



P O BOX 689070
FRANKLIN, TN 37067

May 15, 2023



1219425-CSGROUP5-TYPECHG-0

RE: [Redacted]
Coverage ID# [Redacted]
[Redacted]

Dear [Redacted]:

Thank you for your recent inquiry regarding the Accidental Death and Dismemberment Insurance Coverage referenced above. In order to facilitate your request for a change in coverage, please complete the enclosed form and return it in the envelope provided. You may also email this document to help@fmsservice.com.

If we may be of further assistance, 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 Group LLC

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 Request Form

[Redacted]

Coverage ID# [Redacted]

\$200,000.00 Family

INSURED: [Redacted]

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

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

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 _____

Robert J. Dudacek, Licensed Insurance Agent, #972576
(Licensed in all applicable jurisdictions.)

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