



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Account Number: \_\_\_\_\_

G29141-0

**CHANGE FORM**

**Ten Year Term Life Insurance**

**1 Please Decrease Amount of Coverage To:**

Insured	Spouse		Insured	Spouse		Insured	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	\$25,000	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	\$175,000
<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	<input type="checkbox"/>	\$125,000	<input type="checkbox"/>	<input type="checkbox"/>	\$200,000
<input type="checkbox"/>	<input type="checkbox"/>	\$75,000	<input type="checkbox"/>	<input type="checkbox"/>	\$150,000	<input type="checkbox"/>	<input type="checkbox"/>	Other Amount \$ _____

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

To Increase Your Coverage Please Contact LifeHelp at (1-800-340-7401)

**2 I want to change:** (Check Appropriate Box)

- Cancel Primary Coverage  
*(Cancels ALL coverage)*
- Cancel Spouse Coverage  
*(Cancels spouse coverage only)*
- Cancel Child Coverage  
*(Cancels Child coverage only)*
- Add Child Coverage

**Reason for Cancellation:**

- Primary member deceased
- Spouse deceased
- Rates Too High
- Closed account
- Duplicate coverage
- No Longer Need Life Insurance
- Billing Information Was Not Clear
- Other \_\_\_\_\_

**3 Change my name, account number, or address:**

- Name From: \_\_\_\_\_ To: \_\_\_\_\_
- Address From: \_\_\_\_\_ To: \_\_\_\_\_
- Account Number From: \_\_\_\_\_ To: \_\_\_\_\_  
Checking  Savings

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse'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: \_\_\_\_\_