PUBLIC SERVICE GROUP INSURANCE FUND APPLICATION FOR CHANGES IN LIFE INSURANCE CLASS

Name of Employee	ON (to be answered in full b	, , , , , ,	<i>,</i>	
	(Last Name)		(Given Names in Full)	
Employee Number			Date of Birth	YY MM DD
I hereby elect to have m	y Life Insurance Class chan	iged to (place an "X" in	the appropriate space):	
		-		
Class 5	Class 4	Class 3	Class 2	Class 1
5X Annual Sal	ary* 4X Annual Salary*	3X Annual Salary*	2X Annual Salary*	1X Annual Salary*
my pay will be increase If this is a request for a with medical evidence of insurability will be at my	d accordingly. reduced Class, I understand of insurability that is satisfact y expense.	I that to increase my Cotory to the Insurance (lass at a later date, I will	ions which are deducted from have to provide my employer urred in providing evidence o
* subject to age reduction	ons and maximum insurance	e of \$1,000,000		
	Signature of Insured Member		Date	