ADA Members Insurance Plans

www.insurance.ada.org

GREAT-WEST FINANCIAL

P.O. Box 340
Denver, CO 80201
Phone 800-568-2001
Fax 303-737-4843
ada@greatwest.com

REQUEST FOR CHANGE OF WAITING PERIOD
ADA INCOME PROTECTION PLAN

ADA MEMBER NAME:_____

ADA MEMBER NUMBER:_____DATE OF BIRTH:_____

DAYTIME PHONE:_____FAX:_____

EMAIL:_____

Please complete this form and return it to Great-West Financial by fax, email or mail.

Your waiting period change will go into effect on the date your next renewal premium is due, either May 1 or October 1 if you have selected semi-annual billing, or if you have selected monthly Autopay withdrawal, on the first day of the month following receipt of your request.

Note: Proof of good health will be required ONLY IF you are requesting a shorter waiting period.

This Change Affects:

☐ All of my current coverage
☐ The portion of my coverage that currently has a waiting period of _____Days

New Waiting Period:
☐ 180 Days
☐ 90 Days
☐ 60 Days
☐ 30 Days

Signature of Member:_____ Date: _____

Contact Phone number:_____