

POST OFFICE RECEIPT SECURED  
[maildate]

[fullname]  
[mailingadd]

Policy Number: [number]  
Company: [cmpny]

Dear [salutation]:

Your financial institution has not honored the payment that you recently submitted to purchase your Automobile Insurance Policy. All payments are subject to normal collection.

Since your payment was not honored, there was no consideration (valid payment) and the requirements under which your insurance policy was issued were not satisfied.

Accordingly, you are hereby notified:

**WE HEREBY DECLARE THE ABOVE CAPTIONED POLICY NULL AND VOID, AND OF NO EFFECT AS OF ITS INCEPTION DATE. NO INSURANCE COVERAGE IS NOW IN EFFECT, NOR HAS IT EVER BEEN IN EFFECT.**

Any subsequent payment which you may have submitted, prior to or after this letter, will be refunded.

Sincerely,

[uwname]  
Underwriting Department

[encl]

GOVERNMENT EMPLOYEES INSURANCE COMPANY  
GEICO GENERAL INSURANCE COMPANY

AUTOMOBILE

MASSACHUSETTS - CHANGE SHEET

**FORMS SECTION**

The following new form is to be placed on file:

**New Form:**

VUND62MA (5/13) – Termination Letter

## NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

POST OFFICE RECEIPT SECURED  
[maildate]

[fullname]  
[mailingadd]

Policy Number: [number]  
Company: [cmpny]

Dear [salutation]:

Your financial institution has not honored the payment that you recently submitted to purchase your Automobile Insurance Policy. All payments are subject to normal collection. Since your payment was not honored, there was no consideration (valid payment) and the requirements under which your insurance policy was issued were not satisfied.

Accordingly, you are hereby notified:

**YOU ARE REQUIRED TO SUBMIT A PAYMENT IN THE AMOUNT OF \$        PRIOR TO  
MM/DD/YYYY TO KEEP YOUR POLICY ACTIVE. IF WE DO NOT RECEIVE THE FULL PAYMENT BY  
THAT DATE, ALL OPTIONAL COVERAGE WILL BE CANCELLED BACK TO ITS INCEPTION DATE  
OF MM/DD/YYYY. ADDITIONALLY, ALL COMPULSORY COVERAGE WILL BE CANCELLED AS OF  
MM/DD/YYYY (SAME AS PAYMENT DUE DATE).**

The policy will not be cancelled if you pay the full past-due amount before the required date. All payments are subject to normal collection and will be applied to the oldest debt on the policy. A partial payment will not prevent the cancellation of your policy. You may pay using one of these methods:

- Log in to [mypolicy.geico.com](http://mypolicy.geico.com) -- the fastest and easiest way to maintain coverage and avoid a lapse in your insurance protection.
- Call 1-800-932-8872 to use our automated PhonePay system. Have your checking account information handy.
- Mail your payment. Checks should be made payable to GEICO.

We regret that circumstances require us to take this action and we urge you to keep your policy in force by sending us your payment today.

Sincerely,

[uwname]  
Underwriting Department

[encl]

**IMPORTANT NOTICE TO POLICYHOLDERS:** Please read carefully the information below which outlines your legal rights relative to this cancellation.

### **INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS**

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of the cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.