

Selman & Company

INSURED REQUEST FOR CHANGE

This form must be completed and signed by the Primary Insured.* We are unable to process unsigned requests.

Name of Primary Insured: _____ Date of Birth _____
Street Address: _____ City _____ State _____ Zip _____
Insured ID #: _____ Policy #: _____ Plan of Coverage: _____
Insurance Carrier: _____ Sponsoring Group/Account: _____

PLEASE PRINT CLEARLY and COMPLETE ALL SECTIONS THAT APPLY:

Change Name: Please change my name. (*Important: A copy of the legal document verifying the change must be included with this request. We can accept a Birth Certificate, Drivers License, Marriage Certificate, Divorce Decree, or other applicable court document.*)

From: _____
First Middle (or MI) Last
To: _____
First Middle (or MI) Last

Change Address: Please change my address as follows:

From: _____
Street Address City State Zip
To: _____
Street Address City State Zip

Terminate Coverage: Please terminate my coverage under the above-captioned insurance policy.
(*Important: Coverage will be terminated on the first of the month following receipt of your request*)

Terminate Dependent Coverage only: I wish to keep my coverage under the above-captioned insurance policy. However, please terminate the following dependent coverage: (*Important – If termination is due to divorce or death, a copy of the divorce decree or death certificate must accompany this request.*) Use other side if additional space is needed.

Spouse (please print name): _____
 Child(ren) (please print name): _____ Date of Birth _____
_____ Date of Birth _____

Signature of Primary Insured* X _____ Date: _____

* If the Primary Insured is unable to sign for him or herself, a personal representative with power of attorney, etc. may sign, provided a copy of that person's certificate of appointment accompanies this request.

Please return this completed form and any applicable documentation to:

Selman & Company
6110 Parkland Boulevard
Cleveland, OH 44124-4187