



Special Election of Survivor Coverage Form – HPP (valid only until 12/31/16)

Please complete and return this to the GM Benefits & Services Center. **You must sign and date this form so that your requested change can be made.**

After you complete the form, please make a copy for your files and return the original and the requested document in the enclosed postage-paid return envelope or mail to:

GM Benefits & Services Center
PO Box 770003
Cincinnati, OH 45277-0070

If you have any questions, please call the GM Benefits & Services Center toll-free at 1-800-489-4646, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct® access number then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at www.att.com/traveler or from your local operator.

1. About You *(please print)*

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Last Name First Name Middle Initial Social Security number

Street Address City State Zip Code

Home Telephone Number Daytime Telephone Number Date of Birth

2. Changes to Personal Information

Instructions for Participant: Please complete **information below**. You must sign form in order to be valid.

Remember: A copy of your marriage certificate is required to process the election.

Surviving Spouse Coverage

Election of Surviving Spouse Coverage instead of the Contingent Annuitant Coverage that was initially elected at retirement

I understand the Coverage described and I wish to elect the Surviving Spouse Coverage for my spouse

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Spouse Name Spouse Social Security number

Date of Birth Date of Marriage

3. Your Signature and Date:

Signature of participant

Date



You must sign and date this form for your election to be processed.