

Instructions for porting your Prosperity Insurance policy

Prosperity Certificate number [enter cert#], monthly premium [enter monthly premium]

A port request should be accompanied by a check made payable to Bay Bridge Administrators in an amount equal to one month's premium. The request and premium payment must be received within 31 days of the date the certificate holder ceased to be a member of an eligible class.

Upon receipt of the portability forms, Bay Bridge Administrators will be sending you a continuation letter and ACH form should you wish to continue payments via bank draft. You also have an option to pay annually, semi-annually or quarterly via direct bill/invoice which is going to be mailed to your address on file.

Please write the certificate number on the memo portion of the check.

Please mail the check and portability form to:
Prosperity Life c/o Bay Bridge Administrators, LLC.
P.O. Box 161690
Austin, TX 78716

For any questions please call the Prosperity Customer Care Center at 1-800-845-7519



CERTIFICATE CHANGE REQUEST

If premium is paid through payroll deduction, please consult with your employer prior to submitting this request form. Certificate Holder signature is required for all changes.

CERTIFICATE HOLDER INFORMATION - REQUIRED FOR ALL REQUEST TYPES

Certificate Holder Name

Certificate Holder Date of Birth	Certificate Number(s) and Type of Certificate(s)
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Preferred Contact Phone Number

DEMOGRAPHIC CHANGES

Address/Telephone Number

NAME CHANGE

Name Change Applies To (Choose One): Certificate Holder Spouse Dependent

Change From (Old Name)

Change To (New Name)

Reason for Change: Marriage Divorce Correction

Request to change the Certificate Holder's name must include a copy of a marriage certificate, court order or valid driver's license.

REQUEST TO PORT COVERAGE

Port Coverage Date of Termination of Employment/Ceased to be a member of an eligible class: _____

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CHANGE(S) TO NAMED INSURED BENEFICIARY INFORMATION

Beneficiary Name	Relationship to Named Insured	Benefit %	Primary	Contingent
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

CHANGE(S) TO SPOUSE BENEFICIARY INFORMATION (if applicable)

Beneficiary Name	Relationship to Spouse	Benefit %	Primary	Contingent
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

If there are multiple Primary Beneficiaries, the benefit % must equal (add up to) 100%. Primary and Contingent Beneficiary percentages are not combined.

Note: Certificate Holder's signature and copy of government issued ID is required for beneficiary changes.



ALL OTHER REQUESTS

SIGNATURE/DATE OF AUTHORIZED REQUESTOR

Form must be signed and dated by the Certificate Holder, Legal Authorized Representative (attach Legal Document/Power of Attorney), or an Authorized Group Representative.

X _____
Signature Date

If submitted by a Group Representative, please provide the following information.

Authorized Representative's Printed Name Group Policy Number