



HomePlus® Coverage Details

HomePlus® Mortgage Payment Protection is a mortgage (debt) related insurance product designed to pay a guaranteed benefit in the event of an insured debtor's death or terminal illness. This mortgage life insurance plan is available on a single or joint coverage basis.

Features

- Maximum benefit is \$500,000.
- Premiums remain level over time and are based on customer's age and loan balance at time of application.
- Monthly premium payments will be collected by Electronic Funds Transfer (EFT).
- Partial coverage is available (minimum benefit is \$25,000).
- Tobacco/nicotine and non-tobacco/non-nicotine rates available.
- \$10,000 of Accidental Death coverage at no cost for the first 12 months of life coverage, upon underwriting approval for life coverage.
- Second person is insurable for only half the cost of the first (tobacco/nicotine rates applied if either party uses tobacco/nicotine).

Eligibility

- To qualify for this plan, the insured must be under age 65 at the time of application and either a signee on the mortgage loan or the spouse of someone signed on the mortgage loan.
- An eligible loan is a mortgage loan on a primary dwelling with an amortization equal to or greater than 5 years.

Length of Coverage

Once approved, coverage may be continued for the term of the mortgage loan, regardless of age, as long as premiums are paid. Coverage is portable and can remain in force even if the loan is refinanced or sold as long as premiums are paid.

- The plan does not cover suicide during the first two years of the effective date of coverage.
- Accidental Death Benefit is subject to exclusions set in policy rider. For additional details, please call 800.720.1728.

Exclusions

See rate calculator at TDECUinsurance.org.

Premium Rates

There are 5 health and life activity questions at the time of application. Underwriters will review the application to determine if a medical exam will be required.

Underwriting Requirements

The information contained in this overview is a summary of the plan benefits. Actual plan benefits are determined by the plan document (certificate, policy, contract, etc.).

This insurance plan is underwritten by Minnesota Life Insurance Company, a member company of Securian Financial Group. Minnesota Life is highly rated by the major independent rating agencies that analyze the financial soundness and claims-paying ability of insurance companies. For more information about the rating agencies and to see where Minnesota Life's rating ranks relative to other ratings, please see our web site at minnesotalife.com/financials. Coverage is offered under policy form series MHC-98-156201, MHC-98-15618 and MHC-98-15614 and any variation thereof.

“Make sure that your loss doesn't lead to another—the loss of your family's home.”

Your biggest asset is your family's home. That's why we offer HomePlus® Mortgage Life Insurance. In the event of an insured member's death, this policy will pay off or substantially reduce the insured's mortgage loan.



The unexpected. You can't predict it, but you can prepare for it. TDECU Insurance Agency, LLC offers protection for you and your family against costly financial surprises.

PHONE 888.833.7358 | FAX 866.613.7716
TDECUINSURANCE.ORG



“Protect your greatest asset—your home.”



HOMEPLUS® MORTGAGE LIFE INSURANCE



TDECU INSURANCE AGENCY, LLC



TDECU Insurance Agency, LLC is a wholly-owned subsidiary of Texas Dow Employees Credit Union. TDECU Insurance Agency, LLC and Texas Dow Employees Credit Union are not affiliates of the insurance companies represented. Insurance products are not deposits; not NCUA insured; and not guaranteed by TDECU Insurance Agency, LLC or Texas Dow Employees Credit Union. C-1209-232

HomePlus® Mortgage Life Insurance

Application

YES, I'm ready to protect my greatest asset—my home.

Return this completed application to
TDECU Insurance Agency
1001 FM 2004
Lake Jackson, TX 77566

Insurance provided by Minnesota Life Insurance Company

400 Robert Street North
St. Paul, Minnesota 55101-2098

I/We understand that this insurance is optional and is not a condition or requirement for approval of my/our loan. My/Our initial monthly premium will be \$ which equates to an annual premium of \$.

Initial Insurance Amount

 Call (toll-free) 800.720.1728

Application Disclosures. Answers provided on this application are representations of each person signing below. I am under age 65 and would like to apply for this mortgage life insurance plan underwritten by Minnesota Life Insurance Company ("the Company"). I authorize my lender to deduct the monthly premium from my account. I understand that the Company shall incur no liability because of this application unless and until it is approved by the Company, the loan is disbursed and the first premium is paid, while my health and other conditions affecting my insurability are as described in this application. To determine my insurability or for claim purposes, I authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau ("MIB") to give any medical or nonmedical information about me including alcohol or drug abuse to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. This authorization is valid for 24 months. A photocopy shall be as valid as the original. I've read this authorization and the "Consumer Privacy Notice" and I understand that I can have copies. I understand that fees may be paid by the insurer in connection with this coverage to the plan sponsor and/or its affiliates or designates.

First Applicant (Please Print) Please answer all questions

Name (first, middle, last) Sex M F

Address (street, city, state, zip)

Date of birth (mo, day, yr) Height Weight Phone Number

Occupation

Do you have any existing life insurance policies or contracts?

Yes No

Beneficiary Designation (Please select one of the beneficiary designations shown below.)

- Please name my lender as the beneficiary
 Please name the following personal beneficiary:

First applicant's beneficiary

Relationship

Signature Date (mo, day, yr)

Second Applicant (Please Print) Please answer all questions

Name (first, middle, last) Sex M F

Address (street, city, state, zip)

Date of birth (mo, day, yr) Height Weight Phone Number

Occupation

Do you have any existing life insurance policies or contracts?

Yes No

Beneficiary Designation (Please select one of the beneficiary designations shown below.)

- Please name my lender as the beneficiary
 Please name the following personal beneficiary:

First applicant's beneficiary

Relationship

Signature Date (mo, day, yr)

Electronic Funds Transfer Authorization

Remember to attach a voided check Checking Account

I authorize Minnesota Life Insurance Company to make charges equal to the monthly premium against the account indicated below, and the financial institution named below to withdraw that premium from my account. I understand the first premium payment may be more than the monthly premium since the premium from the date of approval until the first of the following month will be added to the first month's payment.

Account number

Transit number

Financial institution

Financial institution address (street, city, state, zip)

This authorization will remain in effect until the financial institution has received and has had reasonable time to act on a written request from me to terminate this agreement. I understand that I can stop a premium withdrawal by notifying the financial institution at least three business days before the withdrawal is made. In the event of a withdrawal error, I must promptly notify the financial institution to preserve any rights I may have. Please direct billing inquiries to Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota 55101-2098.

I have read and understand the statements above pertaining to the billing option.

Signature

Date (mo, day, yr)

First Applicant

Second Applicant

Y* N Y* N

Please answer the following questions

1. Have you used nicotine or tobacco in any form during the past twelve months?
2. During the past three years, have you for any reason consulted a physician or other health care provider, or been hospitalized?*
3. Have you ever had or ever been treated for any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke, diabetes; cancer or tumor; drug or alcohol abuse including addiction?*
4. Have you ever been diagnosed as having AIDS, or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?*
5. Have you within the past five years, or do you plan within the next six months, to pilot a plane, engage in skydiving, organized vehicle racing, hang gliding or scuba diving?

* (If answer is yes to questions 2, 3, or 4, give particulars below. Please include dates, names, address of physicians or hospitals, the reason for the visit or consultation and, in your own words, the diagnosis that was made.)

Additional Health Information

	Question Number	Date	Name and Address of Doctor, Clinic, Hospital	Reason for Consultation	Diagnosis and Treatment
First Applicant Please print name					
Second Applicant Please print name					

Rejection Statement

I/We hereby acknowledge that I/we have been given an opportunity to apply for Mortgage Life Insurance which is available to the mortgage loan customers of the named financial institution in connection with my/our loan number. At this time I/we do not wish to apply for Mortgage Life Insurance to pay off or reduce the loan balance in the event of the death(s) of the insured borrower(s). I/We understand that even though I/we may have signed this "Rejection Statement," I/we may still apply for this protection in the future.

Consumer Privacy Notice

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or

amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights, you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: 800.872.2214

For information about the Medical Information Bureau, contact:

MIB
50 Braintree Hill, Suite 400
Braintree, Massachusetts 02184-8734
MIB Telephone: 866.692.6901 MIB TTY: 866.346.3642
Website: mib.com

Consumer Protection Disclosures

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the FDIC or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures. For Minnesota residents: The term emergency medical personnel includes individuals employed to provide pre-hospital emergency services, licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, or other individuals who serve as security guards at the Minnesota security hospital, who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency, or while an injured person is being transported to receive medical care and who would qualify for immunity under the Good Samaritan Law.