COLLEGIATE ALUMNI TRUST

Children's Insurance Update & Change Form

Name of Insured: Account Number:

Please complete either Section 1 or 2

Section 1

The name(s) and Personal Identifying Information of my remaining child(ren) under 23 years of age is (are):

Child's Name	Gender	Birth Date	Social Security #

Address (if different than insured) Telephone #

Child's Name	Gender	Birth Date	Social Security #

Address (if different than insured) Telephone #

Child's Name	Gender	Birth Date	Social Security #

Address (if different than insured) Telephone #

Child's Name	Gender	Birth Date	Social Security #

Address (if different than insured) Telephone #

Printed Name Signature Date

Section 2

I have no other child who qualifies for coverage under the Children's Insurance plan. Therefore, please cancel the Children's Insurance on my account.

Printed Name Signature Date