



THIRD-PARTY DESIGNATION

This notice is to advise you that you have the right to elect a third-party designee for your group insurance policy(ies). This option is available as a way to protect you from an unintended lapse of your coverage(s). In the event we do not receive your premium payment by the Due Date, the third-party designee would receive a courtesy copy of any Final Premium and/or Notice of Lapse that may be sent to you in the future. (You will continue to receive a copy of these notices as well).

The designation of a third-party to receive these courtesy notifications does not create a liability on the third-party designee to pay any premiums.

If you do not wish to elect a third-party designee, no action is necessary from you. However, if you believe designating a third-party designee would be beneficial, please complete the lower portion of this form and email it to information@abenet.org or return it to:

American Bar Endowment
321 N. Clark Street, Suite 1400
Chicago, IL 60654-7648

If you have any questions regarding this form, please call ABE, toll-free at 1-800-621-8981, Monday – Friday.

THIRD-PARTY DESIGNATION

Insured Name: _____

Certificate Holder ID#: _____

Assign a third-party designee to my insurance coverage:

- Life Disability Hospital Indemnity Accidental Death & Dismemberment
 Professional Overhead Expense Excess Major Medical Critical Illness

I understand that it is my right to elect a third-party designee*. I hereby elect the person named below as my third-party designee:

Third-Party Designee Name: _____

Relationship to Insured: _____

Phone: _____

E-mail Address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Signature of Third-Party Designee (Required): _____

Date: _____

Name (please print): _____

AUTHORIZING SIGNATURE (Insured)

Signature: _____

Date: _____

Name (please print): _____

* Only one third-party designee may be assigned. We recommend that your third-party designee be at an address other than your own.