CHANGE REQUEST

☐ ReliaStar Life Insurance Company, Minneapolis, MN
☐ ReliaStar Life Insurance Company of New York, Woodbury, NY
Members of the Voya family of companies
Customer Service: PO Box 20, Minneapolis, MN 55440

Instructions:

Employee: Complete form and sign as required below. Return this form to your employer.

Employer: Process the change(s), as necessary. Place the original in the employee's permanent file.

INSURED INFORMATION

Insured Name *(Last, First, MI)* _____

Birth Date _____ SSN _____ Phone (_____)_____

Address _____ City _____ State _____ ZIP _____

Plan Number _____ Account Number _____

Policy / Certificate Number _____

OWNER INFORMATION

Owner Name _____

Birth Date _____ SSN _____ Phone (_____)_____

Address _____ City _____ State _____ ZIP _____

POLICY CHANGES

☐ Change name of: ☐ Insured ☐ Owner

Previous Name _____

New Name _____

Reason for Change *(If court order, attach copy)*: _____

☐ Change Contact Information to:

Address _____ City _____ State _____ ZIP _____

Birth Date _____ SSN _____ Phone (_____)_____

☐ Issue duplicate policy / certificate

COVERAGE REDUCTION

☐ Reduce employee coverage from $_____ to $_____ Effective Date _____

☐ Reduce spouse coverage from $_____ to $_____ Effective Date _____

☐ Reduce children's coverage from $_____ to $_____ Effective Date _____

COVERAGE CANCELLATIONS

☐ Cancel policy / certificate effective *(month, day, year)* _____

☐ Cancel spouse coverage effective *(month, day, year)* _____

☐ Cancel children's coverage effective *(month, day, year)* _____

☐ Youngest child reached maximum age (see policy) *(month, day, year)* _____ *Attach a copy of birth certificate.*

Employee Signature *(required)* _____ Date _____

Spouse Signature *(if change affecting spouse coverage)* _____ Date _____

Employer / Plan Administrator _____ Date _____

EMPLOYER / PLAN ADMINISTRATOR USE ONLY

Date Received _____ Date Processed _____ Processed By _____