RESET FORM

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
☐ Children(s) Term Life Insurance coverage
☐ Spouse Term Life Insurance coverage
☐ "Guard Life" Supplemental 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 _____

FOR OFFICE USE ONLY

Type of Change:
☐ Cancel
☐ Change

Deductible Amount:
Old _____
New _____

Effective Date of Change _____

Input Site # _____

HRO # _____

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

Policy Number(s) _____

Applies to	Option
☐ Technician ☐ Spouse	**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.
☐ Technician ☐ Spouse	**Paid-Up Insurance** *(Select one.)*: ☐ Loan to remain outstanding ☐ Loan to be paid from cash value
☐ Technician ☐ Spouse	**Direct Billing:** 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
☐ Technician ☐ 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 _____