



Plan Administration Ltd.  
580 Hazard Ave.  
Enfield, CT. 06082

**REQUEST FOR CHANGE OF BENEFICIARY/NAME CHANGE**

**Request For Change of Beneficiary**

Pal # \_\_\_\_\_ Cert # \_\_\_\_\_  
Insured's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

The present beneficiary designation for proceeds payable on the death of the Insured under the above certificate is terminated and the following designation made:

CLASS: PRIMARY  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_

CLASS: SECONDARY  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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**Request for Change in Name**

The name of the Insured has been changed for the reason shown:

\_\_\_\_ Marriage    \_\_\_\_ By Court Order    \_\_\_\_ Divorce and Resumption of Former Name  
\_\_\_\_ Name Incorrect on Certificate

Former Name Was: \_\_\_\_\_  
Present Name is: \_\_\_\_\_  
Date of Qualifying Event: \_\_\_\_\_

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**In Each Case Complete the Following Section**

Insured's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Witness: \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement may be guilty of insurance fraud.

## **Terms of eSignature:**

***Providing your Name, Social Security Number and checking the box below is the same as providing your signature on a hard copy document. By checking the box below you certify that:***

- The information provided in the Application is true, accurate and complete.***
- You have read, or have had read to you, the completed Application and understand that any false statement or misrepresentation made in it may result in a loss of coverage.***

***I have read and agreed to the terms of eSignature***

***In order to "SUBMIT" you must read and agree to the terms of eSignature***