



Additional contact designation form: Notice of lapse or termination of life insurance policy for non-payment of premium

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Policyholder name
Street address
City State ZIP code
Re: Policy #

Instructions:

Blue Shield Life will send you a notice of lapse or termination of your life insurance policy if your premium is not paid. This notice will be mailed to you at least 30 days prior to the termination of your policy. You also have the right to designate an additional contact person(s) to receive this notice. If you would like Blue Shield Life to send the notice of lapse or termination of your life insurance policy to your designated contact person, please check the box below and provide the requested information. You have the right to change your designation at any time. Please indicate your policy number in the field above.

The completed form should be mailed to:

Blue Shield of California, Installation & Membership
P.O. Box 629014
El Dorado Hills, CA 95762-9014

Please allow 10 days for Blue Shield Life to process your request. In the event premium payments are not received, you and your contact person(s) will then be notified at least 30 days prior to the lapse or termination of your life insurance policy.

I would like to designate an additional person(s) to receive the 30-day notice of lapse or policy termination from Blue Shield Life.

Contact person #1

First name Last name
Mailing address
Street address
City State ZIP code
Telephone number

Contact person #2

First name Last name
Mailing address
Street address
City State ZIP code
Telephone number

Policyholder signature Date