

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001

ADD/LAGDOCS

Life billing changes

Dear Policyowner: For your convenience, this form is provided for requesting service. If you prefer, you may contact your Horace Mann agent for assistance, or call our Customer Service unit at 1-800-999-1030. We'll be glad to help you.

Policy number _____

Section 1 must be completed for all requests.

1. Name of insured(s)

Soc. Sec #	Tel. #
	()
	()

Change mailing address of insured

New address

Last name	First name	Middle initial
Street address		
City	State	ZIP

Old address

Last name	First name	Middle initial
Street address		
City	State	ZIP

Name of owners

Soc. Sec #	Tel. #
	()
	()

Change mailing address of insured

New address

Last name	First name	Middle initial
Street address		
City	State	ZIP

Old address

Last name	First name	Middle initial
Street address		
City	State	ZIP

2. Billing

Change method of premium payment to:

Direct Bill

- Annual
- Semi-Annual
- Quarterly

Check-O-Matic

Withdrawal date of:

- 5th 20th
- 10th 25th
- 15th

***Payroll Deduction**

School name

State and group #

Date of first deduction

I request future annual premiums be paid from my policy account, as long as the value is sufficient.

*Note: If Check-O-Matic or Payroll Deduction is selected, an Authorization form must be completed and forwarded as indicated on that form to authorize the deduction. These forms may be obtained from your Horace Mann agent.

Policy #	Name	Additions	Deletions	Explanations