



## Coverage On Demand™ – Request for Additional Coverage Level(s)

Please complete a separate form for **each** covered family member requesting Additional Coverage Level(s). Request must be received no later than 60 days after the end of the applicable Benefit Period.

<b>Date</b>	
<b>Primary Insured Name</b>	
<b>Policy/Certificate Number</b>	
<b>Family Member Requesting Additional Coverage Level(s)</b>	Name Date of Birth
<b>Benefit Period:</b>	

CHECK COVERAGE LEVEL(S) TO BE ACTIVATED	Level of Benefits Payable:	Activation Fee:
_____ Level 2	Up to \$15,000	
_____ Level 3	Up to \$30,000	
_____ Level 4	Over \$30,000	

More than one Additional Coverage Level may be activated at the same time, however, the levels must be activated in sequential order. A separate, nonrefundable activation fee must be paid for each Additional Coverage Level being activated. For example, if you need Level 4 coverage, you must pay the activation fees for Levels 2, 3 and 4.

Upon receipt of this written request for Additional Coverage Level(s) and the required nonrefundable activation fee(s), Additional Coverage Level(s) will be effective retroactive to the first day of the Benefit Period and will terminate at the end of the Benefit Period. If the family member's coverage was not in effect on the first day of the Benefit Period, the effective date of the Additional Coverage Level(s) will be the date insurance coverage began for the family member.

To continue coverage for all insured family members, you must continue to pay the premium for Coverage Level 1.

**Important Note!** This request will be processed following our receipt of the required activation fee(s) due for the Additional Coverage Level(s). For additional information, please contact a Customer Service Representative at (800) 991-2642.

**Payment Options:**

\_\_\_ Check or Money Order (Mail to: American Community Mutual Insurance Company, 39201 Seven Mile Rd., Livonia, MI 48152)

\_\_\_ MasterCard \_\_\_ Visa Credit Card Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Upon receipt of your payment and this completed form, we will issue an Additional Coverage Level Rider to the covered family member listed above. The rider will indicate the Additional Coverage Level(s) being activated, the applicable Benefit Period and the activation fee(s).

**Please remember that Additional Coverage Levels expire at the end of each Benefit Period. Coverage will reset back to the initial coverage level (Level 1) on the first day of each new Benefit Period for all covered family members.**

Primary Insured's Signature	Today's Date
-----------------------------	--------------

*For internal use only.* AC Receipt Date: \_\_\_/\_\_\_/\_\_\_



## Coverage On Demand™ – Additional Coverage Level Activation Fees

Each covered family member must pay an activation fee to purchase each Additional Coverage Level as needed. Additional Coverage Level(s) must be purchased in sequential order. For example, if you need Level 4 coverage, you'll need to pay the activation fees for Level 2, 3 and 4.

For common accidents: Only the oldest covered family member injured in the common accident must pay the activation fee to purchase Level 3 or Level 4 coverage.

<b>Primary Insured:</b>	<<William Collins>>
<b>Policy Number:</b>	<<1234567>>
<b>Benefit Period:</b>	<<March 1, 2007-February 28, 2008>>

<b>Non-Refundable Activation Fee for the Above Benefit Period*</b> <i>Payment can be made by personal check or money order</i>			
Additional Coverage Levels			
Age	<b>Level 2 Fee</b> Maximum Benefits Payable Per Person Up to \$15,000	<b>Level 3 Fee</b> Maximum Benefits Payable Per Person Up to \$30,000	<b>Level 4 Fee</b> Maximum Benefits Payable Per Person Over \$30,000
<b>0-17</b>	\$900	\$1,000	\$4,000
<b>18-34</b>	\$1,000	\$1,100	\$4,000
<b>35-49</b>	\$1,800	\$2,000	\$4,000
<b>50+</b>	\$2,600	\$2,900	\$4,000
<b>Child**</b>	\$900	\$1,000	\$4,000

\*These activation fees are only valid for the benefit period shown above.

\*\*Fees per child listed as a dependent on the policy are for first three (3) children. No charge for additional children.

You must complete and submit a **Coverage On Demand – Request for Additional Coverage Level(s)** form along with the appropriate, nonrefundable activation fee(s) listed above.

**Please remember that Additional Coverage Levels expire at the end of each benefit period. Coverage will reset back to the initial coverage level (Level 1) on the first day of each new benefit period for all covered family members.**