



**MEDICO®**

LIFE AND HEALTH INSURANCE COMPANY

P.O. Box 10386

Des Moines, IA 50306-0386

Toll Free 1-800-228-6080

**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 MLHIC 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 \_\_\_\_\_

**Drop Family Coverage - Switch to single coverage\*\***  
Signature of Employee \_\_\_\_\_ 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:**  
Medico Life and Health Insurance Company  
PO Box 10386  
Des Moines, IA 50306-0386

*Conversion option is available for 31 days after termination.*

*\*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).*

*\*\*Children ineligible*

*\*\* \*Previous spouse can only continue coverage by converting.*