



Name
address
address

Financial Institution
Certificate Number:
Policy Number:

Change Form NBFSA 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: _____									

*At age 70, or if you are already age 70, all coverage is reduced by 50%. Family coverage is a percentage of Your coverage. Please see certificate for details.

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:

<input type="checkbox"/> Name	From: _____		
	To: _____		
<input type="checkbox"/> 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 877-539-6993

Insurance is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. Coverage is subject to the language of the policy as issued. Exclusions and limitations apply. Chubb, Box 1615, Warren, N.J. 07061-1615.