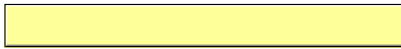


Request for Change Form Insperty Holdings, Inc.

Cigna Customer Service Center
Administered by Infosys McCamish Systems, LLC



Last Name		First Name		Middle Initial
Mailing Address				Residence Telephone #
City	State	Zip Code	Employer Name	
Social Security No.	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Telephone #	

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: <i>(Last, First, Middle)</i>	Reason for Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce
	To: <i>(Last, First, Middle)</i>	<input type="checkbox"/> Other _____

GROUP UNIVERSAL LIFE INSURANCE Policy No. 2433712 (L104500)

* A. Change the amount of insurance for: Employee to: \$ _____ Spouse/ Domestic Partner to: \$ _____

* 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

Child's Name	Birthdate	<input type="checkbox"/> Add <input type="checkbox"/> Cancel
Child's Name	Birthdate	<input type="checkbox"/> Add <input type="checkbox"/> Cancel

D. My dependent child is no longer eligible for coverage as of the following date *(mm/dd/yyyy)*: _____
Please send rates and enrollment information for a separate certificate for that child.

E. Change the monthly contribution to my Cash Accumulation Fund.
Employee Increase Decrease New Amount \$ _____
Spouse/ Domestic Partner Increase Decrease New Amount \$ _____

F. Add a lump sum contribution to my Cash Accumulation Fund *(check enclosed)*. Amount: \$ _____
(Please note all lump sum contributions are subject to a premium tax and IRC Guidelines).

G. Add/Cancel the Automatic Increase Option. * Add Cancel

H. Change My Address To: _____
Applies only to those being billed at their home. If having payroll deductions, any address changes must be done through Insperty.

I. I am terminating my employment and wish to be billed at my home.

J. I want to change my coverage due to a Life Status Change*. The Life Status Change is: _____
Date of event: _____ Type of change requested: _____

K. I wish to: _____

***Medical information may be required**

CONTINUED ON BACK. PLEASE SIGN AND DATE THE BACK OF THE FORM.

PERSONAL ACCIDENT INSURANCE Policy No. 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. Cancel the Automatic Increase Option. If you cancel this feature, it cannot be added at a later date.
- D. I wish to: _____

VOLUNTARY DISABILITY INSURANCE Policy No. 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: (Mo., Day, Yr.)

