



AFFINITY

# Request for Service

1. Insured		
Name:		Policy #:
Date of Birth:	SS #:	Current Salary:

2. Contract Owner		
Name:		
Address:		<input type="checkbox"/> Check here for change of address
City:	State:	Zip Code:

3. Name Change (Please Print)	
Change Name of: <input type="checkbox"/> Insured <input type="checkbox"/> Owner	
From (Former Name):	To (New Name):
Reason For Name Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce or resumption of former name <input type="checkbox"/> Other:	
<b>Please sign this form using your NEW name</b>	

4. Premium/Billing Changes
<input type="checkbox"/> Change Planned Periodic Payments to:

5. Increase/Decrease in Benefits
<input type="checkbox"/> Increase/Decrease Face Amount to:

6. Request Duplicate Policy/Certificate (Original was lost)
<input type="checkbox"/> Please send me a Confirmation of Insurance Coverage at no charge.
<input type="checkbox"/> Please send me a complete Duplicate Certificate <i>(Please enclose \$25 handling fee with this request)</i>

7. Other Changes/Comments

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form to:**  
USI Affinity  
100 Matawan Road, Suite 200  
Matawan, NJ 07747