

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 toll-free number listed in your brochure.

- **The owner's signature is required on the reverse side of this form for all service requests.** If there is more than one owner, all owners must sign.
- Mark the box for each change or service you are requesting.
- Please print all information.
- All signatures should be in black or blue ink.

Please check here if this is a change of address.

Owner's Soc. Sec. No. _____ - _____ - _____

Owner's Name

Employee ID No.

Insured's Name

Owner's Employer (or company insurance obtained through)

Address

Telephone No.: Home: _____

City, State, Zip

Work: _____

Email Address: _____

Name Change

Note: If reason is other than marriage, divorce, or correction of spelling, please attach a copy of legal evidence.

Certificate No. _____

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 brochure.

Employee Plan Certificate No. _____

Change the amount of insurance coverage to \$ _____ based on plan guidelines.

Spouse Plan Certificate No. _____

Change the amount of insurance coverage to \$ _____ based on plan guidelines.

Child Plan Certificate No. _____

Change the amount of insurance coverage to \$ _____ based on plan guidelines.

Smoker Change

Have you smoked or used any form of tobacco in the past 12 months?

Yes No

Has your spouse 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 more costly than the “non-smoker” category. The “non-smoker” rates are less costly.

Coverage Termination Request

Employee Coverage

I hereby request my coverage be terminated.

Certificate No. _____

Spouse Coverage

I hereby request my spouse’s coverage be terminated.

Certificate No. _____

Dependent Child’s Coverage

I hereby request my dependent child’s coverage be terminated.

Certificate No. _____

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 Marsh Global Consumer and approved in accordance with the terms of the certificate.

Insured’s Signature

Signed this _____ day of _____, 20_____

Spouse’s Signature

Signed this _____ day of _____, 20_____

Owner’s Signature

Signed this _____ day of _____, 20_____

Owner’s Address: _____

Please Note: **Changing coverage will NOT update beneficiary designations unless Mercer Voluntary Benefits writing from the Owner a specific request to change the beneficiary.**
Be sure to make a copy for your own records