

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 _____