

# Request for Change of Beneficiary or Name

Member Number \_\_\_\_\_



## Naming the Beneficiary

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, social security number and relationship. If the beneficiary is not related either by blood or marriage, insert the words "Not Related."

**A. Change of beneficiary. By this request I revoke all prior beneficiary designations.**

### Primary Beneficiary(ies)

Name \_\_\_\_\_ Last Four Digits Of SSN# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
mm/dd/yyyy

Benefit Percent % \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ Last Four Digits Of SSN# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
mm/dd/yyyy

Benefit Percent % \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Contingent

Name \_\_\_\_\_ Last Four Digits Of SSN# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_  
mm/dd/yyyy

Benefit Percent % \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

**B. Change my name.**

From \_\_\_\_\_  
Last First Middle

To \_\_\_\_\_  
Last First Middle

Because of  Marriage  Court Order \_\_\_\_\_  
mm/dd/yyyy (date of court order)

Print Insured's Name (required) \_\_\_\_\_ Insured's Four Digits Of SSN# \_\_\_\_\_

Insured's Signature (Required) \_\_\_\_\_  
mm/dd/yyyy

**Disclaimer:** Gallagher Affinity Insurance Services, Inc., provides administrative support services to insurance plans sponsored by associations and fulfilled by insurance carriers. Our support includes certificate issuance, and facilitation of information in support of applications and claims for benefits provided by the insurance carrier. The carrier fulfills the benefit determination and any payments on claims associated with those benefits.

5/24/24

official use only

Term Life Plan  
Policy: G-71158-FL

**Membership Services Department**  
PGA of America  
100 Avenue of Champions, Suite 230  
Palm Beach Gardens, FL 33410-9601  
membership@pgahq.com  
Phone 1.800.474.2776

The preferred insurance program  
**Gallagher Affinity Insurance Services, Inc.**  
Administrator of PGA of America  
1231735497

# PGA Member and Associate Term Life Policy Insurance Option



## Description of Coverage

Master Policy Number G-71158-FL has been issued to The Professional Golfers' Association of America (called the Policyholder).

The Group Policy will be administered on behalf of The Prudential Insurance Company of America (We, Our or Us) by the Administrator: "Coverdell & Company, an affiliate of Arthur J. Gallagher Risk Management Services, Inc."

## Schedule

Life Insurance Benefit Amounts are based on the age at death as shown below:

Attained Age at Death	Benefit Amount
Under 35	\$14,000.00
35 to 49	\$7,500.00
50 and over	\$5000.00

## Conversion Privilege

If an insured ceases to be insured under the Policy for any reason except:

- Termination of the Policy;
- Termination of a class of persons under the Policy;
- Voluntary non-payment of premium; the Insured Person will have the right to request an individual conversion from the Insurer without giving medical evidence of insurability. The terms of Master Policy G-71158-FL apply.

## Beneficiary Provisions

The benefits payable at the insured person's death will be paid: according to the beneficiary designation if any, in effect at the time of the insured person's death, otherwise.

- Spouse
- Child(ren)
- Parent(s)
- Siblings

If there is no survivor in these classes, payment will be made to the insured person's estate.

The insured person may change their beneficiary by filing written notice with the PGA of America.

**Benefit reduction occurs at the next premium due date on or following attainment age. Coverage does not terminate due to age.**

## Autopsy

While a claim is pending, we have a right, at our expense to request an autopsy where it is not forbidden by law.

## Termination

Coverage will end on the earliest to occur of:

- The date the Policy is cancelled; or
- The Premium Due Date on or next following the date the insured person ceases to be an active member of the Policyholder; or
- You make a written request to the Policyholder to end your Member insurance coverage; or
- The Premium Due Date that any required premium has not been made by the Policyholder, subject to the Policyholder Grace Period.

## Claims

In case of a claim please contact PGA Headquarters at **1.800.474.2776** for a claim form.