

# NG76 FORM - REQUEST FOR CHANGE OR CANCELLATION OF PAYROLL DEDUCTION NGAUS INSURANCE PROGRAM

ReliaStar Life Insurance Company, Minneapolis, MN  
ReliaStar Life Insurance Company of New York, Woodbury, NY  
Members of the *Voya® family of companies*  
Email to: NGAUSAdministration@voya.com  
Mail to: Attn: NGAUS Administration, Mail Stop 2N, 20 Washington Ave South, Minneapolis, MN 55401



**NOTE:** ReliaStar no longer needs to be informed when a Technician is mobilized or demobilized for Federal Active Duty. Additionally, effective August 1, 2020, civilian employees under Title 5 are eligible for this program. All references to Technician includes Title 32 Technicians and Title 5 civilian employees.

**Technician:** Complete and send form to Voya by email or mail using the addresses listed above and submit a copy to your Human Resource Officer (HRO).

**HRO:** Notify the Customer Service Representatives (CSRs - also known as Civilian Pay Technicians at the Input Sites) to stop or change the deduction in DCPS immediately.

## TECHNICIAN INFORMATION *(Fully complete this section.)*

Name *(First)* \_\_\_\_\_ *(Middle Initial)* \_\_\_\_\_ *(Last)* \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Input Site Number \_\_\_\_\_ Hire Date \_\_\_\_\_ Bi-Weekly Salary \$ \_\_\_\_\_

Current Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check this box if the change is related to existing Spouse Life Insurance.

Spouse Name *(First)* \_\_\_\_\_ *(Middle Initial)* \_\_\_\_\_ *(Last)* \_\_\_\_\_

## NAME / ADDRESS / INPUT SITE CHANGES *(Check all that apply.)*

Change legal name to "Name" above under Technician Information. Previous name was \_\_\_\_\_

Reason for Change *(If court order, attach copy.)* \_\_\_\_\_

Change address to "Current Home Address" above under Technician Information.

Change Input Site to \_\_\_\_\_ *(Technician is still actively employed but has changed Site locations.)*

## TERM LIFE INSURANCE: REDUCE COVERAGE, CANCEL COVERAGE OR CHANGE TO DIRECT BILL

Reduce my coverage from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Cancel my Term Life Insurance *(Select applicable box(es).)*

- "Tech Life" Basic Term Life Insurance coverage
- "Guard Life" Supplemental Term Life Insurance coverage
- Spouse Term Life Insurance coverage
- Children(s) Term Life Insurance coverage

Stop payroll deduction of my premium and bill me at the "Current Home Address" given above at this mode.

*(Select one.):*  Quarterly  Semi-Annually  Annually

Check applicable box for reason.:

Mobilized for Federal Active Duty - longer than 90-days  Terminating employment, retiring, etc.  Other \_\_\_\_\_

## DISABILITY INSURANCE: CANCEL COVERAGE

Cancel my "Tech Pay" Basic Disability Insurance coverage

Cancel my Supplemental Disability Insurance coverage

## SIGNATURE AUTHORIZATIONS

**Technician's signature is required for all transactions. Spouse's signature is required if any action effects the Spouse's insurance.**

 Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

 Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

## VALULIFE (WHOLE LIFE) INSURANCE: CANCEL COVERAGE OR CHANGE TO DIRECT BILL

Policy Number(s) \_\_\_\_\_

| Applies to  | Option   |
|---|--|
| <input type="checkbox"/> Technician <input type="checkbox"/> Spouse | <b>Surrender for Cash Value:</b> Pay all cash surrender values to insured. As consideration for such payment, ReliaStar is released from any and all claims under this policy.   |
| <input type="checkbox"/> Technician <input type="checkbox"/> Spouse | <b>Paid-Up Insurance (Select one.):</b> <input type="checkbox"/> Loan to remain outstanding <input type="checkbox"/> Loan to be paid from cash value   |
| <input type="checkbox"/> Technician <input type="checkbox"/> Spouse | <b>Direct Billing:</b> Stop payroll deduction of my premium and bill me at the "Current Home Address" given above at this mode. (Select one.): <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually |
| <input type="checkbox"/> Technician <input type="checkbox"/> Spouse | Cancel Children(s) Coverage  |

## UNIVERSAL LIFE INSURANCE: CANCEL COVERAGE OR CHANGE TO DIRECT BILL

Policy Number(s) \_\_\_\_\_

Take a loan:  All  Technician  Spouse  Dependent

**Surrender for Cash Value:** Pay all cash surrender values to insured. As consideration for such payment, ReliaStar is released from any and all claims under this policy. (**NOTE:** Your policy must accompany the request. If unavailable, "Lost Policy Notification" section **MUST** be completed.):

All  Technician  Spouse  Dependent

**Direct Billing:** Stop payroll deduction of my premium and bill me at the "Current Home Address" given above at this mode.

(Select one.):  Monthly  Quarterly  Semi-Annually  Annually


## LOST POLICY NOTIFICATION

I request payment of the cash value in exchange for surrender of the attached policy. No bankruptcy proceedings are outstanding against me, and no liens are pending the policy, except as follows: \_\_\_\_\_

**Lost Policy Notification** (Replacement certificates will be mailed unless this is a surrender request.)

I, \_\_\_\_\_ hereby certify that Policy Number(s) \_\_\_\_\_

dated \_\_\_\_\_ and issued by Bankers Security Life Insurance Society ("BSLIS") has been lost or destroyed and that said Policy is not assigned, hypothecated, or pledged in any way whatsoever. I, therefore, request a Certificate of Lost Policy and represent that the information provided to ReliaStar Life Insurance Company of New York, successor in interest to BSLIS, is true and accurate. It is distinctly understood and agreed that the original Policy shall become null and void immediately upon issuance of the Certificate of Lost Policy herein requested.

 Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

 Assignee Signature (If applicable.) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

 Irrevocable Beneficiary Signature (If applicable.) \_\_\_\_\_ Date \_\_\_\_\_

## SIGNATURE AUTHORIZATIONS

**Technician's signature is required for all transactions. Spouse's signature is required if any action effects the Spouse's insurance.**

 Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

 Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_