

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: 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 (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 Part Home Health (Emergency Rider B Deductible <u>or</u>
*IF selecting EFT option please co Service Associate at 1-88			nanges are subject to underwriting oval and state regulation.
COMPLETE FOR ABOVE REQUEST			
Signature		Date	