



Lincoln Mutual
 Life & Casualty Insurance Company
 4510 13th Avenue South
 P.O. Box 1918
 Fargo, ND 58107-1918
 800-233-6050
 www.lml.com

Change Form - VGL

Employee's Name _____ Certificate Number _____

Employer's Name _____ Group Number _____

Social Security Number _____ Date of Birth _____

Current Address _____
 Street/PO Box _____ City _____ State _____ Zip Code _____

Phone Number _____
 Home _____ Work _____

Cancel VGL policy as of** _____
 Month _____ Year _____

I am authorizing LML to cancel my policy. I have notified my payroll department to stop deductions.

Signature of Employee _____ Date _____

Address Change
 Insured Name _____
 New Address _____
 Street/PO Box _____ City _____ State _____ Zip Code _____

Signature of Insured _____ Date _____

Marriage Date _____
 Name Change from _____ to _____
Complete VGL Application to make any benefit changes.

Signature of Insured _____ Date _____

Divorce Date _____
 Name Change from _____ to _____

I no longer wish coverage on my spouse and dependents. Request single coverage only.
 Spouse name _____ Date of Birth _____

I no longer wish coverage on my spouse but continue coverage on my children. Premiums will remain the same.
 Spouse Name _____ Date of Birth _____

Signature of Insured _____ Date _____

Send application to convert to spouse for coverage continuation: *

Address: _____

Mail completed form to:
 Lincoln Mutual Life
 4510 13th Avenue South
 P.O. Box 1918
 Fargo, ND 58107-1918

*Conversion option is available for 31 days after termination.
 * Previous spouse can only continue coverage by converting.
 **Cancellation date cannot be retroactive. Change must be made for future date. (Example: Cancellation requested 1/20/10. Policy will be cancelled 2/1/10).*