



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