Amalgamated Life

## MONTHLY CHANGE FORM – TERMINATIONS

**Please return a copy of this form, retaining the original in your files, by either fax or post office to:**

Serafina C. Salera, *Group Plan Administrator*
Tel: 212-539-5279, Fax: 212-614-9821
email: SSalera@AmalgamatedLife.com
Amalgamated Life Insurance Company
730 Broadway, Group Insurance, 10th Floor
New York, NY 10003-9511

DATE: _____

| NAME OF EMPLOYER / POLICY HOLDER | POLICY NUMBER |
|---|---|
| | |

| Social Security Number | Name | Termination Date |
|---|---|---|
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