Name: _____ **Date:** _____

Address: _____ **Credit Union Name:** _____

City: _____ **ST** _____ **Zip** _____ **Account Number:** _____

Policy Number:_____

CHANGE FORM **The Hartford Accidental Death & Dismemberment Insurance**

❶ Please change amount of Supplemental Coverage to:

Acct. Holder	Family		Acct. Holder	Family		Acct. Holder	Family		Acct. Holder	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:_____

❷ I want to: (Check Appropriate Box)

☐ Cancel All Coverage

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

☐ Cancel Family Coverage
(Leaves Individual 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 ☐

Insured's Signature: _____ **Date:** _____

For Office Use Only
The requested change has been completed and recorded on behalf of The Hartford Life Insurance Company.

By: _____ Date: _____