

## EDUCATORS MUTUAL LIFE INSURANCE COMPANY Employee Change Card

1. Employer Name	2. Group Number
3. Your Name  <div style="display: flex; justify-content: space-between; width: 90%; margin-left: 20px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	4. Social Security Number

**5. Change Requested**

- Name From \_\_\_\_\_ To \_\_\_\_\_
- Address From \_\_\_\_\_ To \_\_\_\_\_
- Salary From \_\_\_\_\_ To \_\_\_\_\_
- Class From \_\_\_\_\_ To \_\_\_\_\_
- Beneficiary In accordance with the terms of the group policy shown above, I revoke all previous designations of Beneficiary and designate the following Beneficiary:  
Relationship of Beneficiary to Employee: \_\_\_\_\_  
Social Security Number of Beneficiary: \_\_\_\_\_

Dependents

Add/ Remove	Coverage(s)	Name Last, First, Middle	Date of Birth	Social Security Number	Reason for Change
		Spouse			
		Child			
		Child			

Date of change (or Marriage) \_\_\_\_\_ Employee Signature \_\_\_\_\_