

CHUBB PURCHASE DISCLAIMER:

“Yes, please sign me up for the insurance plan. I have read, understand, and agree to the terms and conditions of insurance coverage in the enclosed Summary of Insurance Provisions for the <XXX> Plan and to the notices on the reverse side of this form. I authorize my financial institution and the plan administrator to automatically charge my <ACCT TYPE> account <XXXX> issued by the financial institution name above monthly, according to the rate schedule for the coverage I select. I understand and agree that my payment authorization will remain in effect until I notify the Plan Administrator and they have a reasonable opportunity to act on it. It is my responsibility to ensure that my account information is current and accurate.”