



**Prior Deductible Credit Request**

Please mail completed form to:  
Nippon Life Benefits  
P.O. Box 25951  
Shawnee Mission, KS 66225-5951  
Toll Free: 1-800-374-1835

**Limited Use:**

This form is to be used only by employees whose employers are transitioning their insurance coverage from a prior carrier to Nippon Life Benefits.

- Please enclose prior carrier Explanation of Benefits (EOBs) with this form.
- For most efficient handling submit within 60 days of effective date with Nippon Life Benefits
- Submit most recent EOB for each family member

Employee's name (first, middle initial, last): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Group # (printed on ID card): \_\_\_\_\_

Privacy ID# (printed on ID card): \_\_\_\_\_