





P O BOX 689070  
FRANKLIN, TN 37067

March 10, 2023



123456-CSGROUP5-REDUCVR-27

RE:   
Coverage ID#   
 Credit Union  


Dear 

You recently expressed an interest in reducing your insurance premium cost. There are a couple of options that you can choose that will reduce your cost while still being insured.

You are currently enrolled for \$40,000.00 of Individual Coverage.\* Your coverage effective date is April 01, 2020, and the premium for this level of coverage is \$81.00 quarterly .

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

If we may be of further assistance, please contact our Customer Service Department toll-free at 1-(877)-607-4376 or email us at help@fmservice.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 Group 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 fmservice.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:** I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for the coverage I select.

1 of 2





### Coverage Change Form

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Sponsoring Institution: [REDACTED] Federal Credit Union  
Currently enrolled for \$40,000.00 Individual  
Coverage ID# 758832995

PLEASE CHANGE MY COVERAGE TO: ( ) ENHANCED FAMILY ( ) FAMILY  
( ) \$10,000.00 ( ) \$20,000.00 ( ) \$30,000.00

**CHARGE AUTHORIZATION:** I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for the coverage I select.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
[REDACTED]

REV 03/23 - ? - REDUCVR

758832995/2012

