

**FRA ENDORSED INSURANCE PROGRAM**

**CHANGE REQUEST**

To request a change to the plan indicated below, please complete this form and return it to:

**FRA Endorsed Insurance Plans  
P.O. Box 14464  
Des Moines, IA 50306-3464**

Please refer to your last premium notice for your certificate number. All changes will be effective the first of the month following the receipt of your request. **Please complete only the section in which you intend to make the change.**

**(Please print all information in blue or black ink)**

Certificate Number: 0 9 8 - \_\_\_\_\_

Plan Name: \_\_\_\_\_

Member's Name: \_\_\_\_\_  
First MI Last

Spouse's Name (if insured): \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Member Number: \_\_\_\_\_

**DEMOGRAPHICS –**

Member's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**COVERAGE TERMINATION – Please indicate who is being terminated and the reason for requesting termination of the plan indicated above:**

**ADD MY CHILDREN:** If children are older than 30 days, an application must be completed and sent back to address at the top of this page. If children are less than 30 days, please fill out this section.

(Please include additional children on a separate signed and dated sheet of paper.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Female  Male

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Female  Male

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Female  Male

**REMOVE MY CHILDREN:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

**WE CANNOT PROCESS YOUR REQUEST WITHOUT YOUR SIGNATURE. PLEASE INDICATE THE DATE SIGNED.**

**X** \_\_\_\_\_  
Member's Signature

**X** \_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**X** \_\_\_\_\_  
Spouse's Signature

**X** \_\_\_\_\_  
Date Signed (mm/dd/yyyy)