

Customer Service Request Form

Customer Service Request Forms are provided for your convenience in handling routine transactions concerning your group certificate. Please read and follow the instructions carefully to avoid delays in processing your request(s). Should you have any questions, be sure to call our Customer Service Department at the toll-free number listed in the welcome letter you received in your issuance packet.

- **The owner's signature is required on the reverse side of this form for all service requests.** If there is more than one owner, all owners must sign.
- **Mark the box for each change or service you are requesting.**
- **Please print all information.**
- **All signatures should be in black or blue ink.**
- **Certificate number is required**

Please check here if this is a change of address.

Owner's SSN (optional) _____ - _____ - _____

Owner's Name

Employee ID No. (optional)

Insured's Name

Owner's Employer (or company insurance obtained through)

Address

Telephone No.: Home: _____

Work: _____

City, State, ZIP

Email Address: _____

Name Change

Note: If reason is other than marriage, divorce or correction of spelling, please attach a copy of legal evidence.

Certificate No. _____

Insured

Owner

From _____

To _____

Reason: _____

Reduction in Coverage Request

Note: See your life insurance brochure for the coverage election options for your plan. When selecting new coverage amounts, please ensure that your election(s) match the amounts, salary multiples or unit increments described in your certificate.

Employee Plan

Certificate No. _____

Change the amount of insurance coverage to \$ _____ based on plan guidelines.

Spouse Plan

Certificate No. _____

Change the amount of insurance coverage to \$ _____ based on plan guidelines.

Child Plan

Certificate No. _____

Change the amount of insurance coverage to \$ _____ based on plan guidelines.

Cancellation of Supplemental/Optional Term Life Insurance or Voluntary Accident & Dismemberment Coverage Request

NOTE: IF YOU WOULD LIKE TO REQUEST CANCELLATION OF GROUP UNIVERSAL LIFE INSURANCE, AN OWNER TRANSACTION FORM IS REQUIRED.

Please contact the Mercer call center at the number that is listed in the welcome letter of your issuance packet to request this form.

Employee Plan Certificate No. _____

Spouse Plan Certificate No. _____

Child Plan - Date youngest child was no longer eligible: _____ Certificate No. _____

(please reference your certificate of insurance to determine maximum age for child coverage or contact our call center at the number listed in your certificate)

Smoker Change

Have you smoked or used any form of tobacco in the past 12 months? Yes No

Has your spouse smoked or used any form of tobacco in the past 12 months? Yes No

I understand that the above information will be used to determine my eligibility for "smoker" or "non-smoker" status under my insurance plan. This information will not affect my coverage amount currently in force. It will, however, affect the premium for my insurance coverage. The "smoker" rates are costlier than the "non-smoker" category. The "non-smoker" rates are less costly.

Other Requests or Comments:

I represent the statements and answers given in this request form are true, complete, and correctly recorded to the best of my knowledge and belief. I understand the request(s) for service will not become effective until received at Mercer Voluntary Benefits and approved in accordance with the terms of the certificate.

Insured's Signature Signed this _____ day of _____, 20____

Spouse's Signature Signed this _____ day of _____, 20____

Owner's Signature Signed this _____ day of _____, 20____

Owner's Address: _____

Please Note: Changing coverage will NOT update beneficiary designations unless Mercer Voluntary benefits receives in writing from the Owner a specific request to change the beneficiary. Be sure to make a copy for your own records.