

PO Box 926169 Houston, TX 77292

Fax: 1-855-710-6864

Voluntary Benefits Policy Service Request

Insured's Name:	Policy Number:	
	<u> </u>	
City:	State:	ZIP:
(Policy Required if indicated)		
☐ Section A — Payor Address Chan	ige	
Address:		
City:	State:	_ ZIP:
☐ Section B — Legal Name Change (1		
□ Insured:		<u> </u>
☐ Contingent Beneficiary:		
☐ Applicant:		
		<u> </u>
⊔ Uwner:		
Castion C. Browning Character (P.	aguiros Hama Office annuous!)	
Section C — Premium Changes (Re	\Box Annual \Box Semi-annual Direct Bill	
Change Flemium Payment:	☐ Monthly ☐ Bank Draft (Bank Authorization	& noided check required)
Section D — Convert Insurance		a concent check required)
Insurance Amount:	Modal Premium: Effective Date:/	/
☐ Continue Remaining Insurance		
☐ Cancel Remaining Insurance		
-	rminate	
□ Waiver of Premium □		
□ AD&D Rider □		
Dividend Option:		
□ Paid in Cash		
□Left to Accumulate		
☐ Section E — Policy Value Option	s (Premium must be current)	
I request that my policy be placed on	: □ Reduced Paid-Up Insurance □ Extended	d Term Insurance
Discontinue Premium Payments Effect	tive:/	
☐ Section F — Plan Change, Reduc		
	verage:	
•		
☐ Change product/plan of insurance:	: Fromto	
☐ Remove Dependent Penefit and Piles	r:	
- Kemove Dependent, Benefit of Ride	Γ	
Change Date of Birth to	Nome of Instruction of the Change August	ing to
Unange Date of Birth to/	Name of Insured that Change Appl	ies to:
		that the Policy be
modified to permit the change(s) without	out endorsement of the Policy.	
	, ,	
Policy Owner Signature	Date	
If the Policy requires that the above charmodified to permit the change(s) without Policy Owner Signature	, , ,	I that the Policy be