

## Voluntary/Worksite Benefits Service Request

Please fax this completed form to 888.208.2323

<b>Instructions</b> – Multiple changes to the same certificate may be requested on this form.		
<b>Name of insured</b> ( <i>last, first, middle initial</i> )		<b>Employer name</b>
<b>Date of birth</b>	<b>Last four of SSN</b>	<b>Certificate number</b>

<input type="checkbox"/> <b>I. Change of Insured's Name</b>		
<b>From</b>	<b>To</b>	<b>Date of change</b>
Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other ( <i>Explain.</i> )		

<input type="checkbox"/> <b>II. Change of Insured's Address</b>					
<b>Current address &amp; phone number</b>	<b>Phone</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>New address &amp; phone number</b>	<b>Phone</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>

<input type="checkbox"/> <b>III. Change of Dependent</b>		
<b>Name</b>	<b>Relationship</b>	<b>Date of change</b>
Reason: <input type="checkbox"/> Add coverage <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Other ( <i>Explain.</i> )		
<b>Name</b>	<b>Relationship</b>	<b>Date of change</b>
Reason: <input type="checkbox"/> Add coverage <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Other ( <i>Explain.</i> )		
<b>Name</b>	<b>Relationship</b>	<b>Date of change</b>
Reason: <input type="checkbox"/> Add coverage <input type="checkbox"/> Name change <input type="checkbox"/> Address change <input type="checkbox"/> Other ( <i>Explain.</i> )		

<input type="checkbox"/> <b>IV. Request for Duplicate Certificate</b>
To the best of my knowledge and belief, the above numbered certificate has been lost or destroyed. I hereby request that a duplicate certificate be issued.

<input type="checkbox"/> <b>V. Other Requests</b>

<b>Signature</b>	<b>Date</b>

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA). In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI). Group Hospital Confinement Indemnity "Gap" or Supplemental Medical Expense "Gap" insurance is underwritten by Fidelity Security Life Insurance Company (Kansas City, MO) and is administered by SLOC.

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