J. J. STANIS and COMPANY, INC.
100 Jericho Quadrangle • Suite 101
Jericho • New York 11753

GROUP INSURANCE REQUEST FOR CHANGE OF BENEFICIARY

(Please Print All Information)

Phone: (516) 465-3900
Fax: (516) 465-3920

POLICY HOLDER: ______________________ OCCUPATION: ______________________

INSURED NAME: (LAST) ______________________ (FIRST) ______________________

HOME ADDRESS: ______________________ CITY ____________ STATE ______ ZIP ______

DATE OF BIRTH: ______________________ SEX: ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER: ______________________ DATE OF EMPLOYMENT: ______________________

ANNUAL SALARY: ______________________ HOURS WORKED WEEKLY: ______________________

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED

PRIMARY BENEFICIARY: ______________________ RELATIONSHIP ______________________

CONTINGENT BENEFICIARY: ______________________ RELATIONSHIP ______________________

If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the terms of the policy.

DATE: ______________________

SIGNATURE OF INSURED

Witness by someone other than named Beneficiary.

WITNESS SIGNATURE

Address of Witness ______________________

We have moved to Our New Office!

Our new address is:

377 Oak Street, Suite 406

Garden City, NY 11530

Our phone and fax numbers have remained the same:

Phone: 516-465-3900

Toll Free: 877-470-3715

Fax: 516-465-3920