



THE UNITED STATES LIFE INSURANCE COMPANY
IN THE CITY OF NEW YORK CITY

Name: _____

Financial Institution Name: _____

Address: _____

Certificate Number: _____

City: _____ State: _____ Zip: _____

Date: _____

Change Form NBFS A Accidental Death & Dismemberment Insurance

1. Please change amount of Supplemental Coverage to:

Individual	Family		Individual	Family		Individual	Family		Individual	Family	
<input type="checkbox"/>	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	<input type="checkbox"/>	\$40,000	<input type="checkbox"/>	<input type="checkbox"/>	\$80,000	<input type="checkbox"/>	<input type="checkbox"/>	\$150,000
<input type="checkbox"/>	<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	<input type="checkbox"/>	\$90,000	<input type="checkbox"/>	<input type="checkbox"/>	\$200,000
<input type="checkbox"/>	<input type="checkbox"/>	\$30,000	<input type="checkbox"/>	<input type="checkbox"/>	\$60,000	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	\$250,000
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____							<input type="checkbox"/>	<input type="checkbox"/>	\$300,000

2. I want to Change: (Check Appropriate Box)

<input type="checkbox"/> Cancel all Coverage	<input type="checkbox"/> Cancel Supplemental Coverage (Basic Coverage remains in effect)
<input type="checkbox"/> Cancel Family Coverage (Leaves Individual Coverage)	<input type="checkbox"/> Add Family Coverage

3. Change my name or address:

Name From: _____

To: _____

Address From: _____

To: _____

<input type="checkbox"/> Account	From: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
	To: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

ABA#

4. Change Beneficiary to:

Beneficiary Name _____ Date of Birth _____

Relationship _____

Beneficiary Name _____ Date of Birth _____

Relationship _____

Insured's Signature: _____ **Date:** _____

For questions please contact your plan administrator at 1-877-815-4685