TRUSTMARK – SERVICE REQUEST
PLAN C - UNIVERSAL LIFE INSURANCE - ONLY

MUNICIPALITY: **CITY OF WORCESTER**

POLICY NUMBER: _____

INSURED'S NAME: _____

INSURED'S SOCIAL SECURITY NUMBER: _____

CHANGE OF NAME: _____ OWNER
INSURED

CHANGE OF ADDRESS: _____

_____

CHANGE OF BENEFICIARY

PRIMARY/RELATIONSHIP: _____

CONTINGENT/RELATIONSHIP: _____

ANY OTHER COMMENTS:

_____

_____

_____

_____ _____

DATE SIGNATURE OF OWNER

Return this form to:

Benefits Office
Room 101 - City Hall
455 Main St - Worcester, MA 01608

Print Form