AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

November 14, 2019

Policy: GMLC-2Y67

Dear Member,

The American Foreign Service Protective Association sincerely appreciates the opportunity to provide you Long-Term Care insurance.

We were recently informed by the Plan Underwriter, Mutual of Omaha that it is now required to provide you the opportunity to designate a second party contact should your policy lapse due to non-payment.

The Importance of Designating a Secondary Contact
In the event your premium is past due or has not been paid, this person will serve as a secondary contact. If AFSPA is not successful in notifying you of a past due balance, we will attempt to reach your designated secondary contact. This will be especially helpful when unforeseen circumstances arise such as a severe illness or injury.

This is an optional service that will be offered annually. There is no charge, and the person you designate will never receive any other information regarding your coverage. If interested, please complete the attached form and return securely via:

Fax: 202-775-9082
Email: Use the Secure form on our website at www.afspa.org/ltc
Mail to: AFSPA, Attn: AIP Dept., 1620 L St. NW, Suite 800, Washington, DC 20036

HIPAA Notice of Privacy Practices
You can obtain a copy of the privacy notice for this policy on the following website: www.mutualofomaha.com/documents/forms/privacy/mc35208.pdf or you can contact the AIP Dept. to request a copy.

If you have any questions, please contact us at 202-833-4910 or by email at ltc@afspa.org.

Sincerely,
The Plan Administrator

AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

Mutual of Omaha Secondary Contact Designation Form for Policy Lapse
Policy: GMLC-2Y67

Secondary Contact Information

Name:

_____

_____

Address:

_____

_____

_____

Email:_____

Tele #: Home_____ **Cell** _____

Relationship:_____

Policyholder Information

Policyholder Name: _____

Policyholder DOB:_____

I hereby designate the person(s) named above as a secondary contact. I understand that should my coverage lapse due to non-payment, my secondary designee(s) will be contacted as a last effort to avoid cancellation of the policy.

Policyholder Signature:_____**Date** _____

1620 L Street NW, Suite 800, Washington, DC 20036-2902 (202) 833-4910
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