



**Change Of Address
Authorization Form**

**Customer Service Center
1-800-228-6080**

Complete Sections 1 Through 5

1

- Individual
- Husband & Wife

Mail completed form to:

**Medico Insurance Company
PO Box 10386
Des Moines, IA 50306**

Policyholder Information

2

Policyholder Name _____ Policy Number(s) _____

Policyholder Name _____ Policy Number(s) _____

If you checked the 'Husband & Wife' box, please provide both names and policy numbers.

Old Address

3

Name _____

Address _____

City, State, Zip _____

Phone Number (____) _____

New Address

4

Address Change Effective Immediately **OR** Address Change Effective _____

Name _____

Address _____

City, State, Zip _____

Phone Number (____) _____

Please Print

Policyholder Signature(s)

5

Signature _____ Date _____

Signature _____ Date _____

If you checked the 'Husband & Wife' box, please provide both signatures.