



## EAA Personal Insurance Plan

### Payment Receipt

|              |              |                               |                                       |
|--------------|--------------|-------------------------------|---------------------------------------|
| EAA Member # | : 1          | Payment Confirmation Number   | : 1084                                |
| First Name   | : kabi       | Payment Authorization Number  | : tst836                              |
| Last Name    | : G          | Payment Method                | : Credit Card                         |
| Payment Mode | : Annual     | Account Number(Last 4 digits) | : 4444                                |
| Payment Date | : 12/10/2020 | Expiration Date               | : 12/2020                             |
| Amount Paid  | : \$492.89   | Merchant Name                 | : Starr Indemnity & Liability Company |

#### Enrollee Information

Enrollment Date : 12/12/2020  
Address Line 1 : no.34 sozhavalli street  
Address Line 2 :  
City : abcd  
State : NY  
Zipcode : 13324  
Phone Number : 6382834277  
Email Address : kabigkrish@protonmail.com

#### Coverage Information

Coverage Effective Date : 12/12/2020  
Plan : Member Only Plan  
Principal Sum : \$250,000  
Annual Cost of Coverage : \$492.89

Disclosure: Credit card on file will be charged annually on the certificate renewal date.  
Please contact Falcon Insurance Agency (877-230-3252 or eaaaddip@falconinsurance.com) to make any coverage changes, or go online to <http://www.eaainurance.org>.