



P O BOX 689070
FRANKLIN, TN 37067

April 16, 2024



1420179-CSGROUP3-ACTIVATE-0



RE: Accidental Death and Dismemberment Insurance Coverage
Trilegiant Corporation Coverage ID# Status# Cancelled Federal
Insurance Company

Dear:

This letter and the attached form are in response to your recent request to restart your above referenced insurance coverage. As their third party administrator, we are contacting you on behalf of Federal Insurance Company.

Your insurance coverage is currently cancelled. In order to activate your coverage, please complete the enclosed form and return to our office in the self-addressed envelope. The premium for each \$10,000 of Individual coverage is \$1.00 per month. The premium for each \$10,000 of Family coverage is \$1.65 per month.

Upon receiving your completed form and valid account information, your new coverage will be activated and will become effective the first day of the next scheduled monthly period. You will receive a new Certificate/Policy of Insurance reflecting your new effective date. This document is your evidence of insurance; please keep in a safe place.

If we may be of further assistance, please contact our Customer Service Department toll-free at 1-(800)-860-7182, Weekdays 7:00 AM to 8:00 PM Central Time.

Sincerely,

Robert J. Dudacek
Licensed Insurance Agent # 972576
Franklin Madison Group LLC

Enclosure

This coverage may have a benefit reduction 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 this copy of the charge authorization for your records:

***By requesting an account number change, you may no longer be eligible for the complimentary coverage provided by your financial institution.**

CHARGE AUTHORIZATION: By signing this form, I authorize the plan administrator to automatically charge the account I provide monthly for the premium according to the rate schedule for the coverage I select. I understand and agree that my payment authorization will remain in effect until I notify the plan administrator in writing or by calling at 1-(800)-860-7182 and they have reasonable opportunity to act on it. It is my responsibility to ensure my account information is current and accurate.

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Trilegiant Corporation Coverage ID#

Step 1: Select Your Coverage (If no coverage is selected your new coverage cannot be activated)

PLEASE SELECT COVERAGE LEVEL:

() \$50,000 () \$100,000 () \$150,000 () \$200,000 () \$300,000

PLEASE SELECT COVERAGE TYPE:

() FAMILY () INDIVIDUAL

Important: Family Plan covers you, your eligible spouse and children. Individual Plan is for you alone. If neither Coverage Type box is checked you will receive Individual coverage.

Step 2: Your Choice---Three Convenient ways to Pay (only one selection is needed)

Please choose only one method of payment.

VISA MasterCard Discover American Express

Credit Card Number: ____ / ____ / ____ / ____

Expiration Date: ____ / ____

OR

Personal Checking/Savings (Trust, Money Market, & Business Accounts are Not Accepted)

Transit Routing # _____

Checking Account # _____ **OR** Saving Account # _____

If any information is missing or incomplete, we will be unable to process your request to Activate coverage.

Beneficiary Designation -If you wish to update your beneficiaries please update below

Beneficiary: _____ Relationship: _____

Beneficiary: _____ Relationship: _____

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SIGNATURE: _____ DATE: _____

Robert Dudacek, Licensed Insurance Agent
Licensed Insurance Agent, TN # 972576

REV 05/22 - ? - ACTIVE

760058776/2012

