



Name: _____

Credit Union Name: _____

Address: _____

Certificate Number: _____

City: _____ State: _____ Zip: _____

Date: _____

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

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For questions please contact your plan administrator at 1-877-539-3941

