



Heartland National Life Insurance Company

REQUEST A DUPLICATE ID CARD

Insured

Owner

Beneficiary

Name _____
First, Middle, Last

Address _____

City _____

State _____ Zip Code _____

Phone _____

Policy number _____

PLEASE RETURN THIS COMPLETED FORM TO:
Heartland National Life Insurance Company
PO Box 11903
Winston-Salem, NC 27116
Fax: 336-759-3141