

# ACCIDENT INSURANCE CHANGE FORM

Fill in the applicable information and mail to:  
 Plan Administrator P.O. Box 41849 Nashville, TN 37204-1849  
 For assistance, call Customer Service at 1-800-860-7182.

**CHECK ITEM(S) CHANGED**  
 Name       Beneficiary       Account Number  
 Address       Coverage

**ADDITIONAL COVERAGE** (Check amount desired and choose Family Plan Option)  
 \$ 10,000     \$ 20,000     \$ 30,000     \$ 40,000     \$ 50,000  
 \$ 75,000     \$100,000     \$ 150,000     \$ 200,000     \$ 250,000  
 \$ 300,000

**FAMILY PLAN (Please Mark One)**  
 Yes     No  
 (Available Only With Additional Coverage)

- CANCEL ALL COVERAGE (BASIC & ADDITIONAL)**
- RETAIN ONLY THE BASIC BENEFIT**
- Change Beneficiary to:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_  
 Person's \_\_\_\_\_

**CHARGE AUTHORIZATION:** I authorize my financial institution and its service provider to automatically charge my account quarterly according to the rate schedule for any additional coverage I have selected.

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Please print

CREDIT UNION NAME		STATE
OLD ACCOUNT NO.	CITY	NEW ACCOUNT NO.
NEW ACCOUNT TYPE		
EXISTING NAME OF INSURED		
NEW NAME OF INSURED-PROVIDE BOTH NAMES IF CHANGED (attach acct. verification)		
ADDRESS		
CITY/STATE/ZIP		