AMERICAN COMMUNITY
MUTUAL INSURANCE COMPANY®
39201 SEVEN MILE ROAD, LIVONIA, MICHIGAN 48152-1094
(800) 991-2642 FAX (734) 853-3292

Change Form

Office Hours
8:00 to 5:00 Monday-Friday
Eastern Standard Time

Group Number:_____

Premium Due Date:_____

Group Name: _____

Status				Date of Change	Type of Change	Certificate Number	Employee Name
Add	Rehire	Change	Term	(if termination, include last day worked)			

I certify that the information is complete, accurate, and in accordance with our policy provisions.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____ JOB TITLE_____

- Please refer to your Administrative Guide for information on how to add, change and delete employees or dependents. The Guide provides detailed information on what forms are necessary and when to notify American Community.
- Be sure to notify American Community of any changes and terminations as they occur. Credits due you are limited to a maximum of two months.
- Any credits due will be reflected on your next statement.