

**ACCIDENT INSURANCE CHANGE FORM**

Fill in the applicable information and mail to:

Plan Administrator P.O. BOX 41849 NASHVILLE, TN 37204-1849

For assistance, call Customer Service at 1-800-860-7182.

**CHECK ITEM(S) CHANGED**

- Name     Beneficiary     Account Number  
 Address     Coverage

**ADDITIONAL COVERAGE** (Check amount desired and choose Family Plan Option)

- \$ 10,000     \$ 20,000     \$ 30,000     \$ 40,000     \$ 50,000  
 \$ 75,000     \$100,000     \$150,000     \$200,000     \$250,000  
 \$ 300,000

**FAMILY PLAN** (Please Mark One)

- Yes     No  
 (Available Only With Additional Coverage)

- CANCEL ALL COVERAGE (BASIC & ADDITIONAL**  
 **RETAIN ONLY THE BASIC BENEFIT**  
 Change Beneficiary to: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Signature of Insured Person\* \_\_\_\_\_ Date \_\_\_\_\_

**CHARGE AUTHORIZATION:** I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for any additional coverage I have selected.

Please print

CREDIT UNION NAME		CITY	STATE
OLD ACCOUNT NO.		NEW ACCOUNT NO.	
NEW ACCOUNT TYPE			
EXISTING NAME OF INSURED			
NEW NAME OF INSURED - PROVIDE BOTH NAMES IF CHANGED (attach acct. verification)			
ADDRESS			
CITY/STATE/ZIP			