AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)

1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224

REQUEST FOR CHANGE FORM

Please Print Clearly

EMPLOYER NAME	GROUP NUMBER
EMPLOYEE'S NAME Last (Sr, Jr, etc) First M.I.	SOCIAL SECURITY NUMBER OR CERTIFICATE 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 Person	Name	Social Security Number	Type Of Coverage	Reason For Termination	Date Of Termination
EMPLOYEE					
SPOUSE					
DEP. CHILD					
DEP. CHILD					
DEP. CHILD					

Medical Coverage Only: 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.

All Coverages: 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 _____

Date Signed _____ Employee's Signature _____