

# Yes! You can keep your insurance!

And, at the same affordable payroll deduction rates.

Complete this form and mail it today—along with a check for your premium.

Premium payment options are explained below.

Name \_\_\_\_\_ Home telephone number (\_\_\_\_) \_\_\_\_\_  
Mailing address \_\_\_\_\_ Your social security number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Policy number(s) to be continued.  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

What kind of insurance do you want to continue? (check one or more)

☐ accident or disability ☐ health ☐ cancer or intensive care ☐ life

Do you want to continue coverage on:

☐ yourself ☐ yourself and spouse ☐ yourself and children ☐ all of the above

Please list the names of spouse and children to be included in coverage:

\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT OPTIONS

You have a choice of two easy payment methods. Please select one.

1. ☐ **Automatic payment by your bank.** It's easy and convenient. Your premium is automatically deducted from your checking account. If you want automatic payment:

a. Circle one range of days you prefer to have your premium drafted from your checking account.

**Range:** (A) 1st - 5th (B) 6th - 10th (C) 11th - 15th (D) 21st - 28th

Your draft will occur on one of the dates within the range you have selected.

b. Send your first monthly premium now.

c. Attach a voided check on the account to be drafted.

2. ☐ **We will bill you directly** at your mailing address 30 days before payment is due.

Select the billing period you would prefer:

☐ **Annual.** We will bill you once a year. Send a check now for 12 x your monthly premium.

Your monthly premium is listed on the notice enclosed in this mailing.

☐ **Semiannual.** We will bill you twice a year. Send a check now for 6 x your monthly premium

☐ **Quarterly.** We will bill you four times a year. Send a check now for 3 x your monthly premium

Date \_\_\_\_\_ Policy Owner's/Checking Account Owner's Signature \_\_\_\_\_  
(MM/DD/YYYY)