



Please interoffice form to HR Attn: Benefits
Or Mail to:
City of Manchester
Human Resources/Benefits
One City Hall Plaza
Manchester, NH 03101
Phone: (603) 624-6543 Fax (603) 628-6065
benefitscoordinator@manchesternh.gov

CITY OF MANCHESTER REQUEST FOR DECREASE OF OPTIONAL LIFE INSURANCE

EMPLOYEE NAME: _____

DEPARTMENT: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EFFECTIVE DATE: _____
(effective date is always the first day of the month)

I wish to decrease the amount of Optional Life Insurance I now have with the City of Manchester, NH

The new amount I wish to purchase is:

Employee (self)	Amount of Coverage _____
Spouse	Amount of Coverage _____
Child (ren)	Amount of Coverage _____

Signature

Date