



Plan Administration Ltd.
580 Hazard Ave.
Enfield, CT. 06082

REQUEST FOR CHANGE OF BENEFICIARY/NAME CHANGE

Request For Change of Beneficiary

Pal # _____ Cert # _____
Insured's Name: _____ Soc. Sec. #: _____-____-_____

The present beneficiary designation for proceeds payable on the death of the Insured under the above certificate is terminated and the following designation made:

CLASS: PRIMARY
Name: _____ Relationship _____

CLASS: SECONDARY
Name: _____ Relationship _____

Request for Change in Name

The name of the Insured has been changed for the reason shown:

____ Marriage ____ By Court Order ____ Divorce and Resumption of Former Name
____ Name Incorrect on Certificate

Former Name Was: _____
Present Name is: _____
Date of Qualifying Event: _____

In Each Case Complete the Following Section

Insured's Signature: _____ Date _____
Witness: _____ Date _____

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement may be guilty of insurance fraud.

Terms of eSignature:

Providing your Name, Social Security Number and checking the box below is the same as providing your signature on a hard copy document. By checking the box below you certify that:

- The information provided in the Application is true, accurate and complete.***
- You have read, or have had read to you, the completed Application and understand that any false statement or misrepresentation made in it may result in a loss of coverage.***

I have read and agreed to the terms of eSignature

In order to "SUBMIT" you must read and agree to the terms of eSignature