



**Employees' Mutual Benefit Association  
Short Term Disability Insurance Policy**

**REQUEST FOR CHANGE OF NAME**  
(Marriage, Divorce, Legal Change)

Present Name of Insured as stated in my policy:

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I hereby request that the name as stated in my policy be changed as follows:

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Effective Date of Change: \_\_\_\_\_

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Signature of Insured

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Full Address

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Phone Number

Employee ID Number