WASDOM BENEFITS GROUP

Educator Benefits Solutions
Underwritten by Fortis Benefits Insurance Company
Administered by Administrative Systems, Inc.

Service Request Form

Instructions
1. Multiple changes to the same policy may be requested on this form.
2. Signatures must be in ink. Record the place and date. The signatures must be witnessed by a third party.

Name of Insured_____ Policy No._____
Last name First name Middle Initial

Date of Birth _____SSN: _____

Employer Name _____

I. **Change of Insured's Name**

From_____ To_____

Reason: ☐ Marriage, ☐ Divorce, ☐ Other (explain) _____

Date of Change _____

II. **Change of Insured's Address**

Current Address:

Number & Street_____

City_____State_____Zip Code_____

New Address:

Number & Street_____

City_____State_____Zip Code_____

III. **Request for Duplicate Policy**

To the best of my knowledge and belief, the above numbered policy has been lost or destroyed. I hereby request that a duplicate policy be issued.

IV. **Other Requests**

Signed at _____ on _____
City State Date

_____ _____
Signature of Insured Signature of Witness

Return completed form to: Administrative Systems, Inc., Customer Service Center, 1310 Mercer Street, Suite 200, Seattle, WA 98109. Phone: 1-800-877-2701, x250; Fax: 1-206-343-4587

FBIC-2071