HUMANA INSURANCE COMPANY

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

POLICYHOLDER'S 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 subject to Humana Insurance Company

☐ **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**

☐ Named Insured From_____

To_____

Reason for Change_____ (complete Change of Address Form if needed)

Note: If the reason for the change is other than marriage, a certified copy of the court order is required.

☐ **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**

BENEFICIARY CHANGE

	LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE	RELATIONSHIP TO EMPLOYEE
Primary					
Contingent					

Your benefits will be paid first to the Primary beneficiary(ies). If that person(s) is deceased, benefits will be paid to the Contingent beneficiary(ies). (Legal appointment of guardian is required if minor is named as beneficiary.) If no beneficiary survives, payment shall be made in accordance with the terms of the policy.

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_____