



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

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

**Request for Change in Beneficiary**

Group Name: \_\_\_\_\_ 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 \_\_\_\_\_

**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: \_\_\_\_\_

**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.