



P O BOX 689070
FRANKLIN, TN 37067

May 15, 2023



1219428-CSGROUP3-ACCT#CHG-0

RE: 
 Coverage ID# 

Dear  :

Thank you for your recent inquiry regarding your Accidental Death and Dismemberment Insurance Coverage Coverage.

To facilitate your request for an account number change, please provide the requested account information on the enclosed form, and return in the envelope provided.*

If we may be of further assistance, contact our Customer Service Department toll-free at 1-(877)-747-6967, or email us at help@fm-service.com. The hours of operation are Monday through Friday 7:00 AM to 8:00 PM.

Sincerely,

Franklin Madison Group LLC
Plan Administrator
Specialist ID: CSVEND448

Enclosure

This coverage may have a benefit reduction or termination provision due to age. Please read your Insurance Coverage Document for specific details regarding your coverage.

Go to fm-service.com to manage your insurance coverage, see your next payment date, and more.

Please retain this copy of the charge authorization for your records:

***By requesting an account number change, you may no longer be eligible for the complimentary coverage provided by your financial institution.**

CHARGE AUTHORIZATION: By signing this form, I authorize the plan administrator to automatically charge the account I provide quarterly for the premium according to the rate schedule for the coverage I select. I understand that I can cancel my coverage at any time by notifying the plan administrator in writing or by calling 1-(877)-747-6967 and that my coverage will end at my next billing date.

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Account Number Change Form

[Redacted]

Current coverage: \$1,000.00 of Basic Coverage

INSURED: [Redacted] Coverage ID# [Redacted]

You must maintain and provide an active and eligible account with the participating financial institution to continue this group coverage.

PLEASE CHANGE MY ACCOUNT NUMBER TO:

Please choose only one method of payment.

VISA MasterCard Discover American Express

Credit Card Number: ____ / ____ / ____ / ____

Expiration Date: ____ / ____

Personal Checking/Savings (Trust, Money Market, & Business Accounts are Not Accepted)

Transit Routing # _____

Checking Account # _____ **OR** Saving Account # _____

If any information is missing or incomplete, we will be unable to process your request to change the current payment method.

Please retain this copy of the charge authorization for your records:

By requesting an account number change, you may no longer be eligible for the complimentary coverage provided by your financial institution.

CHARGE AUTHORIZATION: By signing this form, I authorize the plan administrator to automatically charge the account I provide quarterly for the premium according to the rate schedule for the coverage I select. I understand that I can cancel my coverage at any time by notifying the plan administrator in writing or by calling 1-(877)-747-6967 and that my coverage will end at my next billing date.

SIGNATURE: _____ DATE: _____

[Redacted Signature]

We are continually striving to make your experience with us better. Please take a moment to complete a short online survey. We value your opinion and want to hear from you. [<https://www.research.net/r/custform>]

Coverage ID: 760016041

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