

REQUEST FOR CHANGE OF ADDRESS

ADA MEMBER NAME: _____

ADA MEMBER NUMBER: _____

Please complete this form and return to Great-West Financial by fax, email or mail. Because you may maintain separate billing addresses for each ADA Sponsored Group Policy under which you have coverage, we will assume this request applies ONLY to the plans checked below.

Please change my address on the below plans:

- Term Life**
- Term Plus Universal Life**
- Income Protection**
- Office Overhead Expense**
- Medcash**

Change address to:

Street: _____

City: _____ State: _____ Zip: _____

Additional contact information:

Daytime Phone: _____ Fax: _____

Email: _____

(Signature of ADA Member)

(Date Signed)

(Signature of ADA Owner)

(Date Signed)