

# Life Insurance Change Request



## Securian Life Insurance Company Minnesota Life Insurance Company

Group Customer Service • 400 Robert Street North, St. Paul, MN 55101-2098

**EMPLOYER NAME:** University of Rochester

**POLICY NUMBER:** 75033

**Status** ☐ Active ☐ Retired ☐ Terminated

Insured's name (first, middle initial, last)

Contract ID/last 4 of Social Security number

Street address ☐ check here if new (active/retired employees report address changes to Office of Total Rewards)

City

State

Zip code

### 1. Change of Insurance Coverage

#### Employee Coverage

☐ **Terminate** my GUL insurance. Any Optional Accidental Death & Dismemberment (AD&D) and Dependent Group Term Life coverage also will be terminated. The net cash value of your Cash Accumulation Account will be paid to you.

☐ **Decrease** the total amount of insurance to ☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x ☐ 7x annual salary

☐ **Increase** the total amount of insurance to ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x ☐ 7x ☐ 8x annual salary (not to exceed policy maximum) An Evidence of Insurability form will be sent to you if required.

☐ Increase is due to family status change as of \_\_\_\_\_ (date).

☐ **Add/Decrease** Optional AD&D coverage (You must be enrolled for GUL insurance.)

☐ Terminate ☐ 1x ☐ 2x ☐ 3x ☐ 4x ☐ 5x ☐ 6x ☐ 7x ☐ 8x annual salary

#### Dependent Coverage

☐ **Terminate** my Spouse/Domestic Partner coverage

☐ **Decrease** my Spouse/Domestic Partner coverage to

☐ \$10,000 ☐ \$25,000 ☐ \$50,000

☐ **Add/Increase** Spouse/Domestic Partner coverage (an Evidence of Insurability form will be sent to you if required)

☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000

Name

Date of birth

☐ **Terminate** my Child coverage

☐ **Decrease** my Child coverage to

☐ \$2,500 ☐ \$5,000

☐ **Add/Increase** Child coverage (an Evidence of Insurability form will be sent to you if required)

☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Name

Date of birth

Has your spouse/domestic partner smoked during the past 12 months? ☐ Yes ☐ No

☐ This is a family status change as of \_\_\_\_\_ (date).

☐ This is a family status change as of \_\_\_\_\_ (date).

### 2. Cash Accumulation Account

☐ **Begin/Change** payroll deduction or billing for additional premium for my cash accumulation account (minimum \$10.00 per month). Amount \$ \_\_\_\_\_ (per pay period)

☐ **Deposit** the enclosed check as a lump sum premium contribution to my cash accumulation account (minimum \$100.00). Amount \$ \_\_\_\_\_

☐ **Discontinue** additional premium contributions to my cash accumulation account.

#### Check one

☐ Let remaining balance continue to earn interest.

☐ Remit balance to me minus surrender charges, if applicable.

### 3. Loans and Withdrawals

☐ **Withdraw** this amount \$ \_\_\_\_\_ or

☐ **Withdraw** maximum allowed. Minimum withdrawal is \$100.

☐ **Loan** this amount \$ \_\_\_\_\_ (minimum \$100) Securian Financial does not send out loan repayment notices.

☐ **Repay** my loan in this amount \$ \_\_\_\_\_ Policy minimums and service/interest charges apply.

#### Payment method:

☐ Electronic payment information completed on the back.

☐ Check payable to Securian Financial is included.

#### I have read the notice of withholdings on the back and:

☐ I do not want federal income tax withheld from my withdrawal.

☐ I want federal income tax withheld from my withdrawal.

### 4. Change in Smoker Status

If you haven't smoked cigarettes or cigars or a pipe in the past 12 months, you may be eligible for nonsmoker rates. Call Securian Financial to request an affidavit form to verify your nonsmoker status.

### 5. Transfer of Ownership

A transfer of ownership form will be sent to you for your signature. The following information is needed in order to properly prepare the transfer of ownership form.

Name and address of new owner

Relationship to the insured

### 6. Special Requests

Include any special comments or requests here (continue on back if necessary).

**See reverse for instructions.** Securian Financial may send you additional forms to be completed before your change request can be processed. Securian Financial shall incur no obligation because of any of the above request(s) unless we have approved the requested change(s) in our home office.

Insured's signature

Daytime phone number

Evening phone number

Date signed

**X**

Securian Financial is the marketing name for Securian Financial Group, Inc. and its affiliates. Insurance products are issued by affiliated insurance companies Minnesota Life Insurance Company and Securian Life Insurance Company, a New York authorized insurer.

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## Instructions for completing the Life Insurance Change Request

1. Use this section if you wish to terminate/decrease/increase your coverage or terminate/decrease/add insurance coverage for your spouse/domestic partner or dependent children.

We will send you an Evidence of Insurability form for increases or additions, if necessary.

You may increase your coverage amount within 90 days after a qualifying family status change (marriage, divorce, death of a spouse/domestic partner, birth or adoption of a child) without evidence of insurability. However, you must be actively at work to do so.

If you cancel GUL insurance, any accumulated cash value, less any charges, will be returned to you. When applicable, taxes will be automatically withheld from any portion of the cash value that is subject to federal tax. If you do not want taxes withheld, please indicate this request in Section 6. Complete this section to begin, change, or discontinue accumulating cash value in your GUL policy.

**Request for an increase** in coverage will be effective on the date you sign the request, if evidence of insurability is not required; otherwise, on the date of approval by Securian Financial.

**Request for a decrease** in coverage, received by Securian Financial by the 25th of a month, will be effective on the first day of the following month; otherwise, on the first day of the second following month.

**Request for cancellation** of coverage will be effective on the first day of the month following the date the request is received by Securian Financial.

2. Complete this section if you wish to make a partial or total withdrawal or take out a loan from the GUL Cash Accumulation Account.
3. You may withdrawal up to 100% of the net value of your Cash Accumulation Account. The minimum withdrawal amount is \$100.

You may take a loan against the net value of your Cash Accumulation Account after the policy has been in effect three years. The minimum loan amount is \$100.

Also use this section for making a loan repayment or a lump-sum deposit. The minimum for a lump-sum deposit is \$100. Securian Financial does not send out loan repayment notices.

**Notice of withholding:** If no election is made, a percentage of tax will be withheld for federal income tax from the portion of the withdrawal that is subject to federal income tax. The IRS requires Securian Financial to withhold a percentage of any gain, regardless of the withholding election, if the owner's address is outside the United States or if a correct Social Security number is not on file.

**Electronic payment information** - Securian Financial will send a check unless you elect an electronic payment. Please complete the information below. Select one:

- ☐ Wire Transfer (You may be charged a fee from your bank.)
- ☐ ACH - I hereby authorize Securian Financial to initiate credit and, if necessary, debit entries and adjustments for any credit entries which occurred in error, to the account indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

<input type="checkbox"/> Checking account	Account number	Routing number	Financial institution
<input type="checkbox"/> Savings account			
Account holder name		Account holder signature	Date signed

4. Call Securian Financial to request an affidavit form to verify your nonsmoker status.
5. Use this section if you wish to transfer ownership. We will prepare the transfer of ownership form and send it to the insured for signature.
6. Use this box for any special requests or instructions; for example, to request a cash value illustration for GUL or to list additional names of children and their dates of birth.

**Questions? Please call 1-800-941-2192.**

### Form Return Options

Attach and submit on: [www.lifebenefits.com/filetransfer](http://www.lifebenefits.com/filetransfer)

Or fax to: 651-665-4827

Or mail to: Securian Financial Group, Inc.  
PO Box 64086  
St Paul, MN 55164-0086