Paramount Life & General Insurance Corporation
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Madaling Kausap.

REQUEST AMENDMENT OF POLICY

FULL NAME ______________________ POLICY NO. ______________
TELEPHONE NO. ______________________ MOBILE NO. ______________
E-MAIL ADDRESS ______________________

☐ **CHANGE/CORRECTION OF NAME**

Please change my name as shown on my policy to:

☐ Mr. ☐ Mrs. ☐ Ms. ______________________
Last First M.I.

☐ **CHANGE OR ADDITIONAL BENEFICIARY/IES**

Please change the beneficiary/ies as shown on my policy to:
Complete in full, listing all beneficiaries. All beneficiaries enumerated below replace any and all beneficiary appointments prior to this change.

FULL NAME	DATE OF BIRTH	RELATIONSHIP TO INSURED	DESIGNATION (Recovocable or Irrevocable)

NOTE: *In the absence of an official beneficiary designation, the beneficiary indicated is presumed to be revocable.*

☐ **CHANGE OF COVERAGE**

Please change my hospital coverage from:

☐ Individual to Family ☐ Individual to Individual & Spouse ☐ Family to Individual
☐ Individual & Spouse to Family ☐ Plan ________ to Plan ________ ☐ ______________

	FULL NAME	DATE OF BIRTH	AGE	SEX
SPOUSE				
UNMARRIED DEPENDENT CHILDREN				

I understand and agree that any family member/s now included by this alteration will be subject to the Pre-Existing Conditions Limitations of the Policy, with the Effective Date being the date of this alteration. An endorsement will be prepared showing the changes which I will attach to my policy documents.

SIGNATURE ✓ ______________________ **DATE** ______________