



POLICYHOLDER REQUEST CHANGE FORM

Any changes requested on this form must be authorized by the policyholder's signature and date. Premium changes are not to be made by by Payroll Department until adjusted billing is received from Pacific Educators, Inc. this is to request the following:

_____ Change Name From _____ To _____

_____ Send Change of Beneficiary Form for _____
 (Plan of Insurance)

Cancel Coverage

_____ Life Insurance	_____ Policy #	_____ Self
_____ Hartford Life	_____	_____ Spouse
_____ Fidelity Security Life	_____	_____ Child or Children
_____ Cancer Insurance	_____	Names _____
_____ Income Protection (Disability) Insurance	_____	_____
_____ Fidelity Security Life - Classified	_____	_____
_____ Fidelity Security Life - Certificated	_____	_____

Decrease Coverage

_____ Life Insurance*	_____ Policy #
_____ Hartford Life - Decrease Coverage on Employee from Plan _____ to Plan _____	_____
_____ Hartford Life - Decrease Coverage on Spouse from Plan _____ to Plan _____	_____
_____ Fidelity Security Life - Decrease the Following:	_____
Coverage on Employee from _____ Units to _____ Units	
Coverage on Spouse from _____ Units to _____ Units	
Coverage on Children from _____ Units to _____ Units	

*Before any decrease can be processed, your existing policy must be attached to this form. If you are unable to locate your existing policy, please check the appropriate box on the "Certificate of Lost or Destroyed Policy" form (see reverse side) and complete this form.

_____ Cancer Insurance From Plan _____ to Plan _____	
_____ Income Protection (Disability) Insurance	_____ Policy #
_____ Fidelity Security Life - Certificated	_____
Decrease Monthly Benefit From \$ _____ To \$ _____	
_____ Fidelity Security Life - Classified	_____
Decrease Monthly Benefit From \$ _____ To \$ _____	
_____ Change From With Maternity Coverage to Non-Maternity Coverage	
_____ Change Elimination Period From _____ Days To _____ Days	
_____ Reduce Benefit Period From 2 Years To 1 Year	

School District _____

Name Of Employee _____

Address _____ City _____ State _____ Zip _____
 (Is this an address change? _____)

Date _____ **Signature** _____