Request for Change Under Optional VRS-39a Group Life Insurance Plan

securian FINANCIAL®

Securian Life Insurance Company
Minnesota Life Insurance Company
Richmond Branch Office • PO Box 1193, Richmond, VA 23218-1193
1-800-441-2258

Employer code (5-digit code)	Employer name

1. EMPLOYEE INFORMATION

Social Security number	Name (first, middle initial, last)	Jr./Sr.

Address (street, city, state, zip)

2. I AM NOW INSURED UNDER

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5 ☐ Option 6 ☐ Option 7 ☐ Option 8

3. ELECTION TO ADD COVERAGE

☐ I hereby elect to insure my spouse.

Spouse's name (first, middle initial, last)	Date of marriage (month/day/year)
Spouse's Social Security number	**Spouse's date of birth (month/day/year)**

☐ I hereby elect to insure my child(ren). Number of children _____

Youngest child's name (first, middle initial, last)	Date of birth or adoption (month/day/year)

If this election to insure your spouse and/or child(ren) is made more than 31 days after the date of your marriage or after the date of birth or adoption of your child(ren), a form VRS-32 (Health Status Declaration) must be submitted for your spouse and for each eligible child. (See reverse side for qualifying events.)

4. ELECTION TO TERMINATE COVERAGE

☐ I hereby elect to terminate optional insurance for my spouse.
If termination is due to divorce, give date your divorce was final. _____
Month Day Year

☐ I hereby elect to terminate optional insurance for my children.

☐ I hereby elect to terminate optional insurance for myself and, if now insured, my spouse and child(ren).

5. ELECTION TO INCREASE MY INSURANCE OPTION

I understand that I must furnish evidence of insurability satisfactory to the insurance company (using VRS-32) for myself and all of my eligible dependents if I wish to increase optional life insurance coverage. Any increase in coverage, if approved, will become effective on the date of approval.

☐ I hereby elect to increase my optional plan of insurance from option _____ to option _____.

6. ELECTION TO DECREASE MY INSURANCE OPTION

☐ I hereby elect to decrease my optional plan of insurance from option _____ to option _____.
This change will become effective the first of the month following the date of request.

7. SIGNATURE

Employee's signature	Date (month/day/year)
X	

8. TO BE SIGNED BY EMPLOYER'S REPRESENTATIVE

I certify that I believe the statements made herein are true and accurate, as disclosed by the records of this office and the Social Security number is correct as entered.

Representative's signature	Title	Date (month/day/year)
X		

Qualifying Events

The following are considered “qualifying events” for purpose of enrollment in the Optional Life Insurance Plan:

- marriage
- birth or adoption of first child
- retirement of spouse when both employee and spouse are covered (except for disability retirement)

Enrollment must occur within 31 days immediately following the qualifying event in order for insurance to be provided under the Optional Life Insurance Plan. If enrollment is made more than 31 days of the event, Optional Life Insurance will not be provided until evidence of insurability satisfactory to the insurance company is provided for the individual(s) electing to be insured.