



CONSECO

CONSECO HEALTH INSURANCE COMPANY
P.O. Box 1957
Carmel, Indiana 46082-1957

REQUEST FOR CHANGE

Instructions: Please answer all questions for the change(s) you would like made to your coverage record. If any additional information is required, be sure to send it with this form. The Policy Administration Department will process and notify you in writing of the approved change and effective date.

POLICY/CERTIFICATE NUMBER
POLICYOWNER/CERTIFICATEHOLDER'S NAME
ADDRESS
DAYTIME PHONE #

CHANGE OF MAILING ADDRESS - Communications concerning this policy/certificate are to be mailed to the following new address:

PREVIOUS ADDRESS:

STREET ADDRESS

CITY, STATE, ZIP

NEW ADDRESS:

STREET ADDRESS

CITY, STATE, ZIP

BENEFICIARY DESIGNATION - All previous beneficiary designations are hereby revoked. The Company is free from liability in relying on a statement about birth, death, marriage, names and addresses and other facts concerning all beneficiaries.

Unless otherwise stated in the policy/certificate, the survivors of a beneficiary class share equal amounts of the proceeds.

Table with 3 columns: PRIMARY BENEFICIARY'S FULL NAME, ADDRESS, & RELATIONSHIP; SSN; DATE OF BIRTH. Includes three rows of blank lines for data entry.

If none of the above are living or this designation is ineffective, proceeds will be paid as stated in the policy/certificate. If a Trust is named as the Beneficiary, a certified copy of the Trust is required. Please note this section is only applicable for Accident or Lifeline insurance.

CORRECTION OR CHANGE OF NAME OF POLICYOWNER/CERTIFICATEHOLDER/INSURED

FORMER NAME NEW NAME

Reason ~ Marriage* ~ Change by Court Order on * ~ Correction

~ Resumption of maiden name *

Date Name Changed

*Certified copy of Court documentation required

CHANGE IN PAYMENT METHOD

Current Method	Request Method	Additional Information Required for change
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Direct Bill	None
<input type="checkbox"/> Bank Deductions	<input type="checkbox"/> Bank Deduction	Bank Deduction Authorization and Voided Check
<input type="checkbox"/> Direct Bill	<input type="checkbox"/> Payroll Deduction (if possible)	Payroll Deduction Authorization

_____ _____
 (The Bank and Payroll Authorization forms are available from the Company or your agent)

REMOVING FAMILY MEMBERS

Type of Coverage to remove family member:	<input type="checkbox"/> Cancer <input type="checkbox"/> Alternative Care rider <input type="checkbox"/> Intensive Care <input type="checkbox"/> Sickness rider <input type="checkbox"/> Heart/Stroke <input type="checkbox"/> Specified Disease rider <input type="checkbox"/> Accidental Death & Dismemberment <input type="checkbox"/> Accidental Injury <input type="checkbox"/> Hospital Indemnity
For the coverage's you want to change, list the names of the person(s) you want removed and their relationship to the insured/policyowner/certificateowner.	Name/Relationship to insured/Policyowner/Certificateowner: _____ _____ _____ _____

Are you requesting the removal of the family member due to death? If "yes", please forward a copy of the death certificate with this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other than yourself, after removing the person(s) above, are there any of your dependents (spouse, children) who will still remain under your coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Policyowner/Certificateholder/Insured's Statement: I hereby request that Conseco Health Insurance Company process the change(s) indicated above. I understand that if my coverage is affected by the change(s), my existing coverage will remain in effect until the Company notifies me in writing of the approved change in coverage and its Effective Date.

X _____ Date _____
 Signature of Policyowner/Certificateholder/Insured

The person signing this form agrees to indemnify and hold harmless the Company from the consequences of accepting this transaction.

NOTE: Subject to receipt of this request by the Company, I hereby revoke and cancel any prior request of election which I have made.