

Request to Reduce/Terminate Optional Insurance Coverage

Member Name			
Name of School Board			
Policy Number(s)	175361	OPC #	Employee ID
Accidental Death and Dismemberment Coverage			
Check CURRENT coverage type:	<input type="checkbox"/> Family	<input type="checkbox"/> Member	
Check CURRENT coverage amount:	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$125,000	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$175,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$25,000
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$75,000	
Select NEW coverage type:	<input type="checkbox"/> Family	<input type="checkbox"/> Member	
Select new coverage amount:	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$125,000	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$175,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$25,000
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> No change to existing coverage
			<input type="checkbox"/> Terminate current coverage
Optional Life Insurance			
Check CURRENT coverage amount:	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$50,000	
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$25,000	
	<input type="checkbox"/> \$100,000		
Select NEW coverage amount:	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$50,000	
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$25,000	
	<input type="checkbox"/> \$100,000	<input type="checkbox"/> No change to existing coverage	
		<input type="checkbox"/> Terminate current coverage	
Spousal Optional Life Insurance			
Check CURRENT coverage amount:	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$50,000	
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$25,000	
	<input type="checkbox"/> \$100,000		
Select NEW coverage amount:	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$50,000	
	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$25,000	
	<input type="checkbox"/> \$100,000	<input type="checkbox"/> No change to existing coverage	
		<input type="checkbox"/> Terminate current coverage	
Child Optional Life Insurance			
Check CURRENT coverage amount:	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$5,000	
	<input type="checkbox"/> \$15,000		
	<input type="checkbox"/> \$10,000		
Select NEW coverage amount:	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$5,000	
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> No change to existing coverage	
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Terminate current coverage	
Date: _____	Member Signature: _____		