

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

P.O. Box 14533 Oklahoma City, OK 73113 1-888-524-3629

REQUEST FOR SERVICE

POLICY NUMBER	INSURED		MEDICARE ID NUMBER
CHANGE NAME OF:	red Payor		
FORMER NAME (please print)		NEW NAME (please print)	
REASON FOR CHANGE (If other than correction, marriage or divorce, please attach copy of legal evidence; if available.)			
DUPLICATE POLICY REQUEST		DUPLICATE ID CARD REQUEST	
CHANGE OF ADDRESS (Indicate new address.)		CANCELLATION OF FREE LOOK	
		CANCELLATION C	DF POLICY
CHANGE OF TELEPHONE NUMBER (Indicate new telephone number.)		NOTIFICATION OF DEATH (Please include death certificate)	
CHANGE PAYMENT METHOD		REQUEST TO REDUCE/INCREASE BENEFITS	
QUARTERLY DIRECT SEMI-ANNUAL DIRECT ANNUAL DIRECT MONTHLY EFT QUARTERLY EFT SEMI-ANNUAL EFT ANNUAL EFT		MEDICARE PAI	SIC RT A DEDUCTIBLE RIDER RT B DEDUCTIBLE RIDER RT B EXCESS CHARGE RIDER E BENEFITS RIDER
*IF selecting EFT option please contact a Customer Service Associate at 1-888-524-3629.		*ALL benefit changes are subject to underwriting approval.	
COMPLETE FOR ABOVE REQUEST			
Signature		Date	