

**Request for Change Form
 Personal Accident Insurance (PAI) - Policy #YOK-008416
 Cornell University - Active Employees**

Cigna Customer Service Center
 Administered by Infosys McCamish Systems, LLC



Use this form if you are adjusting existing employee, spouse/domestic partner, or dependent children coverage.

EMPLOYEE INFORMATION

1. <input type="checkbox"/> Insured, please check box if this is an address change	LAST NAME	FIRST NAME	M.I.	CERTIFICATE #(s)
	MAILING ADDRESS			
	CITY	STATE	ZIP CODE	EMPLOYER NAME
	SOCIAL SECURITY #	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DAYTIME TELEPHONE #
	ELIGIBLE EARNINGS	DATE OF HIRE		

SPOUSE/DOMESTIC PARTNER INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY #
BIRTH DATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F		

ABOVE SECTION MUST BE FULLY COMPLETED FOR ALL REQUESTS CHECKED BELOW

2. <input type="checkbox"/> Name Change of:	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Domestic Partner	REASON FOR CHANGE:
	FROM (First, Middle, Last)	
	TO (First, Middle, Last)	

3.

A. Change the amount of insurance coverage to: Employee Benefit Amount \$ _____
 (in \$10,000 increments up to \$500,000. If you elect a benefit amount over \$250,000, the amount cannot exceed 10 times your based annual salary.)

Spouse/Domestic Partner: 100% of my benefit 50% of my benefit

Dependent Child(ren): 10% of my benefit

B. Cancel coverage for:

Employee Spouse/Domestic Partner Child(ren)

If employee coverage is cancelled, spouse/domestic partner and/or child coverage will automatically be cancelled.

I authorize the above changes to my Personal Accident Insurance (PAI) Coverage. I understand that any increases or additions to my coverage or my dependent's coverage are subject to approval by the Insurance Company. I authorize my employer to make the appropriate payroll deductions for changes noted above.

Employee's Signature: _____ Date: _____

Spouse's/Domestic Partner's Signature: _____ Date: _____

Personal Accident Insurance is underwritten by Cigna Life Insurance Company of New York, a Cigna company.

