



P O BOX 689070
FRANKLIN, TN 37067

May 15, 2023



1219425-CSGROUP5-AD_006-0

RE:

Coverage ID#

Dear [REDACTED]:

Thank you for your recent inquiry regarding the above coverage.

Our records indicate you are enrolled for \$250,000.00 of Individual Coverage.* Your coverage effective date is May 01, 2023, and the premium for this level of coverage is \$75.00 quarterly.

If you would like to make any changes in your coverage, please complete the enclosed form and return it in the envelope provided. The premium for each \$10,000 of Individual coverage is \$1.00 per month. The premium for each \$10,000 of Family coverage is \$1.50 per month.

If we may be of further assistance, please contact our Customer Service Department toll-free at 1-(877)-309-6576 or email us at help@fmsservice.com. The hours of operation are Monday through Friday 7:00 AM to 8:00 PM.

Sincerely,

Robert J. Dudacek
Licensed Insurance Agent # 972576
Franklin Madison LLC
Plan Administrator

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 fmsservice.com to manage your insurance coverage, see your next payment date, and more.

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

CHARGE AUTHORIZATION: By enrolling in this insurance, I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for the coverage I selected.

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Coverage Change Form

Sponsoring Institution: [REDACTED]

Currently enrolled for \$250,000.00 Individual

Coverage ID# [REDACTED]

PLEASE CHANGE MY COVERAGE TO: () FAMILY () INDIVIDUAL

() \$50,000.00 () \$100,000.00 () \$150,000.00

If a coverage type is not selected, you will receive single coverage.

CHARGE AUTHORIZATION: By enrolling in this insurance, I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for the coverage I selected.

SIGNATURE: _____ DATE _____

[REDACTED]

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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# [REDACTED]

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