



Mark all boxes and complete all sections that apply. Email, fax, or mail completed form to:

Ryan Insurance Strategy Consultants
Attn: NAPFA LTD Disability Plan
5690 DTC Boulevard, Suite 130W
Greenwood Village, CO 80111
www.Ryan-Insurance.net
Ava_Chappell@ryan-insurance.net
(800) 796-0909 Fax 888-337-2291

CHANGE FORM

I wish to make the following change/s to my participation in the NAPFA Group LTD Plan:

Change the bank account used for my monthly premium withdrawal:

Account Type: Checking _____ Savings _____

Name of Financial Institution: _____

Location (City, State): _____

New Account Number: _____

Financial Institution's Routing/Transit Number: _____

(Look between symbols “/:” on your check)

YOU MUST PROVIDE A COPY OF A VOID CHECK FOR THIS TRANSACTION

Submit a change of address

New Address: _____

Effective Date: _____

Submit a new email address

(This will be used to contact you with plan information throughout the year)

New Email: _____

Submit a change of name

New last name: _____

Increase or Decrease Benefits

Use Premium/Benefit Calculator link found on the NAPFA LTD page of website

Monthly earnings _____ Monthly benefit _____ Monthly premium _____

MEMBERS: End my participation in the NAPFA LTD Plan

Please provide the reason why your participation is ending, so that we may continue to improve our service.

EMPLOYERS: Report termination of employee & request removal from NAPFA LTD Plan.

Employee Name: _____

Date of Termination: _____

Signature

Print Name

Email address

Date

Note: Your ex-employee may have the option of continuing this coverage. Please suggest they notify us to discuss this possibility.

Please allow two weeks for the requested changes to be made. You will receive confirmation via email of completion.