

**Complete This Form and Return To:**

**Selman & Company**  
Attn: Customer Service Dept.  
6110 Parkland Blvd., Suite 200  
Cleveland, OH 44124-4187  
Phone: 877.665.7563



**Request for Change In Group Accidental Death & Dismemberment (AD&D) Insurance from:**

**New York Life Insurance Company**  
51 Madison Avenue  
New York, NY 10010

PLEASE PRINT IN INK OR TYPE ALL ANSWERS

**1. INSURED MEMBER INFORMATION:**

\_\_\_\_\_  
Last Name First Middle Initial

\_\_\_\_\_  
Home Address: Street City State Zip Code

\_\_\_\_\_  
Insured ID Number Home Phone Number (w/area code) Date of Birth (mm/dd/yy) Sex (M/F)

Financial Institution Name: \_\_\_\_\_

Financial Institution Account Number: \_\_\_\_\_  Checking  Savings

**2. INSURANCE REQUESTED** (If adding/increasing coverage, refer to the brochure for eligibility, options and coverage description.)

**I hereby apply to add/increase/decrease/terminate my coverage as noted:**

**Increase.** I currently have \$\_\_\_\_\_ of AD&D Insurance and wish to INCREASE this amount to \$\_\_\_\_\_.  
(Coverage is available in units of \$5,000.) I understand that there will be an increase in premium. The maximum amount of Voluntary coverage is \$300,000. (Note: If Adding Dependent Coverage, the beneficiary will be the same as the one currently on record for Customer. To designate a new beneficiary, contact the Administrator for the necessary form.)

**Add Dependents.** I currently have the Individual Plan and wish to CHANGE TO the FAMILY PLAN wherein my eligible dependents would be covered.

**Decrease.** I currently have \$\_\_\_\_\_ of AD&D Insurance and wish to DECREASE this amount to \$\_\_\_\_\_.  
(Coverage is available in units of \$5,000.)

**Decrease.** I currently have the Family Plan and wish to CHANGE TO the INDIVIDUAL PLAN, wherein only I will be covered.

**Terminate.** I currently have \$\_\_\_\_\_ of AD&D Insurance and wish to TERMINATE my:  
 Voluntary Insurance  Voluntary Insurance, and Basic Insurance paid for by my Financial Institution.

**3. ADMINISTRATIVE CHANGES:**

**Premium Deduction Account Change.** Please change the account from which premiums are deducted to the following:  
Account # \_\_\_\_\_  Checking  Savings

**Address change.** Please change my home address to the following:

\_\_\_\_\_  
Street City State Zip Code

**Name change.** Please change my name. (Note: A copy of your driver's license, marriage certificate, divorce decree, birth certificate or other legal document verifying the change **MUST** be included with your request.)

From: \_\_\_\_\_ To: \_\_\_\_\_

**I request** the group insurance AND/OR change(s) shown above. To the best of my knowledge and belief: (a) I am eligible for such insurance; and (b) the statements I have made are true and complete. (If adding or increasing coverage, read Fraud Statements on reverse side.)

**Insured Member's Signature X** \_\_\_\_\_  
(PLEASE SIGN IN INK) DATE

### Fraud Warning Statements

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **For residents of CO, the following also applies:** Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **For residents of DC, the following also applies:** An insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Residents of FL:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Residents of NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Residents of LA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Residents of VA:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated the law.

**Residents of Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.