

PO Box 689070  
Franklin, TN 37068-9070

**PREMIUM DUE NOTICE**



SAMPLE A. SAMPLE  
801 CRESCENT CENTRE DRIVE  
FRANKLIN TN 37067-6228



1037855-HD-CU-0

Coverage Type:	<b>Accidental Death And Dismemberment</b>
Coverage ID:	<b>636136741</b>
Insurance Amount:	<b>\$50,000</b>
Billing Frequency:	<b>Quarterly</b>
Premium Period:	<b>June 2022</b>
Premium Due:	<b>\$21.00</b>
Manual Billing Fee:	<b>\$3.50</b>
<b>Total Due:</b>	<b>\$24.50</b>
Carrier:	<b>Minnesota Life Insurance Company</b>

June 17, 2022

RE: Coverage ID: **636136741 - PREMIUM PAST DUE NOTICE**

Dear Sample A. Sample:

As the Plan Administrator for your **Accidental Death And Dismemberment** insurance, we are sending you this notice to inform you that your premium payment for this **Quarterly** period was declined; which prohibits us from billing your account for future premium payments. As a result, you are **NOT COVERED AT PRESENT** for the insurance coverage referenced above.

To prevent cancellation of your insurance coverage, you must provide a different account\* for future billings, as well as make payment of your Premium within the insured's lifetime, and prior to the insured person's injury **within 31 days of the Premium Past Due Date shown above. FAILURE TO DO BOTH WILL RESULT IN CANCELLATION OF YOUR COVERAGE. If you have any questions in this regard, please call our Customer Service Department toll-free @ 1-877-309-6576 CENTRAL TIME: Monday-Friday, 7:00 am - 8:00 pm.**

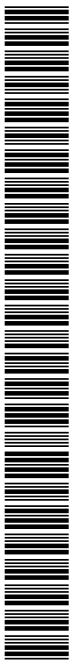
**For your convenience, you may update your payment method as well as remit your insurance premium payments using only one of the options below:**

**Option 1- Online: Visit [fmservice.com](http://fmservice.com).**

**Option 2- By Mail: Read steps below.**

**Step 1.** Read, Complete and Sign the Charge Authorization Form below. Please be sure to provide a different account\* for future premium payments, and retain a copy for your records.

**Step 2.** Remit a one-time payment due this Quarterly period by Check or Money Order, and return the Charge Authorization form and your payment to your office in the courtesy envelope provided.



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Sample A. Sample  
801 Crescent Centre Drive  
Franklin, TN 37067-6228

Coverage Type:	<b>Accidental Death And Dismemberment</b>
Coverage ID:	<b>636136741</b>
Insurance Amount:	<b>\$50,000</b>
Billing Frequency:	<b>Quarterly</b>
Premium Amount:	<b>\$21.00</b>
Manual Billing Fee:	<b>\$3.50</b>
<b>Total Due:</b>	<b>\$24.50</b>
Premium Due Date:	<b>July 17, 2022</b>

**Franklin Madison Group LLC**  
PO Box 689070  
Franklin, TN 37068-9070



**Charge Authorization Form\***

Checking/Share Draft     Savings/Share

\*Note: Your financial institution may only allow for premium deductions from your Credit Union Share or Share Draft account. By providing new account information, you may no longer be eligible for any complimentary coverage.

Transit Routing Number (left): \_\_\_\_\_

Account Number (center): \_\_\_\_\_

\*For account verification, a VOIDED check in your name must be attached.

**CREDIT CARD:**     VISA     MasterCard     AMEX  
NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ / \_\_\_\_\_ (mm/yy)

By Signing this form, I confirm I am a member of **South Carolina Federal Credit Union** and agree to the terms and conditions of the Eligibility Statement and Charge Authorization below. **ELIGIBILITY STATEMENT:** Your eligibility for this group insurance issued to the credit union is contingent upon your membership with the credit union. You must contact the Plan Administrator should your relationship with this credit union end. **CHARGE AUTHORIZATION:** By signing this form, I authorize the plan administrator to automatically charge the account provided above for my **Quarterly** premium of **\$21.00** I understand that I can cancel my coverage at any time by notifying the plan administrator in writing or by phone, and that my coverage will end at my next billing date.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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