

Request for Change of Beneficiary



ASSURANT Employee
Benefits

Group Sales Office no. 27

Name of member _____ Social Security no. _____

Address _____ Phone no. _____
STREET CITY STATE ZIP

Policyholder **LAPRA** _____ Policy no. _____

Union Security Insurance Company is hereby requested to change my designation of beneficiary so that any amount payable at my death shall be payable as set forth below. If additional space is required for naming your beneficiary(ies), please attach separate page.

Equally to the following PRIMARY BENEFICIARY(IES)

Name	Relationship	Social Security no.

Equally to the following SECONDARY BENEFICIARY(IES)

(Secondary beneficiaries will only be paid if all primary beneficiaries predecease the insured member.)

Name	Relationship	Social Security no.

NOTE: Union Security Insurance Company is not and shall not be deemed a party to any agreement between an Employer and the insured and the receipt and recording of this request by us shall be subject to, but in no way alter, any and all terms, conditions, and provisions of any Group Policy.

If there shall be no beneficiary entitled to payment as provided above, payment will be made in the order listed in the LAPRA contract.

Signature of member _____ Date _____

Received and recorded by _____ Date _____

White and Yellow copies—Policyholder

Pink copy—Member

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.