



Congratulations on completing an electronic application for a policy with Family Heritage Life, a Globe Life company on \_\_\_\_\_.

Your initial premium payment of \$\_\_\_\_\_ will be drafted from the account indicated on the electronic application for the first ☐ Monthly ☐ Annual ☐ Semi-Annual premium for this policy. It is understood that, if issued, the policy will be in force as of the effective date shown in the policy. If the application is declined by the company, no insurance shall be effected and the above payment will be returned to the applicant.

As you are aware, our policies are designed to keep your family in business by paying cash directly to you (in addition to any other insurance you own!) while you, or your loved ones, are dealing with catastrophic illness and accidents.

Our products lead the industry in benefits, value and service. Our simplified claims process, quick payments and service-minded attitude are the greatest contributing factors to satisfying our clients.

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

Licensed Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

We appreciate your business and thank you for giving us the chance to serve you!

Family Heritage Life, a Globe Life company

[GlobeLifeFamilyHeritage.com](http://GlobeLifeFamilyHeritage.com)

[FHService@Globe.Life](mailto:FHService@Globe.Life)

440-922-5222

Note: If you do not hear from us or receive your policy within 30 days, call or write us, giving the name of the person who signed this receipt, the type of policy applied for, the amount and the date.

MobileReceipt