

LifeShield National Insurance Co

P.O. Box 114574
Oklahoma City, OK 73113
1-844-649-1897

REQUEST FOR SERVICE

POLICY NUMBER	INSURED	MEDICARE ID NUMBER
CHANGE NAME OF: <input type="checkbox"/> Insured <input type="checkbox"/> Payor		
FORMER NAME (please print)		NEW NAME (please print)
REASON FOR CHANGE (If other than correction, marriage or divorce, please attach copy of legal evidence; if available.)		
<input type="checkbox"/> DUPLICATE POLICY REQUEST	<input type="checkbox"/> DUPLICATE ID CARD REQUEST	
<input type="checkbox"/> CHANGE OF ADDRESS (Indicate new address.)	<input type="checkbox"/> CANCELLATION OF FREE LOOK	
	<input type="checkbox"/> CANCELLATION OF POLICY	
<input type="checkbox"/> CHANGE OF TELEPHONE NUMBER (Indicate new telephone number.)	<input type="checkbox"/> NOTIFICATION OF DEATH (Please include death certificate)	
<input type="checkbox"/> CHANGE PAYMENT METHOD <input type="checkbox"/> QUARTERLY DIRECT <input type="checkbox"/> SEMI-ANNUAL DIRECT <input type="checkbox"/> ANNUAL DIRECT <input type="checkbox"/> MONTHLY EFT <input type="checkbox"/> QUARTERLY EFT <input type="checkbox"/> SEMI-ANNUAL EFT <input type="checkbox"/> ANNUAL EFT *IF selecting EFT option please contact a Customer Service Associate at 1-844-649-1897.	<input type="checkbox"/> REQUEST TO REDUCE/INCREASE BENEFITS <input type="checkbox"/> Supplement Plan A <input type="checkbox"/> Supplement Plan B (PA Residents ONLY) <input type="checkbox"/> Supplement Plan C (OH and NJ Residents ONLY) <input type="checkbox"/> Supplement Plan D <input type="checkbox"/> Supplement Plan F <input type="checkbox"/> Supplement Plan G <input type="checkbox"/> Supplement Plan N *ALL benefit changes are subject to underwriting approval.	
COMPLETE FOR ABOVE REQUEST <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 30%; border: 0.5px solid black;"/> Signature </div> <div style="text-align: center;"> <hr style="width: 30%; border: 0.5px solid black;"/> Date </div> </div>		