

ACCIDENT INSURANCE CHANGE FORM

Fill in the applicable information and mail to:

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

For assistance, call Member Service at 1-877-309-6576

CHECK ITEM(S) CHANGED

- Name Beneficiary Account Number
 Address Coverage

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

- \$ 10,000 \$ 20,000 \$ 30,000 \$ 40,000 \$ 50,000
 \$ 75,000 \$100,000 \$150,000 \$200,000 \$250,000
 \$ 300,000

FAMILY PLAN (Please Mark One)

- 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 according to the rate schedule for any additional coverage I have selected.

***Benefits reduce 50% at age 70 or older**

Please print

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