

Service Request - Group Term Life



**Securian Life Insurance Company
Minnesota Life Insurance Company**

Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098
Phone (866) 293-6047 Fax (651) 665-4827

POLICY NUMBER: 34777

EMPLOYER/PREVIOUS EMPLOYER: LAUSD

Insured name (first, middle initial, last)		Owner (if different than insured)
Address (street, city, state, zip)		Email address
Contract ID# (12 digits)	Last 4 digits of Insured's SS	Date of birth

1. CHANGE IN PERSONAL DATA - Active employees should also make this change by contacting their employer

New name (first, middle initial, last)	New address (street, city, state, zip)
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2. CHANGE OF INSURANCE INFORMATION - See certificate of insurance for limits

Change coverage amount to: \$_____ or _____x salary.

This is due to a family status change.* Date of change: _____

Cancel Spouse Child/dependent rider

Add Spouse rider in the amount of: \$_____

Child rider in the amount of: \$_____

Accidental death and dismemberment (AD&D) in the amount of: \$_____

This is due to a family status change.* Date of change: _____

Spouse name	Date of birth	Child name	Date of birth	Child name	Date of birth

If increasing, you may need to complete an Evidence of Insurability form.

*A qualifying family status change may include but is not limited to marriage, divorce, or the birth/adoption of a child. Please refer to your certificate of insurance for the family status change definition specific to your policy.

3. CANCEL/FULL SURRENDER

Cancel/full surrender my insurance. I understand that premium is due through the end of the month in which my signed request to cancel/full surrender is received by Securian Financial.

4. SPECIAL REQUESTS - Include any comments or special requests here

We may send you additional forms for completion before your change request is processed. Securian Financial shall incur no obligation because of any of the above request(s) unless we have confirmed the requested change(s) in writing.

5. SIGNATURE - An irrevocable beneficiary signature is required if one is currently designated on the contract

Owner signature (insured's signature, if the contract is not owned) X	Daytime phone number	Date
Irrevocable beneficiary signature (if applicable) X	Daytime phone number	Date

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.