

## Service Request

Please check the appropriate box for each change or service you are requesting. Please print the requested information.

### Policyowner/Insured Information

Policyowner's Name \_\_\_\_\_

Insured's Name (If different from policyowner) \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Name Change**

Owner  Insured

From \_\_\_\_\_ To \_\_\_\_\_  
First MI Last First MI Last

Reason  Marriage  Divorce  Other (Attach copy of legal document)

**Address Change**

Owner  Insured  Third Party Contact

Address \_\_\_\_\_  
Street Apartment Number  
City State ZIP County

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_  
(For service and product updates from us.)

**Date of Birth Correction** (Date of Birth changes require a copy of your Driver's License or Birth Certificate.)

Owner  Insured

My correct Date of Birth is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ rather than \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

**Replacement Policy Request**

I, the undersigned, am the unconditional policyowner of the policy(ies) listed above. I certify the original policy(ies) has been lost, stolen or destroyed, it has not been pledged or assigned and is not being held in the possession of another person.

Replacement ID Card  Vision Replacement ID Card  Hearing Replacement ID Card

Replacement Billing Statement  Duplicate Policy

### Signature and Acknowledgment

To the best of my knowledge and belief, the statements and answers contained in this request are true and complete. I understand the request will not become effective until approved by the Company in accordance with the terms of the contract.

**X** \_\_\_\_\_  
Policyowner's Signature Date

**X** \_\_\_\_\_  
Insured's Signature (If different from Policyowner) Date