



## EAA Personal Insurance Plan

### Payment Receipt

EAA Member #	: 1	Payment Confirmation Number	: 1082
First Name	: kabi	Payment Authorization Number	: tst730
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.eaainsurance.org>.