

 **ACRISURE®**
INVOICE & BIND REQUEST

DATE: October 28, 2024

Hamburg Township, Livingston County
10405 Merrill Road
P.O. Box 157
Hamburg MI 48139-0157

Provident Accident & Health Policy #PRCO-92621-MI10383
Premium Due & Effective: 12/1/2024

<u>PLAN #</u>		<u>PREMIUM:</u>
<input type="checkbox"/>	Present Plan – Annual Premium	\$4,470
<input type="checkbox"/>	Plan 1 – Annual Premium Including \$5,000 Cancer Benefit	\$5,312
<input type="checkbox"/>	Plan 2 – Annual Premium Including \$10,000 Cancer Benefit	\$6,210

TOTAL PREMIUM SUBMITTED: \$ _____

** Please mark the box of the plan you are selecting.*

PLEASE MAKE CHECK PAYABLE & SUBMIT TO:

BURNHAM & FLOWER INSURANCE GROUP
315 South Kalamazoo Mall
Kalamazoo, MI 49007

SIGNATURE: _____ **DATE:** _____