



MODE CHANGE REQUEST

KEMPER LIFE 12115 LACKLAND RD. SUITE 100 ST. LOUIS, MO 63146

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

Change to PNO (if available) or keep PNO: This will change billing mode to Direct Bill (If EFT, please complete the EFT form C-0041.)

Billing Frequency: Monthly Quarterly Semi-Annually Annually

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

Group Number: _____ Billing Frequency: Monthly Quarterly Semi-Annually Annually

Remarks: _____

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: _____