Name: ______________________________ **Date:** ______________________________

Address: ______________________________ **Credit Union Name:** ____________________

City: ______________ **ST** _____ **Zip** _______ **Account Number:** ______________________

Policy Number: ________________________

CHANGE FORM — Accidental Death & Dismemberment Insurance

❶ PLEASE CHANGE AMOUNT OF SUPPLEMENTAL COVERAGE TO:

Acct.	Family		Acct.	Family		Acct.	Family		Acct.	Family	
☐	☐	**$10,000**	☐	☐	**$40,000**	☐	☐	**$100,000**	☐	☐	**$200,000**
☐	☐	**$20,000**	☐	☐	**$50,000**	☐	☐	**$125,000**	☐	☐	**$225,000**
☐	☐	**$25,000**	☐	☐	**$60,000**	☐	☐	**$150,000**	☐	☐	**$250,000**
☐	☐	**$30,000**	☐	☐	**$75,000**	☐	☐	**$175,000**	☐	☐	Other Amount $ __________

(Specify amount from $25,000 to $250,000 in $5,000 increments)

❷ I WANT TO: (CHECK APPROPRIATE BOX)

☐ **Cancel All Coverage**

☐ **Cancel Supplemental Coverage**
(No cost, Basic Coverage remains in effect.)

☐ **Cancel Family Coverage**

☐ **Add Family Coverage**

Reason for cancellation:

☐ Primary Member Deceased ☐ Spouse Deceased ☐ Rates Too High ☐ Duplicate Coverage

☐ Closed Account ☐ No Longer Need Insurance ☐ Billing Information Was Not Clear

☐ Other: ________________

❸ CHANGE MY NAME, ACCOUNT NUMBER, OR ADDRESS:

☐ **Name** From: ________________________________
To: ________________________________

☐ **Address** From: ________________________________
To: ________________________________

☐ **Account Number** From: ________________________________ Checking ☐ Savings ☐
To: ________________________________ Checking ☐ Savings ☐

Member's Signature: ______________________________ **Date:** ________________

Please retain a copy of this form for your records.

For Office Use Only
The requested change has been completed and recorded on behalf of New York Life. This copy is being returned for your files.
By: ______________________________ Date: ______________