GUARDIAN®

☐ **BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**
Home Office: 700 South Street, Pittsfield, MA 01201
Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY

☐ **THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**
Administrative Office: 3900 Burgess Place, Bethlehem, PA 18017
Administrative Office: 700 South Street, Pittsfield, MA 01201
(Please check appropriate company(ies).

Request for Change - Disability Insurance - No Underwriting

1. INSURED INFORMATION

Policy Number _____ Insured's Name _____

Telephone Number _____ Email Address _____

Current Billing Address _____

2. CHANGE OF NAME

Please Type or Print From My Former Name: _____

To My New Name: _____

If the name changed is a corporate name, provide a copy of the vote of the board of directors certified by the corporation's secretary.

3. CORRECTION OF AGE – Attach Policy

_____ ☐ Certified evidence attached.
Correct Date of Birth

4. CHANGE OF PREMIUM MODE TO

☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly by Automatic Payment Plan*

*Submit a sample voided check or savings deposit slip and Request for Guard-O-Matic Arrangement form.

5. CHANGES THAT DO NOT REQUIRE UNDERWRITING

☐ Change premiums from Graded to Level.
☐ Reduce Monthly Benefit to $_____.
☐ Reduce Indemnity or Benefit Period to _____.
☐ Increase Elimination or Waiting Period to_____ days Accident, _____ days Sickness.
☐ Removal of Riders/Supplementary Benefits (specify) _____.
☐ Suspension of Policy Due to Insured Entering Military Service on _____(date).
☐ Suspension of Policy Due to Unemployment (submit necessary documentation).
☐ Purchase COLA Incremental Monthly Indemnity (provide evidence of Full Time Gainful Employment).
☐ Change Servicing Agent to _____.
☐ Other (specify) _____.

6. SPECIAL REQUESTS

Signed at _____ this _____ day of _____, _____.
City and State Day Month Year

_____ _____
Signature of Named Insured Signature of Owner if Other than Named Insured

_____ _____
Witness Witness