

REQUEST FOR SERVICE

Please complete and return all copies to:

Insured _____ Owner _____
Policy No. _____ Certificate No. _____ I.D. No. _____
Type of Insurance _____ Date of Birth _____
Employer/Group Name _____

ADDRESS / NAME CHANGE

1. **CHANGE ADDRESS TO:** _____
Street/P.O. Box/Apt. # _____
City _____ State _____ Zip _____

FROM: _____
Street/P.O. Box/Apt. # _____
City _____ State _____ Zip _____

2. **CHANGE NAME TO:** _____
First _____ MI _____ Last _____

FROM: _____
First _____ MI _____ Last _____

Reason for change: Court Order Correction Marriage Divorce
 Other _____

REQUEST FOR LOST POLICY OR CERTIFICATE

3. I certify that the above mentioned policy or certificate has been lost or destroyed and that it has not been assigned, or in any other manner transferred. I request the Company to issue a duplicate policy or certificate. In consideration of the Company granting the request, I hereby agree to indemnify and hold harmless the Company from any and all losses or injuries which it may incur as a result of granting this request. If the original is found, the duplicate will be returned to the Home Office of the Company.

OTHER REQUEST

4. _____

I REQUEST THAT THE ABOVE CHANGES BE MADE.

Signature of Owner _____ Date _____
Signature of Owner's Spouse _____ Date _____
(If resident of community property state)
Signature of Insured (if other than Owner) _____ Date _____