



## CORRECTION WORKSHEET

**Proposed Insured Information** (Must complete for all corrections.)

Name: \_\_\_\_\_ Policy # / SSN #: \_\_\_\_\_ Date: \_\_\_\_\_

**Description of Corrections to be Made**

- |  |   |
|--|---|
| <input type="checkbox"/> Bank Correction               | <input type="checkbox"/> Face Amount/Premium Correction |
| <input type="checkbox"/> Recording Correction          | <input type="checkbox"/> Agent Statement                |
| <input type="checkbox"/> Redraft                       | <input type="checkbox"/> Medication/Usage               |
| <input type="checkbox"/> Replacement/Existing Coverage | <input type="checkbox"/> Physician Name/Address         |
| <input type="checkbox"/> Other _____                   |   |

**Payor/Payment Account Information** (This section MUST be complete for all payment corrections.)

Name on Account (This person must sign below): \_\_\_\_\_

Account Type: (circle one)    Checking / Savings / Direct Express

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Revised Withdraw Date (must be future date): \_\_\_\_\_

Due date for future monthly payments: (circle one)      1<sup>st</sup>    3<sup>rd</sup>    5<sup>th</sup>    10<sup>th</sup>    15<sup>th</sup>    20<sup>th</sup>    25<sup>th</sup>

Payor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check here if Payor's Signature is a voice signature on a Correction Recording that accompanies this form.

Agent Name: \_\_\_\_\_ Agent #: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important! We do not accept corrections by e-mail.  
All corrections should be placed in the Citrix ShareFile Corrections Folder.**