REQUEST FOR CHANGE OR CANCELLATION OF PAYROLL DEDUCTION THE NGAUS INSURANCE TRUST

TECHNICIAN (First name, middle, last name) _____ Bi-weekly Salary _____ Date of Birth _____

Employing Office: _____ Social Security No.: _____ Date of Employment: _____

Home Address (Number, street, city, state, zip): _____

Daytime Phone: _____

Spouses name (if has coverage) _____ Spouse Address _____

NAME CHANGE

Previous Name _____ New Name _____

Reason (if court order, attach copy) _____

ADDRESS CHANGE New Address _____ Effective Date _____

CHANGE OF EMPLOYMENT/INPUT SITE Input Site From _____ To _____ Effective Date _____

HRO From _____ To _____

LIFE AND DISABILITY CHANGES (check appropriate box(es))

☐ **Discontinue Payroll deduction** - Continue Term Life coverage on a Direct Bill basis because I am

Bill me at the address above ☐ Quarterly ☐ Semi-annually ☐ Annually

Termination of Coverage

☐ Terminate my Basic Disability Insurance coverage (Tech Pay)
☐ Terminate my Supplemental Disability Insurance coverage
☐ Terminate my Basic Term Life insurance coverage (Tech Life)
☐ Terminate my Supplemental Term Life insurance coverage (Guard Life)
☐ Terminate my spouse Term Life insurance coverage
☐ Terminate my children's life insurance coverage

Reduction of Coverage

☐ Reduce my Term life coverage from _____ to _____

NOTIFICATION OF ACTIVE DUTY (check appropriate box(es))

☐ **Mobilized for Federal Active Duty** (please attach copy of SF-50 Notice of Personnel Action)

Activation Date: _____ Date last performing Technician duties: _____

Projected Activation Period: _____ to _____

Dates of last payroll cycle normal Technician pay: _____ to _____

☐ **Demobilized from Federal Active Duty** (please attach copy of SF-50 Notice of Personnel Action)

Date Federal Active Duty Ended: _____ Date resuming normal Technician duties: _____

Dates of first payroll cycle normal Technician pay resuming: _____ to _____

VALULIFE - TERMINATION OF COVERAGE

Tech	Spouse	
☐	☐	***Cash Surrender*** - Pay all cash surrender values to insured. As a consideration for such payment, ReliaStar is released from any and all claims under this policy. Policy #(s) _____
☐	☐	***Paid-Up Insurance*** - (check one below) ☐ Loan to remain outstanding ☐ Loan to be paid from cash value.
☐	☐	***Direct Billing*** - I understand that a $2.00 billing charge will be added to my premium for cash billing. I desire to pay the premiums: ☐ Quarterly ☐ Semi-annually ☐ Annually
☐	☐	Terminate Children's Coverage.

HORIZON PLUS UNIVERSAL LIFE INSURANCE Policy(s) No. _____

☐ Loans:	☐ All	☐ Tech	☐ Spouse	☐ Dep.
☐ Surrenders:	☐ All	☐ Tech	☐ Spouse	☐ Dep.

Surrender for Cash Value - (Please note: your policy must accompany the request. If unavailable, "lost policy notification" section MUST be completed. Thank you.)

I request payment of the cash value in exchange for surrender of the attached policy. No bankruptcy proceedings are outstanding against me, and no liens are pending the policy, except as follows: _____

Lost Policy Notification - (Replacement certificates will be mailed unless this is a surrender request.)

I, _____ hereby certify that Policy No. _____, dated _____ and issued by ReliaStar Bankers Security Life Insurance Company has been lost or destroyed and that said policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request a Certificate of Lost Policy and agree that ReliaStar Bankers Security Life Insurance Company, its successors or assigns. It is distinctly understood and agreed that the original policy shall become null and void immediately upon issuance of the certificate policy herein requested.

Date: _____ Signature of Owner: _____

Address: _____ Witness: _____

Signature of Assignee (if applicable) _____ Signature of Irrevocable Beneficiary (if any) _____

☐ **Direct Bill:** ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

(Questions or other changes to this product call 1-800-537-5024)

SIGNATURE BOX

(Technician's signature is required for all transactions. Spouse's signature is required if any action effects the Spouse's insurance.)

Signature of Technician: _____ Date: _____

Signature of Spouse: _____ Date: _____

FOR OFFICE USE ONLY

Type of Change: ☐ Cancel ☐ Change

Deductible Amount: Old _____ New _____

Effective Date: Of Change: _____

Input Site # _____

HRO # _____

White – ReliaStar Canary – CSR Pink – HRO Gold – Insureds Copy