

Service Request Form

Abacus Series

Underwritten by Fortis Benefits Insurance Company

Administered by Administrative Systems, Inc.

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 _____ Policy No. _____

Last name First name Middle Initial

Date of Birth _____ SSN: _____

Employer Name _____

I. Change of Insured's Name

From _____ To _____

Reason: Marriage, Divorce, Other (explain) _____

Date of Change _____

II. Change of Insured's Address

Current Address:

Number & Street _____

City _____ State _____ Zip Code _____

New Address:

Number & Street _____

City _____ State _____ Zip Code _____

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

Signed at _____ on _____
City State Date

Signature of Insured

Signature of Witness

Return completed form to: Administrative Systems, Inc., Customer Service Center, 1310 Mercer Street, Suite 200, Seattle, WA 98109. Phone: 1-800-877-2701, x250; Fax: 1-206-343-4587