

**SERVICE REQUEST FORM**

<b>Instructions</b>		
1. Multiple changes to the same policy may be requested on this form. 2. Signatures must be in ink. Record the place and date. The signatures must be witnessed by a third party.		
Name of Insured _____ <small style="display: inline-block; width: 150px; margin-left: 100px;">Last name</small> <small style="display: inline-block; width: 100px; margin-left: 50px;">First name</small> <small style="display: inline-block; width: 100px; margin-left: 50px;">Middle Initial</small>		Employer Name _____
Date of Birth _____	SSN: _____	Policy No. _____
<input type="checkbox"/> <b>I. Change of Insured's Name</b>		
From _____ To _____		
Reason: <input type="checkbox"/> Marriage, <input type="checkbox"/> Divorce, <input type="checkbox"/> Other (explain) _____		
Date of Change _____		
<input type="checkbox"/> <b>II. Change of Insured's Address</b>		
<b>Current Address:</b>	Number & Street _____ City _____ State _____ Zip _____	
<b>New Address:</b>	Number & Street _____ City _____ State _____ Zip _____	
<input type="checkbox"/> <b>III. Request for Duplicate Policy</b>		
To the best of my knowledge and belief, the above numbered policy has been lost or destroyed. I hereby request that a duplicate policy be issued.		
<input type="checkbox"/> <b>IV. Other Requests</b>		

Please sign below:

Signature of Insured	Signature of Witness
Signed at _____	on _____
<small>City</small>	<small>State</small>
	<small>Date</small>

**Return completed form to:**

**Administrative Services**  
**300 Southborough Dr. Ste. 200**  
**South Portland, ME 04106-6914**  
**Phone: 1-800-877-2701 Fax: 1-877-820-5311**