

## AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL) 1776 AMERICAN HERITAGE LIFE DRIVE JACKSONVILLE, FLORIDA 32224

## **REQUEST FOR CHANGE FORM**

Please Print (	Clearly				
EMPLOYER NA	AME		GROUP NUM	BER	
EMPLOYEE'S N	NAME Last (Sr, Jr, etc)	First M.I.	SOCIAL SECU	JRITY NUMBER OR CERTIFIC	CATE NUMBER
☐ CHANGE NAME ☐ Employee ☐ Dependent If a dependent, complete the information below:					
Relationship: Social Security Number:					
Change Name From: To:					
Please Provide the Reason for the Change:					
☐ CHANGE ADDRESS ☐ Employee ☐ Dependent - Name of Dependent:					
To:					
	STREET or P.O. BOX		CITY	STATE	ZIP
ADD COVERAGE for Dependent(s), as requested on the fully completed Dependent Enrollment Form attached.					
☐ TERMINATE COVERAGE as indicated below:					
TYPE OF COVERAGE: 1. Medical 2. Dental 3. Cancer 4. Accident 5. Hospital Indemnity 6. Critical Illness 7. Life 8. AD&D 9. STD 10. LTD					
Relevant		Social Security	Type Of	Reason For	Date Of
Person	Name	Number	Coverage	Termination	Termination
EMPLOYEE					
SPOUSE					
DEP. CHILD					
DEP. CHILD					
DEP. CHILD					
<b>Medical Coverage Only:</b> I understand that if I am terminating the group health coverage for me or my dependents (including my spouse) because of other health insurance coverage, I may in the future be able re-enroll myself or my dependents in this health plan, provided that I request enrollment within 30 days after the other coverage ends.					
<b>All Coverages:</b> If I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll all of my dependents for health coverage, provided that I request enrollment within 30 days after the marriage, adoption, or placement for adoption.					
☐ SMOKING STATUS CHANGE for LIFE, AD&D and CRITICAL ILLNESS COVERAGE ONLY ☐ EMPLOYEE or ☐ SPOUSE					
Current Tobacco Use:					
□ NONE □ CIGARETTES □ PER DAY □ CHEWING TOBACCO □ OTHER					
Have you ever smoked cigarettes?   YES  NO If "Yes," date last cigarette smoked					

\_\_\_\_\_ Employee's Signature \_\_\_\_

Date Signed \_\_\_