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Illinois Life & Health Insurance Guaranty Association

Change of Provider Request Form

for National Prearranged Services, Inc. Preneed Contract

Instructions:

This form is used to request a change of the Funeral Home designated in your NPS Preneed Funeral Services Contract. ALL sections of this form must be completed. Incomplete forms will not be processed. Original signatures are required. No change in provider is approved or effective until accepted in writing by the Illinois Life and Health Insurance Guaranty Association.

- Section I requires a signature by the contract owner or responsible party on behalf of the contract owner.
- Section II must be signed by the Funeral Home Provider designated in the contract.
- Section III must be signed as acknowledgment by the New Funeral Home.

I. Contract Owner:

Contract No.: _____ Date: _____

Contract Date: _____

Contract Holder Name: _____

Address (*if applicable*): _____

_____
City State Zip

Phone: _____ Fax: _____ Email: _____

I request a Change of Provider for the above referenced contract as indicated below.

Signature of Contract Owner: _____ Date: _____

Printed Name: _____

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II. Original Provider Per Contract:

Current Provider: _____

Address: _____

_____
City State Zip

Funeral Home Phone Number: _____ Fax: _____

I acknowledge and agree.

Signature: _____ Date: _____

Print Name: _____ Title: _____

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III. New Provider:

Funeral Home Name: _____

Address: _____

_____
City State Zip

Funeral Home Phone Number: _____ Fax: _____

I Accept. Signature: _____ Date: _____

Print Name: _____ Title: _____

Witness: _____ Date: _____

NOTICE:

IN CONSIDERATION OF THE CHANGE OF PROVIDER REQUESTED HEREIN AND BY SUBMITTING THIS CHANGE IN PROVIDER FORM, YOU ACKNOWLEDGE, ACCEPT AND AGREE TO THE FOLLOWING:

THE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION DOES NOT ASSUME OR REJECT THE PRENEED CONTRACT(S) IDENTIFIED IN THIS FORM AND ANY RELATED DOCUMENTS. ALL RIGHTS ARE RESERVED. THE ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION RESERVES THE RIGHT TO REFUSE TO ACCEPT ANY CHANGE IN PROVIDER FORM OR REQUIRE ADDITIONAL INFORMATION AND DOCUMENTATION AT HER SOLE AND ABSOLUTE DISCRETION. NOTHING IN THIS CHANGE IN PROVIDER FORM OR ANY RELATED PROCEEDING OR FILING SHALL AFFECT IN ANY WAY THE ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION FROM SUIT AND SHALL NOT GIVE RISE TO ANY RIGHT TO SUE OR CREATE ANY CAUSES OF ACTION AGAINST THE SDR AND/OR ANY PARTICIPATING ASSOCIATION. THE CHANGE IN PROVIDER PROVISIONS PROVIDED HEREIN SHALL BE ADMINISTERED AT THE SOLE AND ABSOLUTE DISCRETION OF THE ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION. THE CHANGE IN PROVIDER FORM IS NOT INTENDED TO AND SHALL NOT CREATE ANY THIRD PARTY BENEFICIARIES. THERE IS NO DEADLINE FOR THE ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION TO ACCEPT, CONSIDER, ADJUDICATE AND/OR RESOLVE ANY REQUEST FOR A CHANGE IN PROVIDER.

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