



The Company You Keep®

# GROUP MEMBERSHIP CHANGE REQUEST FORM

Group Name Wisconsin National Guard Association, Inc. Group Number G-29360-0

Insured's Name \_\_\_\_\_ Certificate Number \_\_\_\_\_

Owner's Name \_\_\_\_\_  
(If not the Insured)

## 1. Name Change:

### Instructions:

- This form should only be used to change the name of an existing insured, owner or beneficiary. Please do not use this form for a transfer of ownership or a beneficiary change.
- A copy of a marriage certificate, divorce decree or other court or official document is required to change an insured or non-insured owner's name.

Change is for:     Member     Spouse     Child     Owner     Beneficiary

**From:** \_\_\_\_\_  
(First) (M.I.) (Last)

**To:** \_\_\_\_\_  
(First) (M.I.) (Last)

## 2. Address Change:

Change is for:     Insured     Owner     Beneficiary

**From:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**To:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

## 3. Request for Replacement of Lost Certificate/Policy:

Please provide a current certificate outlining the group policy provisions, or individual policy.

Upon receipt of this request, we will issue a current certificate/policy for the insurance identified above.

## 4. Requests for Other Changes:

### Instructions:

This section can be used for contract changes that do not require evidence of insurability such as a reduction in a benefit.

\_\_\_\_\_  
\_\_\_\_\_

## **AUTHORIZING SIGNATURE:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Insured Member or previously designated non-insured Owner)

**Please return this completed form to: WINGA Insurance Plan, 2400 Wright Street, Room 205, Madison, WI 53704-2572.**  
Assistance is available by calling 608-242-3100 or by sending an email to: [insinfo@winga.org](mailto:insinfo@winga.org).