



# CORRECTION WORKSHEET

**Proposed Insured Information** (Must complete for all corrections.)

Name: \_\_\_\_\_ Policy # / SSN #: \_\_\_\_\_ Date: \_\_\_\_\_

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**Description of Corrections to be Made**

- |  |   |
|--|---|
| <input type="checkbox"/> Bank Correction               | <input type="checkbox"/> Face Amount/Premium Correction |
| <input type="checkbox"/> Recording Correction          | <input type="checkbox"/> Agent Statement                |
| <input type="checkbox"/> Redraft                       | <input type="checkbox"/> Medication/Usage               |
| <input type="checkbox"/> Replacement/Existing Coverage | <input type="checkbox"/> Physician Name/Address         |
| <input type="checkbox"/> Other _____                   |   |

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**Payor/Payment Account Information** (This section MUST be complete for all payment corrections.)

Name on Account (This person must sign below): \_\_\_\_\_

Account Type: (circle one)    Checking / Savings / Direct Express

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Revised Withdraw Date (must be future date): \_\_\_\_\_

Due date for future monthly payments: (circle one)                    1<sup>st</sup>   3<sup>rd</sup>   5<sup>th</sup>   10<sup>th</sup>   15<sup>th</sup>   20<sup>th</sup>   25<sup>th</sup>

Payor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if Payor's Signature is a voice signature on a Correction Recording that accompanies this form.

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Agent Name: \_\_\_\_\_ Agent #: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important! We do not accept corrections by e-mail.  
All corrections should be uploaded in the Portal under Upload Documents.**