AIG AMERICAN GENERAL

The United States Life Insurance Company

Member of American International Group, Inc.

Reporting Summary

For Reporting Changes and Terminations

To enroll employees, do not complete this form. Have the appropriate enrollment materials completed and mailed to the address provided below.

Policyholder Name: _____ Group Policy Number: _____

Division Number: _____

INSTRUCTIONS FOR COMPLETING THIS REPORTING SUMMARY

All certificate additions, changes, and terminations should be reported *as they occur.*

ADDITIONS: Attach a completed enrollment form for each new employee. It is not necessary to list new employees on this form. If applicable, also attach a completed Statement of Insurability.

CHANGES: Change in employee or dependent coverage — when an individual's insurance or dependent status is changed, indicate under "CHANGE TO" the new amounts of insurance or the change in dependent status, and whether it is an increase or decrease in coverage, as provided by the terms of the policy. Also enter the certificate number, employee's last name, first name, the effective date of the change and the reason for the change.

TERMINATIONS: Enter the certificate number, employee's last name and first name, the date of the termination, the status as "terminated" under "CHANGE TO" and the reason for the termination.

NOTE: If the amount of insurance is to change due to a salary change, report the new salary in the "REASON" section. Examples of how to report changes or terminations are provided below:

Employee Name		Certificate	Date of	Change In Status	
Last	First	Number	Change	Change To	Reason
Smith	John	111-22-3333	1/1/97	Increase life to $23,000	New salary is $23,000/yr
Jones	Jill	444-55-6666	1/9/97	Add child	Child born 1/9/97
Grant	Parker	777-88-9999	1/19/97	Remove spouse coverage	Divorced 1/19/97
Wilson	Bill	123-12-1234	1/25/97	Terminate	Resigned 1/25/97
Lander	Rob	567-56-5678	1/31/97	Terminate	Does not want coverage,(Refusal of Insurance form attached)

Refer to your Group Insurance Plan Administrator's Guide if you have questions about how to report additions, changes or terminations.

USE THIS SECTION TO REPORT CHANGES OR TERMINATIONS

Employee Name		Certificate	Date of	Change In Status	
Last	First	Number	Change	Change To	Reason

Mail this report and any applicable attachments to:
The United States Life Insurance Company
Attn: Group Customer Accounts/MSN 3A
PO Box 1583, Neptune, NJ 07754-1583
or Fax to: 732-922-7604

_____
SIGNATURE *DATE*

_____
TITLE