



Change of Contact Information

Submit Completed form to: enrollment@wellaway.com

Name of Policy Holder	Policy Number
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Change of Address

Original Country of Origin Address

Country
Street
City/State
Zip Code

New Country of Origin Address

Country
Street
City/State
Zip Code

Original Destination Country Address

Country
Street
City/State
Zip Code

New Destination Country Address

Country
Street
City/State
Zip Code

Change of Email Address

Original Email Address	New Email Address
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Change of Phone and/or Fax Number

Original Phone Number	New Phone Number
Original Fax Number	New Fax Number

Change of Name

Legal documentation must be included as support for a name change.

Current Name on File	Change Name to
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Effective Date of Change	Signature	Date (mm/dd/yyyy)
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