

REQUEST FOR CHANGE OF NAME OR BENEFICIARY



PO Box 2639 • Lilburn, GA 30048 • 770-451-7550

Employer Name		Group Number
Employee Name <i>(first, MI, last)</i>		
A. <input type="radio"/> I hereby request to change my name in connection with my group insurance:		
New Name <i>(first, MI, last)</i>		
Reason For Change	<input type="radio"/> Marriage <input type="radio"/> Court Order	Date of Court Order
B. <input type="radio"/> I hereby request to change beneficiary(s) in connection with my group insurance:		
Beneficiary Name <i>(first, MI, last)</i>	Address <i>(street, city, ST, zip)</i>	Relationship
Beneficiary Name <i>(first, MI, last)</i>	Address <i>(street, city, ST, zip)</i>	Relationship
Beneficiary Name <i>(first, MI, last)</i>	Address <i>(street, city, ST, zip)</i>	Relationship
Beneficiary Name <i>(first, MI, last)</i>	Address <i>(street, city, ST, zip)</i>	Relationship
Beneficiary Name <i>(first, MI, last)</i>	Address <i>(street, city, ST, zip)</i>	Relationship
Beneficiary Name <i>(first, MI, last)</i>	Address <i>(street, city, ST, zip)</i>	Relationship
By this request I revoke all prior beneficiary designations.		
Employee Signature		Date
Witness Signature		