

**EDUCATOR BENEFIT SOLUTIONS®**  
**SERVICE REQUEST FORM**

**Instructions**  
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 _____ Last name First name Middle Initial			Employer Name _____
Date of Birth _____	SSN: _____	Policy No. _____	

**I. Change of Insured's Name**

From \_\_\_\_\_ To \_\_\_\_\_

Reason:  Marriage,  Divorce,  Other (explain) \_\_\_\_\_

Date of Change \_\_\_\_\_

**II. Change of Insured's Address**

<b>Current Address:</b>	Number & Street _____ City _____ State _____ Zip _____
<b>New Address:</b>	Number & Street _____ City _____ State _____ Zip _____

**III. Request for Duplicate Policy**

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.

**IV. Other Requests**

\_\_\_\_\_

Please sign below:

\_\_\_\_\_  
Signature of Insured                      Signature of Witness

Signed at \_\_\_\_\_ on \_\_\_\_\_  
City State Date

**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**