



INSURANCE CONTRACT

This is a contract between **Cameroonians of Lowell Association, Inc. (CAMOLA)**, herein after called Non-Profit Organization; and _____, herein called subscriber. **CAMOLA** is providing Group Term Life Insurance through Hartford Association Insurance Trust. (HAGIT).

I _____ am only subscribed to CAMOLA for the Group Term Life insurance YEARLY from September 1 to August 31 of the following year. I understand that I must apply for and be granted **full membership status** to enjoy all other benefits experienced by CAMOLA members.

CAMOLA's responsibilities are herein defined:

- Collect and pay the premium in a timely manner.
- Be a liason between you and the insurance company.
- Facilitate claims procedure in case of death.

Note: The insurance company sends insured amount directly to the beneficiary and NOT to CAMOLA.

Your responsibilities are herein defined:

- Your beneficiary(s) must immediately notify CAMOLA first **verbally** and then followed up in **writing** incase of death. This must be done in a timely manner.
- Your beneficiary(s) is responsible for funeral arrangement & follow up with Insurance Company.
- It is your responsibility to inform CAMOLA of any changes regarding your policy.
- **Money order** only for annual premium renewal must be received on or before August 21st of every year. It is your responsibility to obtain a RECEIPT for any such payment.

For those of you with children's rider, please list names of children with their dates of birth below.

By signing this contract, you are accepting it in all its terms. Please, **Provide ALL** information below:

Subscriber's Name (print): _____

Address: _____

Telephone #: _____ E-mail _____

Signature: _____ Date: _____

Subscriber

Signature: _____ Date: _____

President (CAMOLA)

**Please keep a copy of this contract for your record.*