

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 Payroll Department until adjusted billing is received from Pacific Educators, Inc. this is to request the following:

	(Plan	of Insurance)		
Cancel Coverage				
Life Insurance	Policy #			
Hartford Life				Self
Fidelity Security Life				Spouse
				_ Child or Child
Cancer Insurance		Names		
Income Protection (Disability) I	nsurance			
Fidelity Security Life - 0				
Fidelity Security Life - 0	Certificated			
D				
_ Decrease Coverage Life Insurance*				Polic
Hartford Life - Decrease	e Coverage on Employee	from Plan to I	Plan	
Hartford Life - Decrease				
Fidelity Security Life - 1	Decrease the Following:			
Coverage on Employe	e from Units to _	Units		
Coverage on Employe	c 110111 C111t3 to _			
Coverage on Spouse fr	rom Units to	Units		
Coverage on Spouse fr	rom Units to from Units to	Units		
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