

# SIMPLE IS BETTER

## Important Message From Your Insurance Company, SENIOR LIFE INSURANCE COMPANY!

### Bill Paying Used to be a Complicated Endeavor, But Now it's About to Get Easier!

To help simplify your premium payment, we offer convenient payment options.  
You don't have to open a separate bill, incur extra postage, or keep additional records.

Simply choose to have payments made from your bank account.  
You authorize the payment that you wish to have made. Your monthly account statement  
will verify payment. It couldn't be simpler!

### To Help Simplify Your Premium Payment, We Offer Convenient Payment Options.

#### Your Hassle-Free Options

The convenient premium payment plan gives you convenience and security.  
Simply choose to have your payments made from your bank account.

#### Decide to Simplify Your Premium Payment Today!

Please complete the enrollment form below and return it with this payment:

Senior Life Insurance Company  
P.O. Box 2447  
Thomasville, GA 31799-2447

#### Questions?

Call us, Monday - Friday 8 AM to 5 PM EST

**1.877.777.8808**

SIB2015

#### PAYMENT ENROLLMENT AUTHORIZATION

Bank Account (Please provide the information below)

I want to pay premiums for this insurance automatically each month through my account identified below. I authorize my bank/financial institution to deduct future payments for this insurance by electronic or other means directly from my account identified below and payable to Senior Life Insurance Company, Thomasville, GA. Either Senior Life Insurance Company or I can cancel this authorization at any time by sending the other party a written request to do so. No premium will be considered paid under this plan and/or authorization unless such sum is actually collected from my account by Senior Life Insurance Company and honored by my bank/financial institution. I further agree that if any such checks or electronic debts be dishonored, whether with or without cause and whether intentionally or inadvertently, Senior Life Insurance Company shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Name appearing on Bank Account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Transit Routing Number (first set of numbers, on bottom left of check): \_\_\_\_\_

Account Number (second set of numbers, on bottom right of check): \_\_\_\_\_

Amount of transaction: \$ \_\_\_\_\_ Bank Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SIB2015



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## **CALIFORNIA FRAUD ENDORSEMENT**

For your protection California law requires the following statement to appear on this form.

**“Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”**

The coverage under the Policy to which this Endorsement is attached remains the same.