

Group Term Life Service Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company

Employer Southern Utah University	Policy number 34218
Employee name	T-Number

Reason for the change:
 Annual Open Enrollment Family Status Change Beneficiary Change

1. CHANGE IN PERSONAL DATA

New name (please print) _____

New street address	New city, state, zip
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2. CHANGE INSURANCE

I wish to:

change coverage amounts as indicated below:

Basic Term Life & AD&D	<input type="checkbox"/> Enroll
Basic Dependent Life	<input type="checkbox"/> Enroll
Supplemental Term Life	\$ _____
Supplemental Spouse Term Life	\$ _____
Supplemental Child Term Life	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

3. CANCEL/TERMINATE

I wish to cancel:

<input type="checkbox"/> Basic Term Life & AD&D	Reason for canceling insurance: _____ _____ _____
<input type="checkbox"/> Basic Dependent Term Life	
<input type="checkbox"/> Supplemental Term Life	
<input type="checkbox"/> Supplemental Spouse Term Life	
<input type="checkbox"/> Supplemental Child Term Life	

4. CHANGE OF BENEFICIARY (revoking any previous designation)

This designation applies to (If this section is left blank, your designation will apply to all coverages.):

All coverages Basic Life & AD&D coverage only (use one form for each coverage, if necessary)

Supplemental Life coverage only (use one form for each coverage, 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) <i>Contingent beneficiaries collect only if all primary beneficiaries predecease the insured.</i>	Relationship	Share % (total for contingent beneficiaries must equal 100%)

5. SPECIAL REQUESTS

Include any comments or special requests here.

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

Employee's signature X	Daytime telephone number	Date
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Human Resources Department - Complete this section. Retain form for your records.

Date	HR signature X	Employee date of hire	Annual earnings	EOI required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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