

Employer/Policyholder: \_\_\_\_\_

Control Number: \_\_\_\_\_

Product: " Basic Life " Basic AD&D " Voluntary Life " Voluntary AD&D

Employee's Name: \_\_\_\_\_

**Change of Employee's Name:** Check One: " Insured " Beneficiary

Old Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Reason for change: " Marriage " Divorce and resumption of former name " Other: \_\_\_\_\_

**Change of Spouse's Name:** Check One: " Insured " Beneficiary

Old Name: \_\_\_\_\_ New Name: \_\_\_\_\_

A name change request must be a legal change due to marriage or court approval. It is not necessary to provide proof for verification at this time, although could be subject to at a later date.

**Change of Address:** Change the address for all Certificate Holder correspondence and notices to that shown below.

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

**Other Requests:** " Replacement of a Lost Certificate  Cancel All Coverage " Cancel Spouse Coverage " Cancel Child Coverage  
Effective \_\_\_\_\_ Effective \_\_\_\_\_ Effective \_\_\_\_\_

Certificate No. (SSN): \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

I UNDERSTAND AND AGREE that the above change(s) shall be subject to all terms and conditions of the Policy and will be effective on the date the Certificate Holder signs this form, provided it is recorded by Combined Insurance Company at their Administrative Office.

\_\_\_\_\_  
Signature of Certificate Holder (Employee)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name of Certificate Holder

\_\_\_\_\_  
Certificate Number (Social Security Number)