



Centrian Life Insurance
 One Linscott Road, Woburn MA 01801
 Telephone (800) 315-0552 ~ www.centrian.com

Connecticut Third Party Designation Request

Insured's Name:		Policy Number(s):		
Owner's Name:			Day Phone:	
Street Address:	City, State:	Zip Code:	Email:	

Under Connecticut law you can take additional steps to ensure your policy does not lapse due to non-payment of premiums. With this form, you are able to designate another party to receive any notice of overdue premiums or policy lapse. This allows you to make sure that another party has been informed that there is a pending lapse of your life insurance policy. That party can take action to protect your policy. At any time you can change or cancel your designation. This Third Party Addressee Notice of Lapse will be in addition to the notice of lapse that we send to you.

This designation shall not constitute acceptance of any liability on the part of the Third Party or Centrian for services provided to the policyholder.

Third Party Addressee Designation			
Designee's Name:			Day Phone:
Street Address:	City, State:	Zip Code:	Email:

I hereby request, pursuant to CT insurance code section 38a-436a, that the above named person be notified of any policy lapse as described above.

Print Name of Owner	Signature of Owner	Date Signed
----------------------------	---------------------------	--------------------