

CAJUN INDUSTRIES HOLDINGS, LLC - CHANGE REQUEST FORM (V.10.2018)

Employee Name: _____

Social Security #: _____

A. Add or Remove Dependent(s)

Action to Take: Add Remove

Reason: Qualifying Event (list) _____ Date of Event _____

Relationship	First & Last Name	Plan to Change	Date of Birth	SSN	Sex (circle one)
		[] Health [] Dental [] Vision [] VTL			M or F
		[] Health [] Dental [] Vision [] VTL			M or F
		[] Health [] Dental [] Vision [] VTL			M or F
		[] Health [] Dental [] Vision [] VTL			M or F
		[] Health [] Dental [] Vision [] VTL			M or F
		[] Health [] Dental [] Vision [] VTL			M or F

**You can only add the VTL coverage for your dependent if you already have the voluntary term life insurance for yourself.*

B. Change of Beneficiary

Subject to the terms of the Group Policy(ies), I hereby revoke any and all designations and option elections previously made by me and direct the payment under the policy to the beneficiary listed below. Unless otherwise provided, if more than one beneficiary is designated in any one class, each beneficiary in the same class shall share equally.

NOTE: Changes to your 401K Beneficiary must be made on a separate form. Contact your Benefits Department.

				*Select which life benefit				
*Check the box for which life benefit you are designating the beneficiary: *Basic: Provided by Southern National Life when enrolled into Cajun's health plan *VTL: Voluntary Employee Life Insurance/Employee-paid (Principal) *Cajun: Cajun-paid life insurance after 5+ years of employment				<div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Basic w/Medical Plan</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Voluntary w/Principal</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Cajun Employee 5+Yrs</div> </div>				
Primary Beneficiary	Social Security #	Date of Birth	Address	Basic	VTL	Cajun	Relationship	%
Contingent Beneficiary	Social Security #	Date of Birth	Address	Basic	VTL	Cajun	Relationship	%

C. Cancellation of Coverage Health Dental Vision ST Disability Vol Term Life

Reason: Qualifying Event (list) _____ Date of Event _____
 Voluntary Drop of Short-Term Disability or Voluntary Term Life

I HEREBY AGREE THAT MY BENEFITS WILL BE CHANGED AS SHOWN ABOVE

Employee Signature: _____

Signature in Ink

Date

Construction Services Rep: _____

Signature

Date

This form and all accompanying documentation can be emailed to benefits@cajunusa.com.