

Mark all boxes and complete all sections that apply. Print, then email, fax, or mail completed form to:



Ryan Insurance Strategy Consultants
Attn: NAPFA LTD Disability Plan
5690 DTC Boulevard, Suite 290W
Greenwood Village, CO 80111
www.Ryan-Insurance.net
info@ryan-insurance.net
(800) 796-0909 Fax 888-337-2291

CHANGE FORM

I wish to make the following change/s to my participation in the NAPFA Group LTD Plan:

Change the bank account used for my monthly premium withdrawal:

Account Type: Checking Savings
Name of Financial Institution:
Location (City, State):
New Account Number:
Financial Institution's Routing/Transit Number:
(Look between symbols "/:/" on your check)

YOU MUST PROVIDE A COPY OF A VOID CHECK FOR THIS TRANSACTION

Update contact information:

Address: home business
Email:
(This will be used to contact you with plan information throughout the year)
Phone: home business mobile

Submit a change of name

New last name:

MEMBERS: End my participation* in the NAPFA LTD Plan

Please provide the reason why your participation is ending, so that we may continue to improve our service.

Requested date of cancellation:**

EMPLOYERS: Report termination of employee* & request removal from NAPFA LTD Plan.

Employee Name:
Date of Termination**:

* If you are terminating coverage: You or your ex-employee may have the option of continuing this coverage as a conversion policy. Contact us for details.
**Premiums are paid on a calendar month basis; there are no partial month refunds.

Important information for all participants:
You must be a NAPFA Member or Employee of a NAPFA Member to continue your participation in this plan. Notify us if your status has changed. Benefits from most group DI plans will offset your NAPFA LTD benefits. Contact us if you are covered under another group plan.

Signature
Print Name
Email address
Date

Please allow two weeks for the requested changes to be made. You will receive confirmation via email of completion.