HARTFORD LIFE

PERSONNEL CHANGE FORM - CHANGE IN BENEFITS

THE HARTFORD

Policy Number:	Policy Name:	Policyholder Contact Name:
		Policyholder Contact Telephone #:

Please enter all of the following information completely and accurately					Types of Coverage: Please mark the appropriate type						
Last Name	First Name	Social Security #	Date of Change	Salary Annual, Monthly Weekly, Hourly	**Basic Life**	**Supp. Life** Benefit Amt. or Salary Mult.	**AD&D**	**LTD**	**STD**	**Dep. Life** Spouse Child Both	**Employee Group/ Class**
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Hartford Life
GBD - Priority Accounts - Billing Operations
7400 College Blvd. 5th Floor
Overland Park, KS 66210
Attn: List Bill Team

Fax: (860) 843-4596

E-Mail: list.bill@hartfordlife.com