



Insurance is underwritten by  
Federal Insurance Company, a Chubb company  
Plan Administrator Office: Franklin Madison Group LLC  
Po Box 689070 Franklin, TN 37068-9070

[DATE]

[NAME]  
[ADDRESS]  
[ADDRESS]

**\*\*\*NOTIFICATION OF CHANGE\*\*\***

**RE: Important Information Regarding Changes to Your Recuperative Care Plan Coverage  
Coverage ID: [123456789]**

Dear [NAME]:

The purpose of this letter is to advise you of important changes to your Recuperative Care Plan. Effective [EFFECTIVE DATE], in order to maintain the current rates, your new plan benefits will be:

- The daily in-hospital benefit amounts for each day you are in the hospital will be:
  - \$200\* a day for a covered sickness
  - \$400\* a day for a covered accident
- Your coverage will now include an Air Ambulance Transportation Indemnity Benefit. Please refer to your enclosed Description of Coverage for details regarding this benefit.
- The actual maximum benefit amounts payable for in-hospital benefits will continue to reduce by 50% at age 65 and over, regardless of the age at enrollment. However, your new coverage will now reduce by an additional 25% at age 75.

Your covered spouse or domestic partner, if applicable, will continue to be covered at 50% of your benefit amount. Your dependent children, if applicable, will continue to be covered at 25% of your benefit amount.

If a covered person is confined in a hospital prior to [EFFECTIVE DATE], benefits will be paid under the terms of the expiring plan.

The plan benefits are still payable directly to you to spend for whatever you need. All other provisions of your coverage remain the same, including your monthly premiums as shown on the enclosed Description of Coverage document. Your continued payment of the premium on your premium due date will constitute acceptance of the new plan, and you may cancel at any time.

Please read the enclosed Description of Coverage document carefully for a full explanation of your new plan benefits, limitations, exclusions, and terms of coverage provided by Federal Insurance Company.

Thank you for your participation in the plan. If you have questions about your plan, please contact the Plan Administrator at [PHONE NUMBER], Monday to Friday, 7:00 a.m. to 8:00 p.m., Central Time.

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\*This benefit pays up to maximum number of 365 days per period of confinement.

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Franklin Madison Group LLC is the insurance agent that services your plan. Please submit all correspondence and claim forms to Franklin Madison Group LLC's processing center at Po Box 689070 Franklin, TN 37068-9070.

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