

# MODIFICATION REQUEST FORM



Date: \_\_\_\_\_

Plan Number: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_



---

## INSTRUCTIONS

Using a blue or black pen, list all changes you would like to make to this plan in the space below, using additional pages if necessary. Please be sure to describe each change in detail so that our designers are able to accurately quote your project. Next, FAX all pages of this form to 319-395-7933. Once we have received your changes, please allow us 3-5 business days to contact the plan designer and get a quote.

The \$50 fee will be applied to the plan purchase *of this plan only*. Any changes requested after the original quote will be charged at an additional \$50 fee, and a modification fee will be deducted from the plan purchase price *one time only*.

If you have any questions as you complete this form, please call one of our representatives at **800-790-6554** between 8 and 5, CST.