

**ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE CHANGE FORM**

Fill in the applicable information and mail to:

Plan Administrator P.O. BOX 41849 NASHVILLE, TN 37204-1849

For assistance, call Customer Service at 1-800-860-7182.

**CHECK ITEM(S) CHANGED**

- Name     Beneficiary     Account Number  
 Address     Coverage

**ADDITIONAL COVERAGE** (Check amount desired and choose Family Plan Option)

- \$ 50,000     \$100,000     \$200,000     \$300,000

\* All coverage reduces 50% at age 70 and older. This reduction also applies even if you have attained the age of 70 when you first obtain coverage.

**FAMILY PLAN** (Please Mark One - If no plan is selected, you will be enrolled in Family coverage.)

- Yes     No  
(Available Only With Additional Coverage)

- CANCEL ALL COVERAGE (BASIC & ADDITIONAL)**
- RETAIN ONLY THE BASIC BENEFIT**
- Change Beneficiary to: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Signature of \_\_\_\_\_  
Insured Person\* \_\_\_\_\_ Date \_\_\_\_\_

**CHARGE AUTHORIZATION:** I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for any additional coverage I have selected.

Please print

FINANCIAL INSTITUTION NAME		CITY	STATE
OLD ACCOUNT NO.		NEW ACCOUNT NO.	
NEW ACCOUNT TYPE			
EXISTING NAME OF INSURED			
NEW NAME OF INSURED - PROVIDE BOTH NAMES IF CHANGED (attach acct. verification)			
ADDRESS			
CITY/STATE/ZIP			