Metro Atlanta Financial Group

Group number: _____ Effective Change Date: _____/_____/_____

Disability Change Form

Instructions: Please complete boxes outlined in **RED**.

A: Personal Information

Last Name: _____ Middle Initial: _____ First Name: _____

Date of Birth: ___/___/_____ Social Security Number: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code:_____

Home Phone Number:_____ E-mail Address: _____

Marital Status: ○ Single ○ Married ○ Divorced ○ Widowed

Gender: ○ Male ○ Female

B: Type of Change (Please select all the apply):

☐ Name Change:

Previous Name:_____

New Name: _____

☐ Address Change:

Previous Address:_____

_____

New Address: _____

_____

C: Acknowledgement of Coverage and Signature

Name Printed: _____

Signature Date: ___/___/_____

Signature: **X** _____