

REPLY FORM – PLEASE RETURN BY MARCH 31, 2026

By email: info@odysseedirect.com

Last Name: _____

First Name: _____

GSC Certificate Number: _____

YOUR CHOICE :

- ☐ ESSENTIAL
- ☐ PLUS
- ☐ COMPLETE
- ☐ I wish to be contacted to personalize my plan with life, disability, or critical illness insurance options

You have until March 31 to make your selection.

If we do not receive your completed form by this date, the COMPLETE plan will be applied by default.

PLEASE NOTE THAT YOUR SELECTED PLAN WILL REMAIN IN EFFECT FOR 24 MONTHS.