

Accidental Death & Dismemberment (AD&D) Insurance

Specific Dollar Amount Request for Change Form

NYL GBS Customer Service Center
Administered by Infosys McCamish Systems, LLC



GROUP BENEFIT SOLUTIONS

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

ABOVE SECTION MUST BE FULLY COMPLETED

<input type="checkbox"/> NAME CHANGE OF:	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Owner / Certificate Holder	
	From: <i>(Last, First, Middle)</i>	
	To: <i>(Last, First, Middle)</i>	
Reason for Change:		
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce		
<input type="checkbox"/> Other _____		

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

A. Change Coverage amount: Add Coverage Increase Coverage Decrease Coverage Cancel Coverage

Insured	Amount of Coverage being requested
<input type="checkbox"/> Employee	Dollar amount: _____
<input type="checkbox"/> Spouse	Dollar amount: _____
<input type="checkbox"/> Child/ren	Dollar amount: _____

B. Cancel the Automatic Increase Option.

C. Cancel my Accidental Death & Dismemberment Insurance.

D. Other: I wish to _____

I authorize the above changes to my coverage. 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 direct billed at their home).

Owner's Signature: _____ Date: _____