

Request To Modify

Group Number _____

Employer: _____
(Exact Legal Name)

The requested modification to our original Employer Group Application is as follows:
(please list details of your request)

We are requesting the change to be effective _____

You, the Employer, understand and agree that this Request to Modify will not be in effect unless and until we approve it along with or in addition to the Employer Group Application. The effective date if approved will be determined by Us and may be later than the requested effective date. All other terms of the Employer Group Application will remain in effect. It will only be modified to the extent expressly stated in this Request to Modify.

Dated at: _____ By: **X** _____
City & State (Signature and Title of Person signing on Behalf of Employer)

Dated on: _____ Witness: **X** _____

If you have any questions call 800-232-5432. You may mail or fax this form to 920-661-5841.

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