

INFORMATION UPDATE FORM

Instructions

Please complete and return this form whenever there has been a change in any of the circumstances (name, marriage, number of children, address, telephone, medical care or treatment, employment, military service, education, etc.) It is important that we be kept advised of all changes so that we will be able to contact you when, and as necessary, and will be able to continue to evaluate and process your claim properly.

General Information:

1. Change of Name: _____
2. Change of Marital Status: _____
3. Change of Address: _____
4. Change of Telephone Number: _____
5. Change in other family circumstances (birth of new child, death of immediate family member, etc.): _____

Employment Information:

1. Change of occupation: _____
2. New address of employer: _____
3. New telephone number of employer: _____
4. New job duties: _____
5. Change in salary, benefits or pensions: _____

Medical Information:

1. New family physician: _____
2. New treating physician: _____
3. Additional physicians seen since initial interview: _____
4. Any changes in physical appearance or health since initial client interview: _____

Criminal/Arrests/Citations:

1. Any criminal charges brought since initial client interview: _____
2. Disposition of any such charges: _____
3. Any motor vehicle citations, summons, etc.: _____
4. Any dispositions of any such citations or summonses: _____

Other Incidents/Accidents or Lawsuits:

1. Other incidents/accident/injuries since initial interview: _____
2. Have any lawsuits been brought by you as a result of any of those injuries?: _____
3. Have any claims been brought by you as a result of those injuries (workers' compensation, temporary disability claims, etc.)?: _____
4. Have you been named as a defendant in any lawsuit since the initial client interview?: _____

Miscellaneous:

Please include any other information that has changed, and of which we should be aware, since the initial interview: _____

Signature of Client

Date