



P O BOX 689070
FRANKLIN, TN 37067

May 15, 2023



1219425-CSGROUP5-LTR4CXL-0

RE: [REDACTED]
Coverage ID# [REDACTED]
[REDACTED]

Dear [REDACTED]:

Thank you for your recent inquiry regarding your Recuperative Care Plan.

Your signature is required to process your cancellation. To avoid further debits from your account, IT IS IMPORTANT FOR YOU TO SIGN and complete the enclosed form and return it in the envelope provided. You may also email this document to help@fm-service.com. **IF WE DO NOT RECEIVE YOUR SIGNED AUTHORIZATION TO CANCEL**, your coverage will continue to be billed for the regularly scheduled premiums.

If we may be of further assistance, contact our Customer Service Department toll-free at 1-(877)-629-6037 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: JESCHWAB

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.

¹Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies

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[Redacted]

\$200.00 Individual

INSURED: [Redacted] Coverage ID# [Redacted]

() I wish to cancel all coverage.

SIGNATURE: _____ DATE: _____
[Redacted]

*If form is returned without Primary Insured's signature, update will not be made.

REV 05/22 - W - LTR4CXL

