



Request to Redate Health Insurance Policy
(Items 1-4 must be answered for your request to be considered.)

Date _____

Policy No. _____

1. Please change the effective date of the policy I have applied for to _____

2. The name of my current health insurance company is _____

3. The policy number at my current health insurance carrier is _____

4. The paid to date on my current health insurance is _____

5. Comments _____

6. I acknowledge, understand and agree that, by changing the effective date of the policy, I will not be covered for any injuries that occur or sickness, diseases or conditions that begin prior to the requested effective date, even if they began after the date I signed my insurance application.

7. I further understand by requesting a change in effective date, my premium will change.

8. There have been no health changes since the application date.

Applicant Name
(Please Print)

Applicant Signature

Date

Agent's Name (Print)

Agent's Signature

Date