

**Faxable Change Document**



To \_\_\_\_\_ Fax 1-(888)-208-2323 Date \_\_\_\_\_

From \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Telephone \_\_\_\_\_

RE: Policyholder name \_\_\_\_\_ Policy no. \_\_\_\_\_

E-mail address \_\_\_\_\_ Group Sales Office \_\_\_\_\_ No. of pages \_\_\_\_\_

Check here if any of the above information has changed.

Message \_\_\_\_\_

Employee Termination of Employment and Salary Changes					
Cert no.	Employee name	Termination		Salary change	
		Reason	Last day worked	Effective date	New salary amt.
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____
_____	_____	_____	_____	_____	\$ _____ Per _____

**This form is not intended to replace the Fortis Employee Application or to enroll a new employee.**

**Employee Name Change** *(Please print or type.)*

Certificate number \_\_\_\_\_ Old name \_\_\_\_\_ New name \_\_\_\_\_

**Request for Coverage Change**

Certificate number \_\_\_\_\_ Effective date \_\_\_\_\_ Employee name \_\_\_\_\_

Dependent coverage:  Add  Delete

Spouse Date of marriage \_\_\_\_\_ Date of death or divorce \_\_\_\_\_

Child Date of birth \_\_\_\_\_ Other qualifying event and date \_\_\_\_\_

You can report terminations or changes by calling 1-(800)-733-7879.

Please **mail premium checks separately** in the enclosed envelope with your remittance stub.

Please mail enrollment applications or other changes to:

P.O. Box 2939  
Clinton, IA 52733-2939