

HUMANA INSURANCE COMPANY

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

POLICYHOLDER 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)
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Take the following action(s) regarding this policy or certificate

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

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 _____