Mercer

PO Box 9122
Des Moines, IA 50306-9122
Fax Number: 515-365-1520

Customer Service Request Form

Customer Service Request Forms are provided for your convenience in handling routine transactions concerning your group certificate. Please read and follow the instructions carefully to avoid delays in processing your request(s). Should you have any questions, be sure to call our Customer Service Department at the number listed in the letter you received with this form.

- The owner's signature is required on the reverse side of this form for all service requests.
- Mark the box for each change or service you are requesting.
- Please print all information.
- All signatures **must** be handwritten in black or blue ink.
- Certificate number is required *(If you do not have your certificate number, your full SSN will be required to process your request.)*
- Beneficiary designation can be updated at https://personal-plans.com/inquiry. *(Do NOT use this form)*

Please fill out this section

Owner's SSN *(last 4 required)*: _____/_____/_____

_____
Owner's Name

_____
Owner's Employer *(or company insurance was obtained through)*:

_____
Insured's Name

_____
Employee ID Number *(optional)*

_____
Preferred Phone Number

_____
Email Address

_____
Address

_____
City, State ZIP

☐ **Check here if this is a change of address**

☐ Name Change

Note: If reason is other than correction of spelling, please attach a copy of a marriage certificate, divorce decree, or other court document showing the new name.

Certificate Number: _____ ☐ Insured ☐ Owner

From: _____ To: _____

Reason: _____

Reduction in Coverage Request

Note: See your life insurance brochure for the coverage election options for your plan. When selecting new coverage amounts, please ensure that your election(s) match the amounts, salary multiples or unit increments described in your certificate.

☐ Employee Plan
Change the amount of insurance coverage to $ _____
Certificate Number _____

☐ Spouse/Domestic Partner Plan
Change the amount of insurance coverage to $ _____
Certificate Number _____

☐ Child Plan
Change the amount of insurance coverage to $ _____
Certificate Number _____

Cancellation of Supplemental/Optional Term Life Insurance or Voluntary Accident & Dismemberment Coverage Request

NOTE: IF YOU WOULD LIKE TO REQUEST CANCELLATION OF GROUP UNIVERSAL LIFE INSURANCE, AN OWNER TRANSACTION FORM IS REQUIRED.

Please contact the Mercer call center at the number that is listed on the letter you received with this form.

☐ Employee Plan Certificate Number _____

☐ Spouse/Domestic Partner Plan Certificate Number _____

☐ Child Plan Certificate Number _____
Date youngest child was no longer eligible: _____

(Please reference your certificate of insurance to determine maximum age for child coverage or contact our call center at the number listed in your certificate)

☐ Smoker Change

Have you smoked or used any form of tobacco in the past 12 months? ☐ Yes ☐ No

Has your spouse/domestic partner smoked or used any form of tobacco in the past 12 months? ☐ Yes ☐ No

I understand that the above information will be used to determine my eligibility for "smoker" or "non-smoker" status under my insurance plan. This information will not affect my coverage amount currently in force. It will, however, affect the premium for my insurance coverage. The "smoker" rates are costlier than the "non-smoker" rates.

☐ Other Requests or Comments

_____

_____

_____

_____

_____

I represent the statements and answers given in this request form are true, complete, and correctly recorded to the best of my knowledge and belief. I understand the request(s) for service will not become effective until received at Mercer Voluntary Benefits and approved in accordance with the terms of the certificate.

Owner Signature: _____ **Date Signed:** _____
(MM/DD/YYYY)

Spouse/Domestic Partner Signature: _____ **Date Signed:** _____
(MM/DD/YYYY)

If ownership of the referenced certificates has been assigned under an absolute assignment the signature of the assigned owner is required to process any requested change.

Signature of assigned owner: _____ **Date Signed:** _____
(MM/DD/YYYY)

Address of assigned owner: _____
Street Address City State ZIP