



COVERAGE CHANGE REQUEST

To: Flexcare Bridge II
Attn: Sue
Via Facsimile
1 (714) 505-1116

From: _____

Date: _____

Re: Policy No: _____

To Whom It May Concern:

Please change the coverage amount on this policy to \$_____. If you have any questions please contact me at the address listed above or call me at

_____.

Thank you,

(SIGNATURE)

(NAME PRINTED)