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SECONDARY ADDRESSEE DESIGNATION

Instructions

You can take additional steps to ensure your policy does not lapse due to non-payment of premiums. Use this form to designate a secondary addressee to receive lapse/termination notices. If a completed designation is not received by State Mutual Insurance Company "the Company", it will be assumed you do not want to name a secondary addressee. If you wish to do so in the future, contact our Customer Service Department.

Before choosing a secondary addressee, you should discuss the matter with the designee so they are aware of why they would be receiving a duplicate lapse/termination notice on your behalf.

Designation of a secondary addressee does not constitute acceptance of any liability on the part of the secondary addressee for services provided to the insured, nor on the part of the Company. This designation can be terminated at the request of the policy owner or the secondary addressee designee by written notice to the Company.

Contact our Customer Service Department if you wish to change your designated secondary addressee. You have the right to change your secondary addressee at any time.

Section A: Policy Information

Policy Owner: _____ Policy Number: _____

Section B: Secondary Addressee for Duplicate Lapse/Termination Notices

I wish to designate the following secondary addressee to receive duplicate lapse/termination notices:

Name (First, Mi, Last): _____ Relationship to Owner: _____

Mailing Address

Street : _____

(include suite, apartment, unit): _____

City, State, Zip: _____

Phone: _____ Email: _____

Section E: Signatures

I understand that I may designate a secondary addressee to receive lapse/termination notices. I understand that I am not required to designate a secondary addressee.

 Owner Signature

 Printed Name

 Date Signed