



Request for Change Form Insperity Holdings, Inc.

Last Name		First Name		Middle Initial
Mailing Address			Residence Telephone Number	
City		State	Zip Code	Employer Name
Social Security Number	Date of Birth	Sex <input type="radio"/> Male <input type="radio"/> Female		Daytime Telephone Number

Above Section Must Be Fully Completed

<input type="checkbox"/> Name Change Of:	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse/ Domestic Partner <input type="checkbox"/> Owner / Certificate Holder	
	From: (Last, First, Middle)	Reason for Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce
	To: (Last, First, Middle)	<input type="checkbox"/> Other _____

Voluntary Term Life Insurance Policy Number FLI980027

- If you would like to designate new beneficiaries, please go online or complete a Beneficiary Form.
 - This form cannot be used for address changes. Submit address changes to Insperity.
- ☐ *A. Change the amount of insurance for:
- ☐ Employee to: ☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x Covered Earnings
- ☐ Spouse/ Domestic Partner to: ☐ \$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000
- ☐ \$50,000 ☐ \$100,000 ☐ \$150,000 ☐ \$200,000
- ☐ *B. Add coverage for my spouse/ domestic partner. An application will be sent to you to complete this request. Refer to the Rates and Plan Sheet of the enrollment brochure for available coverage options.
- ☐ C. Add / Cancel coverage for my dependent children in the amount of \$ _____ ☐ Add ☐ Cancel
- If cancel, is this your last dependent child? ☐ Yes ☐ No
- ☐ D. My dependent child is no longer eligible for coverage as of the following date (mm/dd/yyyy): _____
- If dependent coverage is being cancelled due to loss of eligibility, conversion may be available. If interested, please contact the above number.
- ☐ E. I want to change my coverage due to a Life Status Change*.
- The Life Status Change is: _____ Date of event: _____
- Type of change requested: _____
- ☐ F. I wish to: _____

***Medical information may be required**

Continued on back. Please sign and date the back of the form.

Voluntary Accidental Death & Dismemberment Insurance Policy Number OK823223

- ☐ A. Change Coverage option to: ☐ Employee Only ☐ Employee and Family
- ☐ B. Change the multiple of coverage to: ☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x Covered Earnings
- ☐ C. I wish to: _____

Voluntary Disability Insurance Policy Number SLK030024

Eligibility for Voluntary Disability Insurance is determined by the Insperity benefits package available to you and may be affected by your participation in other benefit programs. Please confirm that Voluntary Disability Insurance is available to you by calling Insperity, toll-free, at 1-866-715-3552 weekdays between 7 a.m. and 7 p.m. CT.

Authorization and Signature

I authorize the above changes to my coverage(s). I understand that certain changes may require medical information which will be requested by the Insurance Company if necessary. I authorize my employer to make the appropriate payroll deductions for changes noted above. (Does not apply to those being billed at their home).

Owner's Signature:

Date: (Month, Day, Year)