



FORREST T. JONES CONSULTING COMPANY

P.O. BOX 418131 " 3130 BROADWAY " KANSAS CITY, MO 64141-9131 "AC 816-756-1060

NATIONAL WATS 800-821-7303 " FAX 816-968-0606

GROUP INSURANCE ADMINISTRATORS " EXCLUSIVELY FOR ASSOCIATIONS

March 27, 2006

RE: The One Dental Plan

Dear Member:

Your insurance premium for your dental plan through Fidelity Security Life is currently billed to you on a monthly basis. We would like to offer you the option to either have your premium electronically deducted from your checking account each month or to pay your premium by credit card each month. Please indicate which option you would like to accept and complete the appropriate section below. Return this form with your next premium payment or fax to **816-968-0606**.

Please feel free to contact us if you have any questions.

Sincerely,

Account Services Department

Automatic deduction from my checking account.

I (we) hereby authorize Fidelity Security Life Insurance Company or its agent, hereinafter called COMPANY, to initiate debit entries, correcting entries and adjustments to my (our) checking account indicated below and the depository named below to debit or credit the same such account. This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. **Please include a voided check along with your next premium payment.**

Please be aware that a Pre-note will be processed through your account around the 15th of each month for verification purposes. This will appear on your monthly statement with a dollar amount of \$0.00. Your account will then be drafted on the last business day of the month.

Credit Card Visa MasterCard

Card #: _____ Exp. Date: _____

Member's Name (Please Print) _____

Member's Social Security Number _____

Member's Signature _____