



CHANGE OF ADDRESS FORM

Fully complete and return this form to notify Liberty Union Life of Employee's address change.

Employee Name

Group Name

Group Number

16

Member ID Number

Employee's Old Address

Employee's New Address -

City

State

Zip Code

Telephone number

Email Address

Signature of Employee

Date

Mail to: Liberty Union Life Assurance 560 Kirts Blvd. Suite 125 Troy, MI 48084

Fax: (248) 583-4647

Email: bjc@maaassociates.com