



## REQUEST FOR CHANGE OF ADDRESS

ADA Member Name: \_\_\_\_\_

ADA Member Number: \_\_\_\_\_

- Insurance Plan(s):
- Term Life
  - Term Plus® Universal Life
  - Income Protection
  - Office Overhead Expense
  - MedCASH<sup>SM</sup>

Please complete this form and return it to Great-West by fax or mail. Because you may maintain separate billing addresses for each ADA group policy under which you have coverage, we will assume this request applies ONLY to the Plan(s) checked above.

My permanent address is:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY**

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