

ManhattanLife Assurance Company of America

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 National Union Fire Insurance Company of Pittsburgh, PA

Policy Changes, Reduction or Removals

Change from *Family to Individual* coverage on health policy due to _____
 If due to death of Named Insured, Name of Spouse _____
 Social Security No. _____ Date of Birth _____

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

Beneficiary Change

	LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE	RELATIONSHIP
Primary					
Contingent					
Contingent					
Contingent					
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).

Other Instructions (Be specific)

Signature of Named Insured _____ **Date**