

CHANGE IN: 1. PLAN COVERAGE 2. PRINCIPAL SUM 3. CHANGE OF BENEFICIARY

I hereby revoke my beneficiary and/or plan coverage and section of amount principal sum previously made by me and enroll currently in the plan and Amount of Principal Sum as indicated by the boxes

CANCELLATION OF COVERAGE

I hereby request cancellation of my Personal Accident Insurance.

If you have any questions, Please contact the Maksin Group at 1-866-506-1561.

UNDER THE PRIVACY ACT of 1974, solicitation of personal information is unauthorized by Title 10, United States Code, Sections 3012 and 8012. Information will be used for processing data required by the Policyholder for administration. Disclosure of information is voluntary. Failure to provide could affect administration and payment of claims.

For Retirees over age 65, to continue in the PAI plan, the premiums will remain the same as prior to age 65, but the insurance benefit (principal sum) will be reduced to:

- 70% upon attainment of age 65-69
- 50% upon attainment of age 70-74
- 40% upon attainment of age 75-80
- 30% upon attainment of age 80-84
- 15% upon attainment of age 85 plus.

To illustrate, here's how a retiree carrying \$100,000 principal sum coverage would be affected after age 65:

<u>Age</u>	<u>Principal Sum Coverage</u>	<u>Semi-Annual Premium</u>	
		<u>Self</u>	<u>Family</u>
65-69	\$ 70,000	\$ 19.04	\$ 29.52
70-74	50,000	19.04	29.50
75-79	40,000	19.04	29.50
80-84	30,000	19.04	29.50
85 Plus	15,000	19.04	29.50

THIS FORM, WHEN COMPLETED AND PROPERLY VALIDATED, BECOMES PART OF YOUR CERTIFICATE, YOUR SOCIAL SECURITY NUMBER WILL BE YOUR CERTIFICATE NUMBER AND YOUR "COVERAGE EFFECTIVE DATE" WILL BE THE DATE YOUR INSURANCE COVERAGE BEGINS. THIS FORM REPLACES AND SUPERSEDES ANY SUCH FORM PREVIOUSLY COMPLETED BY THE RETIREE.

Retiree's Signature _____

Date Signed: _____

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Return to the Maksin Group (Plan Administrator) at
P O Box Box 2676
Camden, NJ 08101