



FUNERAL  
DIRECTORS  
LIFE

# Reimbursement Form

**Person to receive reimbursement monies:**

Agent Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Hardware Purchased:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**

**DIGicon Support : [help@funeraldirectorslife.com](mailto:help@funeraldirectorslife.com)**