



**AUTHORIZATION TO CHANGE ADDRESS/CONTACT INFORMATION
For The Assemblies of God Group Life Insurance Plan**

PARTICIPANT INFORMATION	
Name	Credential Number

PARTICIPANT CHANGES
Change Address to:
Change Email to:
Change Phone Number to:

I certify the above information to be true and correct.

Participant Signature

Date

**Mail to: Innovo Benefits Administration, 7805 Telegraph Road, Suite 110
Bloomington, MN 55438**

You may also fax form to (952) 746-3108 or email to jean@innovomn.com

Questions? Call (800) 829-5601