



MODE CHANGE REQUEST

KEMPER LIFE 1350 TIMBERLAKE MANOR PARKWAY SUITE 200 CHESTERFIELD, MO 63017

Change the premium **billing/collection mode** for the policies shown below:

Premium Payor Name: _____ District: _____

Address: _____ Agency: _____

_____ City: _____ State: _____ Zip Code: _____

Policy Number	Name of Insured	Premium Amount

Additional Policy Numbers:

Change to Direct Bill: This will change billing form to Direct Bill (If EFT, please complete the EFT form C-0041.)

Change to Field Collected (from PNO): This will change the billing form to Field Collected. *If already on MDO, please complete this action in Salesforce.*

Group Number: _____

Billing Mode: Monthly Quarterly Semi-Annually Annually

I request and authorize the Company checked above to make the changes indicated above.

I agree that:

- Notification of the change must be received by the Company Administrative Office at least 15 days PRIOR to the requested Effective Date.
- The requested changes will not take effect until approved by the Company Administrative Office.

Signature of Premium Payor: _____ Date: _____