

APPLICATION FOR CHANGE OR CORRECTION OF POLICY

 Weekly Business (W)

 Monthly Business (MDO)

 Ordinary Business (PNO)

INSURED			
Last Name	Name	Middle Initial	Social Security
			/ /
Policies Number			
1.	2.	3.	4.

INSURED NAME CHANGE	
Enclose necessary documents in order to provide proof of name change, except when this change is due to correction (misspelled or error) insured name in the policy.	
Previous Name:	New Name:
Reason:	

AGE AND/OR BIRTH DATE CORRECTION	
Mistaken Age:	Correct Age:
I certified that the _____ of _____ is my correct date of birth. Enclosed is an original document _____ as evidence of my date of birth.	
In accordance with the information provided, please indicate:	
<input type="checkbox"/> Premium amount that I must pay in order to maintain the same Insurance Face Amount; <input type="checkbox"/> Return Premium Amount paid in excess ; <input type="checkbox"/> Adjust the Insurance Face Amount of Insurance in order to maintain same premium payment.	

ISSUED DATE CHANGE	
Previous Date:	New Date:
Reason:	
If Insured birth date changes:	
<input type="checkbox"/> Adjust the corresponding premium and invoice or return the difference; <input type="checkbox"/> Adjust the Insurance Face Amount in order to continue same premium payment.	

CHANGE IN FACE AMOUNT OR INSURANCE PLAN	
Previous Plan:	New Plan:
The Premium should be adjusted from \$ _____ to \$ _____ and the Insurance Face Amount from \$ _____ to \$ _____. I will send any insurability evidence requested, required or necessary, in addition to the information sent in this form, no later than 30 days after the date on this application.	

<input type="checkbox"/> ADD DEPENDENT		<input type="checkbox"/> ELIMINATE DEPENDENT	
Enclosed the necessary documents that proves the change: Marriage Certificate, Birth Certificate, etc			
NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY
1.			
2.			
3.			
4.			

I authorize **TRIPLE-S VIDA, INC.**, to make the following change(s) in the above policy(ies).

I CERTIFY that none of the policies in which I am requesting some sort of change, is assigned to a person, except as it is explain above; nor is collaterally assigned as guarantee to a loan or debt. I also state and assure that I am not by any means beginning or perusing the process to file for bankruptcy.

Sign at _____, _____, on the _____ day of _____, 2____.

(City) (State)

_____ ASSIGNEE SIGNATURE	_____ INSURED SIGNATURE
_____ BENEFICIARY SIGNATURE (If is irrevocable)	_____ OWNER SIGNATURE (If Owner is not the Insured)
_____ WITNESS SIGNATURE	Owner Address: _____ _____
_____ AUTHORIZED REPRESENTATIVE OR PRODUCER SIGNATURE	_____ _____

Debit or Number _____