

The Family Indemnity Plan

CHANGE OF INSURED

Member Name _____

Member Certificate Number _____

Credit Union _____

This Change of Insured shall be effective only when the member delivers this form to the credit union through which he/she holds his/her certificate and the credit union files the Change of Insured form with the office administering the plan. You must inform the credit union within 30 days of any change. If you do not inform the credit union of a change within 30 days, there will be a six (6) month waiting period for benefits due to natural death (accidental death benefits will be paid). At no time may more than six (6) persons be insured under one certificate.

Check the situation which applies:

- Divorce of the Member - deleting the former spouse and adding another insured.
- Child has reached age 1
- Child has reached age 26
- Re-marriage of Member - adding the new spouse.
- Death of an Insured

Name of the person being deleted _____

Name of the person being added _____

_____ Male Female

Date of Birth Day Mo Yr Age Relationship to the Insured

Effective Date of the Change _____
Day Mo Yr

I understand that there will no longer be any coverage on the person deleted from the plan. The person being added will be the newly insured under the plan.

Signature of Member _____ Date _____
Day Mo Yr

Signature of authorized officer _____ Date _____
Day Mo Yr