



## BILLING ADDRESS FORM

400 Field Drive  
Lake Forest, IL 60045-2581  
Fax 847.615.3955 • 800.522.1246

Group: \_\_\_\_\_

Group No.: \_\_\_\_\_

### Group's Physical Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

### Group's Billing Address: (Must be within the United States)

Contact: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

I understand that my rates are directly affected by my physical address. I further understand that any misrepresentations of address information may result in additional charges or termination of coverage.

\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
Date

NOTE: Proof of physical address may be requested.

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The following items will be sent to the **physical address**:

- Certificates and I.D. cards
- Renewal packets
- Late payment reminders
- Nonpayment termination letters
- All other correspondence

The following items will be sent to the **billing address**:

- Billing statements
- Late payment reminders
- Nonpayment termination letters