

FPA GROUP INSURANCE CHANGE FORM



Complete all sections that apply. Email, fax, or mail completed form to:
Ryan Insurance Strategy Consultants
5690 DTC Boulevard, Suite 290W, Greenwood Village, CO 80111
www.Ryan-Insurance.net | info@Ryan-Insurance.net
(800) 796-0909 ext. 101 Fax 888-337-2291

I wish to make the following change/s to my: (Check one or both)

FPA Group LTD

FPA Group Life Plan

Change the bank account used for my monthly premium withdrawal:

Account Type: Checking Savings

Name of Financial Institution: _____

Location (City, State): _____

New Account Number: _____

Financial Institution's Routing/Transit Number: _____

(Look between symbols “/:” on your check)

YOU MUST PROVIDE A COPY OF A VOID CHECK FOR THIS TRANSACTION

Update Contact information:

Address: home work _____

Email: _____

(Your email will be used to contact you with plan information throughout the year)

Phone: work mobile home _____

Submit a change of name

New last name: _____

End my participation in the FPA Life LTD Plan (check all that apply)

Please provide the reason why your participation is ending, so that we may continue to improve our service. (There is Conversion Option which may be available upon termination of your participation. Contact us for details)

Requested date of cancellation: _____ *(Premiums are calendar month; no partial month refund)*

Important:
You must be a member of FPA to continue to participate in this plan.
Call us to discuss if you have other group coverage or if your eligibility has changed.

Signature

FPA Member ID Number

Print Name

Email address

Date

Please allow two weeks for the requested changes to be made. You will receive confirmation via email of completion.