



Increase Coverage For Only ...

\$4.50 More Per Month!

1234567 *3 10B
CHRISTOPHER XLONGERLASTNAME
1234 ANYWHERE ST.
ANYWHERE, US 12345-1234

[Cycle Date, 2012]

Dear [Payor Name],

Thank you for being a Globe Life policyholder. We'd like to offer you an **additional \$5,000** in term-life coverage!

You currently pay \$13.60 per month for \$10,000 in coverage and for **only \$4.50 more per month**, you can receive an additional \$5,000 of protection.

Here's How!

Review your premium coverage shown below. To take advantage of this offer, simply sign and return! Once this form is received, we will process your request and the new premium amount will be deducted from your account.

You can also accept your additional coverage online TODAY! Visit: www.GlobeOnTheWeb.com/eServiceCenter.

Policy Number	Insured Name	New Face Amount
[POL NUM]	[INSURED FIRST/LAST NAME]	\$(NEW FACE)

New [Mode] Premium: \$(New Prem Amt)

[The amount shown includes premium for your accident coverage.]

3 Simple Steps

- ✓ Review your new policy information.
- ✓ Sign below indicating you want to increase coverage.
- ✓ Mail your signed form in the envelope provided by **06/01/12**.



Please increase coverage for the policy listed above by \$[quote] and deduct the new premium amount from my account on the next due date.

I certify that [Insured Name] is in good health.

X	
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Payor's Signature

Date

YOUR EMAIL: NOT ON FILE
YOUR TELEPHONE: 859-356-4942
PLEASE MAKE ANY TELEPHONE, EMAIL OR ADDRESS CHANGES BELOW:

* Please mail in the signed form in the envelope provided by **[due date]**. Once your form is received, your coverage will be processed. Once approved, the new term coverage will take effect IMMEDIATELY after your new premium payment is processed.

THIS IS NOT A BILL

If you DO NOT wish to take advantage of this offer, then simply disregard this notice. No action is needed. For questions, please call our customer support at (972) 540-6542.