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UPDATE SOCIAL SECURITY NUMBER FORM

Account No.: \_\_\_\_\_ Policy/Certificate No.: \_\_\_\_\_

Owner: \_\_\_\_\_ Insured: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

CHANGE OF SOCIAL SECURITY NUMBER FOR:

- Insured  Owner  Payor  Child

From: \_\_\_\_\_

To: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Required documentation to process this change:**

- A copy of your Social Security Card
- A copy of valid ID (i.e., driver's license, state issued ID, passport).

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Submit this form by mail to Trustmark Insurance Company, P.O. Box 7937, Lake Forest, IL 60045, or by email to CustomerCare@trustmarkbenefits.com. If you choose to communicate with us by email, you should be aware that the security of incoming Internet email is not secure. We strongly encourage you to use encrypted email when sending sensitive and/or confidential information. By sending sensitive or confidential email messages that are not encrypted, you accept the risks of such lack of security and possible lack of confidentiality. If you elect to communicate from your workplace computer, you also should be aware that your employer and its agents have access to email communications between you and us.