

THIRD PARTY DESIGNEE
SECONDARY ADDRESSEE OPTION

You have the right to designate at least one individual other than yourself to receive a copy of notices of a second bill notice, cancellation, or lapse of your insurance certificate. The person you designate will be your secondary addressee. We will keep this Secondary Addressee on record at our administrative office. You may change the Secondary Addressee by writing to us at any time.

Name	
Address	
City/State/Zip	
Relationship to Insured	
Telephone	
Gender	
Certificate Number:	

Insured/Owners Signature

Date

I agree to act as Secondary Addressee and receive notices of a second bill notice, cancellation or lapse on behalf of the above named certificate holder. I agree to provide written notice to both the certificate holder and the insurer if I no longer wish to act as Secondary Addressee. This designation does not constitute acceptance of any liability for services provided to the insured.

Secondary Addressee Signature

Date

This notice must be delivered by Certified Mail, Return Receipt Requested to the following address:

AMA Insurance Agency, Inc.
330 N. Wabash Avenue
Suite 39300
Chicago, IL 60611-5885

This designation shall be effective not later than 10 business days from the date we receive it.