

Customer Service Request Form

Customer Service Request Forms are provided for your convenience in handling routine transactions concerning your group certificate. Please read and follow instructions carefully to avoid delays in processing your request(s). Should you have any questions, be sure to call our Customer Service Department at the toll-free number listed in your brochure.

-The owner's signature is required on the reverse side of this form for all service requests. If there is more than one owner, all owners must sign.

- Mark the box for each change or service you are requesting.
- Please print all information.
- All signatures should be in black or blue ink.

Please check here if this is a ***change of address***.

Owner's Name _____	Owner's Soc. Sec. No. _____
Insured's Name _____	Owner's Employer _____ (or company insurance obtained through)
Address _____	Telephone No. Home: _____
City, State, Zip _____	Work: _____

Name Change

Insured Owner

From _____ To _____

Reason _____

NOTE: If reason is other than marriage or correction of spelling, please attach a copy of legal evidence.

Please see the reverse side for further requests.

Change Of Beneficiary

Certificate # _____

All previous beneficiary designations are hereby revoked and the following are designated as beneficiaries under this certificate. Please provide full name, address, and relationship to insured.

* **This form is to designate a beneficiary for life insurance coverage. Remember: When designating the Primary, be sure that the total shares equal 100%, your Contingent Beneficiary is the person who will receive the death benefit if your primary beneficiary is no longer living.**

1st Beneficiary (To receive proceeds if living at insured's death):

2nd Beneficiary (To receive proceeds if living at Insured's death, if 1st beneficiary(ies) is not living):

Unless otherwise specified, all surviving primary or contingent beneficiaries shall share proceeds equally. Also, the right to change the beneficiary is reserved to the owner, unless otherwise indicated.

Other Requests or Comments:

I represent the statements and answers given in this request form are true, complete, and correctly recorded to the best of my knowledge and belief. I understand the request(s) for service will not become effective until received at Marsh @WorkSolutions and approved in accordance with the terms of the certificate.

_____ Signed this _____ day of _____, 20_____.

Owner's Signature _____

Owner's Address _____
