



## BILLING STATEMENT

Statement Date: 02/16/2021

**POLICY INFORMATION:**

Payor  
 Insured  
 Policy Owner  
 Court  
 Policy  
 Due Date  
 Premium  
 Amount Due

**FOR MORE INFORMATION CONTACT:**

**HOME OFFICE**

**Toll-free:** (800) 552-0145  
 Personal assistance is available Monday through Friday from 8:00 a.m. to 4:00 p.m. CST

**ONLINE**

Visit: [www.catholicforester.org](http://www.catholicforester.org)  
 Policy Owners can create an account to login for policy information.

**WRITING AGENT**

**IMPORTANT-** To avoid policy lapse, pay premium promptly.

**PAYMENT**

Make check payable to  
**CATHOLIC ORDER OF FORESTERS**

**Mail payment to:**  
 COF Lockbox  
 PO Box 74791  
 Chicago, IL 60694-4791

**BCN  
 NUMBER**

**POLICY  
 NUMBER**

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT  
 Make check payable to Catholic Order of Foresters

|                                |                |             |          |
|--------------------------------|----------------|-------------|----------|
| 0000000000                     | STATEMENT DATE | COURT       | POLICY   |
|                                | 02/16/2021     | 1252        | 0000000  |
|                                | AMOUNT DUE     | PAYMENT FOR | DUE DATE |
| \$460.31                       | 12 Month(s)    | 03/15/2021  |          |
| ADDITIONAL BILLING INFORMATION |                |             |          |

| NAME/ADDRESS CHANGE   |                                  |                                      |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Policy Owner   | <input type="checkbox"/> Insured | <input type="checkbox"/> Beneficiary |
| Effective Date of Change  | Phone                            |                                      |
| Name  |                                  |                                      |
| Address   |                                  |                                      |
| City  | State                            | ZIP Code                             |
| Do you need Beneficiary Change Form? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                                      |
| Policy Owner's Signature  |                                  |                                      |