



Department: _____

Today's Date: _____

Local Serviceperson Benefit Program

Sign up here to receive free funeral coverage. *There is no cost to this program, and no obligation for your family to use it in the event of your death. We value your service and simply want to protect them from the financial burden of paying for a funeral if they were to lose you. Thank you for all you give in service of our community.*

Full name: _____ Date of Birth: _____

Home Address: _____
Street address City State ZIP

Email Address: _____ Phone Number: _____

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I would like to learn about covering other members of my family with affordable funeral insurance.
Check here if you would like us to contact you with details.