

Keep Us Informed



PROVIDENT

If there has been a change of mailing address for your organization or a change of the officer who handles the insurance for the organization — would you please take a moment to fill out this form, sign and date it, and then return it to us as soon as possible. Often there is a change that we are not aware of which interferes with our ultimate goal of giving you the best service possible. Thank you.

Name of Organization: _____

Policy Number: _____ Organization's Telephone: (____) _____

Address of Organization: _____

Name of the Officer in Charge of Insurance: _____

Officer's Title/Position in Organization: _____

Home Address of Officer: _____

Telephone Numbers of Officer: Home (____) _____ Work (____) _____

Email of Organization or Officer: _____

Where would you like to have the billing and renewal information sent? Please check only one.

To the officer in charge of insurance at the *organization's address*

OR

To the officer in charge of insurance at *his/her home address*

Officer's Signature: _____

Title: _____

Date: _____

Questions or comments? Please call us *Toll Free* at 800-447-0360

Check us out on the web at www.providentbenefits.com