



EAA Personal Insurance Plan

Payment Receipt

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|--------------|--------------|-------------------------------|---------------------------------------|
| EAA Member # | : 2 | Payment Confirmation Number | : 1085 |
| First Name | : asdf | Payment Authorization Number | : tst083 |
| Last Name | : D | 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 : no2.axd street
Address Line 2 :
City : df
State : TX
Zipcode : 13455
Phone Number : 3654823658
Email Address : kabi@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>.