



FUNERAL DIRECTORS LIFE

## Reimbursement Form

### Person to receive the reimbursement:

Writing Agent Name(s): \_\_\_\_\_

Writing Agent Number(s): \_\_\_\_\_

Pay to Agent Name: \_\_\_\_\_

Pay to Agent Number: \_\_\_\_\_

Hardware purchased:

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Hardware receipts attached for a total of: \$ \_\_\_\_\_

I understand that after enrolling into the DIGicon® Reimbursement Program:

- I will receive \$6 for every contract submitted through DIGicon®.
- I will be reimbursed for equipment that meets DIGicon system requirements, not exceeding a total of \$1500.
- I have up to 3 years after enrolling in the Reimbursement Program to accumulate my full reimbursement.
- I can participate in the Reimbursement Program for one 3-year term.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete and email this form and receipts to FD Help Center:**

[help@funeraldirectorslife.com](mailto:help@funeraldirectorslife.com)