



P O BOX 689070
FRANKLIN, TN 37067

May 15, 2023



1219423-CSGROUP3-REFUNREQ-0

RE: **COVERAGE ID** [REDACTED]

This letter is in response to your premium refund request for the coverage indicated above. Please sign, complete, and return this form along with any required documentation in the envelope provided. If any additional documentation is needed, we will contact you at the address above. Submission of this form does not guarantee a refund; however, upon receipt of a completed request, we will review and respond within 2-4 weeks.

Please indicate the reason for your inquiry and provide any required documentation supporting your request:

- 1. Refund of difference in premium collected after my change in coverage (**PLEASE SIGN BELOW**)
- 2. Premium was collected after my request to cancel coverage (**PLEASE SIGN BELOW**)
- 3. Denial of Enrollment - Please complete page 2

***If you are not the primary insured, but have legal authority to act on his/her behalf, you must enclose the complete legal documentation authorizing your rights.**

Signature: _____

Date _____

If we may be of further assistance, contact our Customer Service Department toll-free at 1-(877)-309-6576 or 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
PO Box 40606
Nashville, TN 37204
Specialist ID: CSVEND203

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

05/22 - ? - REFUNREQ

665574677/1012





RE: COVERAGE ID [REDACTED]

Denial of Enrollment-Please complete the following:

1. Sign and date the cancellation and denial statement below
2. This form must be signed and sealed by a Notary Public
3. Enclose a photocopy of your driver's license or picture identification containing your signature

Cancellation and Denial Statement:

This confirms my cancellation request of my insurance coverage made available through my sponsoring institution. I understand that this request has resulted, or will result, in the termination of my insurance coverage (both the complimentary and supplemental coverage levels, where applicable. It is my statement that the insurance coverage previously provided was the result of the submission of an enrollment form that I did not sign, consent to have signed, or verbally accept.

I make this statement under penalty of perjury.

Signature: _____
[REDACTED]

Date _____

(To be completed by Notary Public)

State of _____ County of _____

Sworn to and subscribed before me

Notary Seal (affix here):

this _____ day of _____, 20_____

My Commission expires:

_____ 20_____

Notary Public

665574677/2012

