



**Change Of Address  
Authorization Form**

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

**Complete Sections 1 Through 5**

**Mail completed form to:**

**1**

- Individual
- Husband & Wife

**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 (\_\_\_\_) \_\_\_\_\_

**Policyholder Signature(s)**

**5**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Please Print