

Voluntary/Worksite Benefits Service Request

Please fax this completed form to 877.820.5311.



Instructions – Multiple changes to the same certificate may be requested on this form.		
Name of insured (<i>last, first, middle initial</i>)		Employer name
Date of birth	Social Security Number	Certificate number

<input type="checkbox"/> I. Change of Insured's Name		
From	To	Date of change
Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other (<i>Explain.</i>)		

<input type="checkbox"/> II. Change of Insured's Address					
Current address & phone number	Phone	Street	City	State	Zip code
New address & phone number	Phone	Street	City	State	Zip code

<input type="checkbox"/> III. Change of Dependent		
Name	Relationship	Date of change
Reason: <input type="checkbox"/> Add coverage <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Other (<i>Explain.</i>)		
Name	Relationship	Date of change
Reason: <input type="checkbox"/> Add coverage <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Other (<i>Explain.</i>)		
Name	Relationship	Date of change
Reason: <input type="checkbox"/> Add coverage <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Other (<i>Explain.</i>)		

<input type="checkbox"/> IV. Request for Duplicate Certificate
To the best of my knowledge and belief, the above numbered certificate has been lost or destroyed. I hereby request that a duplicate certificate be issued.

<input type="checkbox"/> V. Other Requests

Signature	Date

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company. In this document, the terms "we," "us," "our," and the like, refer to each as applicable.

Reply to: **Assurant Employee Benefits**
Customer Service Center
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