



The Company You Keep®

GROUP MEMBERSHIP CHANGE REQUEST FORM

Group Name WAEPA (Worldwide Assurance for Employees of Public Agencies) Group Number G-30280-0
 Insured's Name _____ Certificate/Policy Number _____
 Owner's Name _____
 (If not the Insured)

1. Name Change:

Instructions:

- This form should only be used to change the name of an existing insured, owner or beneficiary. Please do not use this form for a transfer of ownership or a beneficiary change.
- A copy of a marriage certificate, divorce decree or other court or official document is required to change an insured or non-insured owner's name.

Change is for: Member Spouse Child Owner Beneficiary

From: _____
 (First) (M.I.) (Last)

To: _____
 (First) (M.I.) (Last)

2. Address Change:

Change is for: Insured Owner Beneficiary

From: _____
 (Street) (City) (State) (Zip)

To: _____
 (Street) (City) (State) (Zip)

3. Request for Replacement of Lost Certificate/Policy:

Please provide a current certificate outlining the group policy provisions, or individual policy.

Upon receipt of this request, we will issue a current certificate/policy for the insurance identified above.

4. Requests for Other Changes:

Instructions:

This section can be used for contract changes that do not require evidence of insurability such as a reduction in a benefit.

AUTHORIZING SIGNATURE:

Signature _____ Date _____
 (Insured Member or previously designated non-insured Owner)