EQUITABLE PLAN SERVICES INC.

Request for Service

Employee/Dependent Terminations and Other Changes

Employer'sName ________________________________AreaCode&PhoneNumber(   )_____________________

InsuredEm ployee'sName___________________ ________SS#____

GroupNumber_________________________________ ____

☐ **Terminations of Employee** Changewillbeeffectivefirstof monthfollowingEPS 'sreceiptoftherequest.

NameofE mployee _____________________SS#_______________TerminationDate_______

NameofE mployee _____________________SS#_______________Termi nationDate_______

NameofE mployee _____________________SS#_______________TerminationDate_______

NameofE mployee _____________________SS#_______________TerminationDate_______

NameofE mployee _____________________SS#_______________TerminationDate_______

NameofE mployee _____________________SS#_______________TerminationDate_______

SignatureofC ompany Officer_____________________________ _______________________________________

☐ **Terminationof Dependent Coverage** Changewillbeeffectivefirstofmonthfollowing EPS 'sreceiptoftherequest.

SignatureofEmployee TerminatingDepen dent Coverage____**Date**____________________ ______

☐ **Employee NameChange** **From**____ ____

To____ ____

SignatureofEmployee RequestingNameChange ______________________________________**Date**___________________ ________

☐ **Changeof Beneficiary** Subjecttoth etermsofth eGroup Policy(ies).IherebyrequestthattheBeneficiaryonmyGroupLife andAccidentalDeathinsurancebechangedtothefollowing,inlieuofanypriorbeneficiary designations applicablethereof,whic hareherebyrevoked.

PRIMARYBENEFICIARY:(Toreceivepr oceedsiflivingatmydeath) ____

RelationshiptoMe ____

CONTINGENTBEN EFICIARY:(ToreceiveproceedsiflivingatmydeathifPRIMARYBENEFICIARYisnotthenliving)

____**RelationshiptoMe**____________________________________

____/___ ________________/____________________________________

SignatureofEmployee **Date** **Witness**

MAILALLCORRESPONDENCETO:
PO BOX720460
OKLAHOMACIT Y,OK73172 -0460

Foradditionalinformation,
pleasecallEPS,INC.
(405)755-2929