

Account Number Change Form

In order for us to facilitate your request for an account number change, please complete this form and return to the address listed below. Please note: Your complimentary coverage is paid for you by your financial institution. So, if you are changing your account because you are no longer an account holder of that financial institution, your complimentary coverage may be cancelled.

If any additional information is needed, we will contact you at the address you have provided below. **Upon receipt of this completed form, we will review and respond to your request within 7 – 10 business days.**

Primary Insured Name _____





Address _____

City _____ State _____ Zip _____

Coverage ID # _____

PLEASE CHANGE MY ACCOUNT NUMBER TO:

MasterCard Visa Discover American Express

Credit Card Number _____

Expiration Date ____ / ____ / ____

OR

Deduct from my Checking Account Number _____

Transit Routing Number _____

(If any of this information is missing or incomplete, we will be unable to process your request to change your current payment method. Trust, money market or business checking accounts are not acceptable for premium payment.)

Charge Authorization: I authorize my Plan Administrator and/or its service provider to automatically charge my account for the coverage I have selected.

Signature _____ Date ____ / ____ / ____

Please mail completed form to:



Franklin Madison
P.O. Box 40606
Nashville, TN 37204

RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS