THE HARTFORD

PERSONNEL CHANGE FORM - TERMINATIONS

Policy Number: | **Policy Name:** | **Policyholder Contact Name:**

Policyholder Contact Telephone #:

Please enter all of the following information completely and accurately

Types of Coverage: Please mark the appropriate type

Last Name	First Name	Social Security #	Termination Date	**Basic Life**	**Supp. Life**	**AD&D**	**LTD**	**STD**	**Dep. Life**	**Employee Group/ Class**
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The Hartford
GBD- Priority Accounts - Billing Operations
7400 College Blvd. 5th Floor
Overland Park, KS 66210
Attn: List Bill Team

Fax: (860) 843-4596

E-Mail: list.bill@thehartford.com

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