BANK NAME

STREET ADDRESS

CITY STATE ZIP

RE: GROUP NUMBER & CARRIER NAME

(list all group numbers and carrier names- Ex: 12345 Anthem; 65432 Delta Dental; 09877 Sunlife)

Please change the waiting period for BANK NAME to first of the month preceding \_\_\_\_\_\_ days. Please make this change for the policies listed above.

If you have any questions, contact me directly at ( ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_.

Sincerely,

NAME

TITLE