



IMPORTANT INSTRUCTIONS

1. Complete the fillable form and SAVE it to your computer or device.
2. Click the UPLOAD button in the upper right-hand corner to submit the form via our secure link. If you prefer to fax the completed form, please fax to 512-370-1799.

UPLOAD

Do NOT click the UPLOAD button until you SAVE the form or you may lose progress.

Please complete the appropriate information below to make changes.

First Name: _____ Last Name: _____
 Certificate Number: _____ Email address: _____

1) I would like to **increase** my coverage. Please have an insurance advisor contact me at:

Ph# _____ **OR** Email _____

Product I would like to discuss: Life BOE AD&D Dental Vision
 Accident Health Hospital Indemnity Critical Illness Long Term Disability

2) I would like to **decrease** my coverage.

Product: _____
 Decrease benefit from _____ to _____

3) I am **termining ALL** of my TMA Insurance Trust plans as of _____.

4) I would like to **terminate** the **only** plan(s) listed below. Please indicate whether the termination is for spouse, child(ren), or family including yourself.

Product _____	Spouse	Child(ren)	Family
Product _____	Spouse	Child(ren)	Family
Product _____	Spouse	Child(ren)	Family

Reason for terminating: _____
 We ask this only so that we may make improvements where applicable.

If submitting electronically, checking this box serves as proof of signature.

Signature: _____ **Date:** _____

The completed form can be returned via mail, email, or fax to:

TMA Insurance Trust
 401 W 15th Street, Ste 600
 Austin, TX 78701
 Email: contact@tmait.org | Fax (512) 370-1799