

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

New York Life Insurance Company



Email to: NGAUSAdministration@AGIA.com

Mail to: Attn: NGAUS Administration, 300 E. Esplanade, Suite 2010, Oxnard, CA 93036

Technician: Complete and send form to AGIA 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

Spouse Term Life Insurance coverage

Children(s) 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 # _____