

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

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)
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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 Insured, Name of New Insured _____
Social Security No. _____ Date of Birth _____

Add Newborn Child (if no underwriting required) _____
Name of Newborn _____ Date of Birth of Newborn _____

If Divorced- Date of Divorce Decree _____

Change Name of

Insured Owner Payor

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. _____

Payor Name _____

Place Policy on Direct Bill ANNUAL SEMIANNUAL QUARTERLY BANK DRAFT*

* One Month's Premium, Bank Draft Authorization and Voided Check Required

Application for Duplicate Policy or Certificate

I certify that the above policy has been lost or destroyed and that said policy is not assigned, hypothecated, 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 National Union Fire Insurance Company of Pittsburgh, PA, 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. I also agree that if duplicate forms of the lost policy are not available, I will accept a Certificate for Lost Policy.

Other Instructions (Be specific)

Signature **Date**

Agents Use Only- National Union Fire Insurance Company of Pittsburgh, PA Send all items to be returned to:	Home Office Use Only- Date Recorded _____ By _____ To be Effective On _____
<input type="checkbox"/> Agent <input type="checkbox"/> Owner	