Voluntary Term Life Service Request

Securian Financial Group, Inc.
Securian Life Insurance Company • Minnesota Life Insurance Company
Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098
Fax 651-665-4827 • 1-866-881-0631 from 7 am until 6 pm, CST

EMPLOYER/PREVIOUS EMPLOYER: State of Tennessee **POLICY NUMBER: 34175**

Insured name (first, middle initial, last)		Owner (if different than insured)
Address (street, city, state, zip)		
Contract ID# or employee EdisonID	Date of birth	Email address

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

New name (first, middle initial, last)	New address (street, city, state, zip)

2. CHANGE OF INSURANCE INFORMATION - See certificate of insurance for limits

☐ I am an active employee; please change my voluntary coverage amount to:_____x salary (Please see certificate of insurance for limits. If increasing, you may need to complete an Evidence of Insurability form.) I understand that this change, if approved, will be effective on January 1 following the current year's annual enrollment or the first of a subsequent month following approval by Securian Financial.

☐ I am on direct pay with Securian Financial; please decrease my coverage to $_____. I understand this change is effective the 1st of the month following the request.

☐ Add child rider in the amount of: ☐ $5,000 ☐ $10,000

Child's name	Date of birth	Child's name	Date of birth
Child's name	Date of birth	Child's name	Date of birth

☐ Add spouse coverage in the amount of $_____. (Spouse may need to complete an Evidence of Insurability form.)

Spouse's name	Date of birth

3. CANCEL/TERMINATE

I wish to cancel:

☐ employee voluntary term life coverage ☐ child rider coverage ☐ spouse voluntary term life coverage

I understand that premium is due through the end of the month in which Securian Financial receives my signed request to cancel.

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)	Daytime phone number	Date
X		
Irrevocable beneficiary signature (if applicable)	Daytime phone number	Date
X		

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Insurance products are issued by affiliated insurance companies Minnesota Life Insurance Company and Securian Life Insurance Company, a New York authorized insurer.