


<p>ORIGINAL TO COMPANY</p> <p>ONE COPY TO EMPLOYEE</p> <p>ONE COPY TO POLICYHOLDER</p>			<table border="1"> <tr> <td>CERT. NO.</td> <td>POLICY NUMBER</td> </tr> <tr> <td colspan="2">COMPANY USE</td> </tr> </table>		CERT. NO.	POLICY NUMBER	COMPANY USE	
	CERT. NO.	POLICY NUMBER						
	COMPANY USE							
<p>GROUP INSURANCE CHANGE FORM (For Name or Beneficiary Change)</p> <p>INSURED'S LAST NAME FIRST NAME MIDDLE INITIAL</p> <p>NAME OF MY EMPLOYER</p>								
<p>NAME CHANGE</p>	<p>INSURED'S FORMER NAME</p> <p>CHANGE TO</p>							
<p>BENEFICIARY CHANGE</p>	<p>LAST NAME</p> <p>Primary _____</p> <p>Contingent _____</p> <p>Your benefits will be paid first to the Primary beneficiary(ies). If that person(s) is deceased, benefits will be paid to the Contingent beneficiary(ies). (Legal appointment of guardian is required if minor is named as beneficiary.) If no beneficiary survives, payment shall be made in accordance with the terms of the policy.</p>	<p>FIRST NAME</p>	<p>MIDDLE INITIAL</p>	<p>AGE</p>	<p>RELATIONSHIP TO EMPLOYEE</p>			
<p>PLEASE READ, DATE AND SIGN.</p>	<p>Any previous beneficiary is hereby revoked. The right is reserved to change this designation. No change of beneficiary will take effect until this request has been recorded at the office where records are maintained.</p> <p>_____</p> <p>Date Signed by Insured Signature of Insured Social Security Number</p> <p style="text-align: right;">Form 1.553 08/2011</p>							