



The Company You Keep®

**GROUP MEMBERSHIP ASSOCIATION
GROUP POLICYHOLDER AGREEMENT REGARDING CONTRIBUTIONS**

Group Policyholder: _____ Group Policy No.: _____

Insured Name: _____ Member ID No.: _____

New Owner(s) Name¹: _____

Billing Address: _____
(Street) (City) (State) (Zip)

The Insured Member/Current Owner having transferred all his/her interests in the insurance under the subject Certificate of Insurance to the New Owner(s) as indicated on the reverse, the Group Policyholder agrees to accept from the above New Owner(s) all requisite contributions otherwise payable by the Insured Member/Current Owner.

The Group Policyholder further agrees that all notices regarding contributions due hereafter with respect to the transferred insurance will be sent to the above New Owner, at such times as those notices would be sent to the Insured but for this agreement.

It is understood and agreed that nothing contained herein shall be construed to obligate the Group Policyholder to continue the transferred insurance, in that such insurance is in all respects subject to the provisions of the Group Policy.

ACKNOWLEDGMENT

(For internal administrator use only)

Accepted on behalf of the Group Policyholder by:

Signature: _____ Date: _____

Title: _____

¹ If there are multiple New Owners, please indicate the name and address of the one to whom premium contribution notices are to be sent.