance benefits are not payable if the diagnosis of a Critical Illness covered by this Plan results either directly or indirectly from the following:

- (1) Willful self-inflicted injury or illness.
- (2) Willful misuse or abuse of drugs and/or alcohol.
- (3) Committing or attempting to commit a crime or any involvement in criminal activity.
- (4) Willful ingestion of poisonous substances or willful inhalation of poisonous gases or vapors.