Trustmark
Voluntary Benefit Solutions®
A Division of Trustmark Insurance Company
PO Box 7937
Lake Forest IL 60045-7937

Phone: (800) 918-8877 option 6
Fax: (847) 615-4943
Hours: Monday – Thursday 7:00am to 7:00pm CST
Friday 7:00am to 6:00pm CST
Email: CustomerCare@trustmarksolutions.com
Website: www.trustmarksolutions.com

CORRECTION OF BIRTH DATE

Please print or type except where signatures are requested.

Policy Number: _____

Insured's Name: _____

Owner's Address (including City, State, Zip Code): _____

Owner's Phone Number: ( ) _____

Change Date of Birth for: ☐ Owner ☐ Insured ☐ Dependent

Correct Date of Birth: _____

Premium may be altered based upon changes to the Insured's age.

Please attach a copy of legal documentation of the birth date to this form (i.e. birth certificate or passport).

I (we) request that the transaction marked above be completed by Trustmark and I (we) expressly warrant that all persons signing below are of legal age. The changes requested in the form will not become effective until approved by Trustmark.

Dated at _____ this _____ day of _____ , 20 _____
City and State

Name of Current Owner(s): _____

Signature of Current Owner(s): _____