

# HARTFORD LIFE

## PERSONNEL CHANGE FORM - CHANGE IN BENEFITS



<b>Policy Number:</b>	<b>Policy Name:</b>	<b>Policyholder Contact Name:</b>
		<b>Policyholder Contact Telephone #:</b>

**Please enter all of the following information completely and accurately** | **Types of Coverage: Please mark the appropriate type**

Last Name	First Name	Social Security #	Date of Change	Salary	Basic Life	Supp. Life	AD&D	LTD	STD	Dep. Life	Employee Group/Class
				Annual, Monthly Weekly, Hourly		Benefit Amt. or Salary Mult.				Spouse Child Both	
											Spouse Child
											Spouse Child
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											Spouse Child
											Spouse Child

Hartford Life  
 GBD - Priority Accounts - Billing Operations  
 7400 College Blvd. 5th Floor  
 Overland Park, KS 66210  
 Attn: List Bill Team

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