

HUMANA INSURANCE COMPANY

MAIL TO: BAY BRIDGE ADMINISTRATORS, LLC
P.O. BOX 161690
AUSTIN, TEXAS 78716

POLICYHOLDER CHANGE AND SERVICE REQUEST

Policy Number (use 1 form per policy)/ Social Security No.		Name of Insured (Last, First, Middle)		Agent Name and Number (Please Print)	
Take the following action(s) regarding this policy or certificate					
☐ Policy Changes, Reduction or Removals ☐ Delete the following member from coverage: Name _____ Reason _____ If due to death of Named Insured, please include: Spouse Name _____ Spouse SSN _____ Spouse DOB _____ ☐ Add Newborn Child _____ Name of Newborn _____ Date of Birth of Newborn _____ ☐ If Divorced- Date of Divorce Decree _____					
☐ Change Name of To _____ Reason for Change _____ (complete Change of Address Form if needed) <i>Note: If the reason for the change is other than marriage, a certified copy of the court order is required.</i> ☐ Address Change Name (last, First, Middle) _____ Street _____ City, State, Zip _____					
☐ Payroll Allotment Billing Changes Case No. _____ Social Security No. _____ Named Insured Name _____ Place Policy on Direct Bill Effective: _____ ☐ ANNUAL ☐ SEMI-ANNUAL ☐ QUARTERLY ☐ BANK DRAFT* * One Month's Premium, Bank Draft Authorization and Voided Check Required					
☐ Application for Duplicate Policy ☐ I certify that the above policy has been lost or destroyed and that said policy is not assigned or pledged in any way whatsoever. I, therefore, request the issuance of a duplicate of said policy and agree that should the original policy be found or in any way come into my possession, I will return or cause the same to be returned to Humana Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the duplicate policy herein requested.					
☐ Other Instructions (Be specific)					
Signature of Named Insured			Date		
Agents Use Only- Humana Insurance Company Send all items to be returned to: ☐ Agent ☐ Named Insured		Home Office Use Only- Date Recorded _____ By _____ To be Effective On _____			