

How To: Disability Insurance Policy Change Requests

Summary: This guide outlines Inforce disability policy change request types, required form(s), and best practices for avoiding Not in Good Order (NIGO) Work items.

- Policy change in the first 90 days of being inforce, this is considered a reissue through new business and should be submitted via email to DisabilityNewBusiness@glic.com or requested through the ePolicy Policy Details screen.
- Policy changes after the first 90 days, are outlined in the grid below. All form(s) must be submitted in their entirety, including all pages.
- Inforce requests submitted internally (via the agency) may be sent to diprocessing@glic.com. Include the policy number, insured name, and transaction type in the subject line of the email.
- Please review the [Guidelines To Make Changes to In-Force Disability Insurance Policies](#) document to ensure eligibility for policy change requested.
- Inforce changes require the ISSUE STATE forms
- **Please be sure to use the correct change form depending on the product series (DI 1257 vs 17CC-H). Access [iPipeline](#)**
- **Important Note: The form sections indicated apply to most states' version of the forms, but could differ for certain states e.g. California. This guide serves as a reminder of which sections to complete, however, some listed in our instructions such as "11D" may be "11C" on some state versions. Please complete the sections that correspond to your request.**

Requests – No Underwriting Required	Complete Required Form (s)	Tips for Avoiding Not In Good Order (NIGOs)
Remove Rider	<ul style="list-style-type: none"> • DI 1257- Section 1, 8H, 18/19 • 17CC-H- Section 1, 5 & Page 8 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF. This is the only eSignature currently allowed.
Increase Elimination Period	<ul style="list-style-type: none"> • DI 1257- Section 1, 8A, 18/19 • 17CC-H- Section 1, 5 & Page 8 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF. This is the only eSignature currently allowed.
Reduce Benefit Period	<ul style="list-style-type: none"> • DI 1257- Section 1, 8D, 18/19 • 17CC-H- Section 1, 5 & Page 8 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF. This is the only eSignature currently allowed.
Reduce Monthly Benefit	<ul style="list-style-type: none"> • DI 1257- Section 1, 8E, 18/19 • 17CC-H- Section 1, 5 & Page 8 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF. This is the only eSignature currently allowed.
Military or Unemployment Suspension	<ul style="list-style-type: none"> • DI 1257- Section 1, 4, 18/19 • 17CC-H- Section 1, 5 & Page 8 	<ul style="list-style-type: none"> • Include military orders or discharge instructions. • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF. This is the only eSignature currently allowed.
Graded to Level	<ul style="list-style-type: none"> • Change Premiums from Graded to Level Individual Disability Insurance form (IDI-GTL form) – One page form if requesting GTL only • If requesting other changes: <ul style="list-style-type: none"> • DI 1257- Section 1, 6, 18/19 • 17CC-H- Section 1, 5 & Page 8 	<ul style="list-style-type: none"> • Request can only be submitted as early as 30 days before the anniversary. • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF. This is the only eSignature currently allowed.

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Requests – Underwriting may be Required	Complete Required Form (s)	Tips for Avoiding Not In Good Order (NIGOs)
Reduce Elimination Period	<ul style="list-style-type: none"> • DI 1257- Section 1, 11b, 12, 13, 14, 15, 16, 18/19 • See section 11 to verify the sections that must be completed • Full part 2 medical • C-Authorization 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
	<ul style="list-style-type: none"> • 17CC-H- Section 1, section 6, 7, 8, 9, 10 and representation section • C-Authorization 	
Remove/Reduce Rating	<ul style="list-style-type: none"> • DI 1257- Section 1, 11e, 12, 13, 14, 15, 16, 18/19 • See section 11 to verify the sections that must be completed • Full part 2 medical • C-Authorization 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
	<ul style="list-style-type: none"> • 17CC-H- Section 1, section 6, 7, 8, 9, 10 and representation section • C-Authorization 	
Change Mental Nervous Limitation	<ul style="list-style-type: none"> • DI 1257- Section 1, 11c, 12, 13, 14, 15, 16, 18/19 • See section 11 to verify the sections that must be completed • Full part 2 medical • C-Authorization 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
Occupation Class Change	<ul style="list-style-type: none"> • DI 1257- Section 1, 11a, 13, 18/19 • Non-Med not required • C-Authorization 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
	<ul style="list-style-type: none"> • 17CC-H- Section 1, section 6, 7, 8, 9, 10 and representation section • C-Authorization 	
Add Rider	<ul style="list-style-type: none"> • DI 1257- Section 1, 11h, 12, 13, 14, 15, 18/19 • See section 11 to verify the sections that must be completed • Full part 2 medical • C-Authorization 	<ul style="list-style-type: none"> • The owner/insured must complete the Signed at City, State section. • For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
	<ul style="list-style-type: none"> • 17CC-H- Section 1, section 6, 7, 8, 9, 10 and representation section • C-Authorization 	

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Change to Non-Smoker	<ul style="list-style-type: none"> DI 1257- Section 1, 10a, 18/19 C-Authorization 	<ul style="list-style-type: none"> The owner/insured must complete the Signed at City, State section. For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
	<ul style="list-style-type: none"> 17CC-H- Section 1, section 6 & 9 and representation section C-Authorization 	
Change Definition of Disability	<ul style="list-style-type: none"> DI 1257- Section 1, 11d, 12, 13, 14, 15, 18/19 See section 11 to verify the sections that must be completed Full part 2 medical C-Authorization 	<ul style="list-style-type: none"> The owner/insured must complete the Signed at City, State section. For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
Change or Add Loss Payee	<ul style="list-style-type: none"> AR 137 Form fully completed, along with these questions answered: <ol style="list-style-type: none"> Is this a refinance of the original note or a new business loan? What is the new monthly payment and new payment period? What is the disposition of the previous loan? What is the Tax ID# and address of the new lender? Secure a copy of the new loan agreement if applicable (in most cases it is required) 	<ul style="list-style-type: none"> The owner/insured must complete the Signed at City, State section. For IM eSignature (OneSpan) submissions, include the Evidence Summary PDF . This is the only eSignature currently allowed.
	<ul style="list-style-type: none"> 17CC-H Complete when applicable <ol style="list-style-type: none"> Section 1 Fill in applicable question in section 5 Section 13 Representative section 	