

2021 Life/AD&D Insurance Change Form

Last Name: _____ First Name: _____

Moody ID #: _____

My CURRENT Life Insurance is:

- Basic \$25,000
 Optional \$ _____ (indicate amount)
- Child \$10,000
 Spouse Optional \$ _____ (indicate amount)

I would like my NEW Life Insurance to be:

- Drop my Optional Life Insurance
- Add or Increase my Optional Life Insurance to \$ _____ (indicate amount)*
- Decrease my Optional Life Insurance to \$ _____ (indicate amount)
- Add or Increase Spouse Life Insurance to \$ _____ (indicate amount)*
- Drop Spouse Life Insurance
- Add Child Life Insurance**
- Drop Child Life Insurance

I would like to ADD or DROP dependent(s) from my Life Insurance:

- Add**** Name of Dependent: _____ Birth date: ____/____/____
 Drop Relationship to you: _____
- Add**** Name of Dependent: _____ Birth date: ____/____/____
 Drop Relationship to you: _____
- Add**** Name of Dependent: _____ Birth date: ____/____/____
 Drop Relationship to you: _____
- Add**** Name of Dependent: _____ Birth date: ____/____/____
 Drop Relationship to you: _____

My CURRENT AD&D Insurance is:

- Basic \$25,000
 Employee Optional \$ _____ (indicate amount)
- Family Optional \$ _____ (indicate amount)

I would like my NEW AD&D Insurance to be:

- Drop my AD&D Insurance
- Add or Increase my Employee AD&D Insurance to \$ _____ (indicate amount)***
- Decrease my Employee AD&D Insurance to \$ _____ (indicate amount)
- Add or Increase my Family AD&D Insurance to \$ _____ (indicate amount)***
- Decrease my Family AD&D Insurance to \$ _____ (indicate amount)

Effective Date of Change: 01/01/2021

Signature of Employee: _____ Date: ____/____/____

* If you are raising your amount of life insurance or applying for the first time, for yourself or your spouse, you must fill out one Enrollment/Change Form and a separate Statement of Health Form for each person.

** If you are adding new children to your coverage, you must fill out an Enrollment/Change Form.

*** If you are adding or increasing your AD&D insurance, you must fill out an Enrollment/Change Form.