

Coverage Election Form



POLICYHOLDER NAME: John J. Sample

POLICY NUMBER: 8321

ELECTION EFFECTIVE DATE: 10/20/2022

IMPORTANT: This form must be signed and postmarked by July 25, 2022.

Best way to reach you, if we have questions.

Phone:

Email:

Select the option that best suits your needs.

Policy Feature	Your Current Policy	DEFAULT				
		Option 1 Downgrade Your Policy	Option 2 Convert to a Basic Policy	Option 2a Convert to an Enhanced Basic Policy	Option 3 Convert to an Enhanced Paid-Up Policy	Option 4 Keep Your Current Coverage
Billable Annual Premium	\$2,887	\$2,887	\$1,188	\$1,248	\$0	\$3,362
Annual Premium	\$2,887	\$2,887	\$1,188	\$1,248	\$0	\$3,362
Annual Premium Change (%)	N/A	0%	-58.85%	-56.77%	-100%	16.45%
Maximum Lifetime Benefit	Unlimited	Unlimited	\$394,644	\$493,305	\$246,652	Unlimited
Maximum Lifetime Benefit Change (%)	N/A	0%	-60.54%	-50.67%	-75.33%	0%
Phase Two Rate Increase/Benefit Reduction Possible	N/A	Yes	No	No	No	Yes
SELECT ONE ▶		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sign below.

I understand the election I have made above and acknowledge that I have made the election voluntarily. I agree that the changes I have requested are scheduled to become effective October 20, 2022 and cannot be reversed after July 25, 2022.

I understand that if I do not clearly mark only one election, or if I do not return this signed form postmarked by July 25, 2022, I will receive Option 2 by default.

Signature: Date: / /

Print name here:

Signatory authority: Power of Attorney Conservator Other:

Return this form in the postage-paid envelope postmarked by July 25, 2022.
Questions? Call (833) 894-8577, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.