Faxable Change Document

ASSURANT Employee Benefits

To ______________________ Fax 888.208.2323 __________ Date ______________

From ______________________ Fax ______________ Telephone ______________

RE: Policyholder name ______________________ Policy no. ______________

E-mail address ______________ Group sales office ______________ No. of pages ______

☐ *Check here if any of the above information has changed.*

Message ____

Employee Termination of Employment and Salary Changes					
Cert No.	**Employee name**	**Termination**		**GUUfy Change**	
		Reason	Last day worked	Effective date	New salary amt.
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______
					$ ______ Per ______

This form is not intended to replace the Employee Application or to enroll a new employee.

Employee Name Change *(Please print or type.)*

Certificate Number ______________ Old name ______________ New name ______________

Request for Coverage Change

Certificate Number ______________ Effective date ______________ Employee name ______________

Dependent coverage: ☐ Add ☐ Delete

☐ Spouse Date of marriage ______________ Date of death or divorce ______________

☐ Child Date of birth ______________ Other qualifying event and date ______________

You may also report terminations or changes by calling 800.733.7879. or Emailing cr4kc@assurant.com

Please **mail premium checks separately** in the enclosed envelope with your remittance stub.
Please mail enrollment applications or other changes to:
Assurant Administrative Office
P.O. Box 981624
El Paso, Texas 79998-1624

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

Assurant Employee Benefits
www.assurantemployeebenefits.com

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