Group Term Life Service Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Group Administration Department • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Insured (please print)	Owner (if different than insured)	Contract # or employee ID

Employer/previous employer	Policy number
State of Tennessee	**34175**

1. CHANGE IN PERSONAL DATA - All active employees notify Human Resources/Agency Benefits Coordinator to make this change

New name (please print)

New street address	New city, state, zip

2. CHANGE INSURANCE INFORMATION

☐ I am an active employee; please change my optional coverage amount to: _____ x salary
(Please see certificate of insurance for limits. If increasing, you may need to complete an Evidence of Insurability form.) I understand that this change is effective on January 1 following the current year's annual enrollment.

☐ I am on direct pay with Minnesota Life; please change my coverage to $_____. I understand this change is effective the 1st of the month following the request.

☐ Add child rider in the amount of: ☐ $5,000 ☐ $10,000

Child's name	Date of birth	Child's name	Date of birth
Child's name	Date of birth	Child's name	Date of birth

☐ Add spouse coverage in the amount of $_____. (Spouse may need to complete an Evidence of Insurability form.)

Spouse's name	Date of birth

3. CANCEL/TERMINATE

I wish to cancel:

☐ employee optional term life coverage
☐ child rider coverage
☐ spouse optional term life coverage

I understand that premium is due through the end of the month in which Minnesota Life receives my signed request to cancel.

4. CHANGE OF BENEFICIARY (revoking any previous designation) Please attach additional sheet if necessary

Primary beneficiary(ies) designation (include full name and address)	Relationship	Share % **(total for primary beneficiaries must equal 100%)**
Contingent beneficiary(ies) designation (include full name and address) *Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.*	Relationship	Share % **(total for contingent beneficiaries must equal 100%)**

5. SPECIAL REQUESTS

Include any comments or special requests here.

Minnesota Life shall incur no obligation because of any of the above request(s) unless we have confirmed the requested change(s) in writing.

Note: An irrevocable beneficiary's signature is required if this type of beneficiary is currently designated on the contract.

Owner's signature (insured's signature, if the contract is not owned)	Daytime telephone number	Date
X		
Irrevocable beneficiary's signature (if applicable)	Daytime telephone number	Date
X		

Send to: **Minnesota Life**
Group Administration Department
400 Robert Street North
St. Paul, MN 55101-2098
or fax to: **651-665-4827**

Questions? Please call
1-866-881-0631 from 7 a.m. until 6 p.m., CT
Locally **651-665-3332**
Fax **651-665-4827**