



P O BOX 689070
FRANKLIN, TN 37067

May 15, 2023



1219423-CSGROUP3-CXLDEA-0

RE: 

In response to your recent notification regarding the coverage indicated above, please sign and complete this form. Be sure to include any required documentation and return all information to the address listed below. For your convenience, a self-addressed envelope is provided. If any additional documentation is needed, we will contact you at the address or phone number you provide. Please note that any premium collected after the insured person's date of death will be refunded upon return of this completed form.

Upon receipt of documented proof of death (i.e. Photocopy of Death Certificate, Obituary etc.), this request will be reviewed. Should a refund be granted, please designate how the refund is to be issued:

- 1. **Electronic refund back to the account on file**
- 2. **Check made payable to Next of Kin (Please complete section below)**
- 3. **Check made payable to The Estate of **

In order for a refund to be made payable to Next of Kin, please complete the section below:
(Please print)

Your Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Your Signature: _____ **Date** _____

If we may be of further assistance, contact our Customer Service Department toll-free at 1-(800)-952-0270 or email us at help@fmservice.com. The hours of operation are Monday through Friday 7:00 AM to 8:00 PM.

Sincerely,

Franklin Madison Group LLC
Plan Administrator
PO Box 40606
Nashville, TN 37204
Specialist ID: CSVEND393

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

REV 05/22 - ? - CXLDEA

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