



**GCU**

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## Request for Duplicate Certificate\*

Insured First Name: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

\_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

(Is this a new address?  Yes  No) Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that the certificate issued to me by GCU has been lost and therefore, I apply for a duplicate certificate.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*Any duplicate certificate issued supersedes the original.***