

REFUSAL/CANCELLATION OF GROUP INSURANCE

To the Human Resources Department:

This will confirm that I, _____
(Please Print Your Name)

Wish to opt out of / cancel my basic group life insurance benefit

Effective _____
(non-retroactive cancellation date) end of the month (m-d-y)

Please select and sign at one(1) of the following A or B below:

A) GENERAL REFUSAL / CANCELLATION REQUEST:

I understand that if I refuse or cancel my basic group life insurance benefit, I am responsible for all expenses required to provide medical evidence of insurability satisfactory to the insurance company (Great-West Life Assurance) in order to participate in this mandatory benefit upon Recall or in the event I accept a temporary assignment. Great-West Life reserves the right to deny coverage based on medical evidence.

Signature

Date (m-d-y)

B) REFUSAL / CANCELLATION DUE TO EMPLOYMENT IN ANOTHER JOB DURING LAYOFF/RECALL:

Employees working in excess of 20 hours per week with another employer are not eligible to continue their basic group life insurance benefit during a layoff and must notify Human Resources immediately in writing. Any life insurance claim would be denied in this situation.

I will be working in excess of 20 hours per week with another employer (employer name) _____ effective since (date y-m-d) _____ during my layoff. I understand that if I cancel my basic group life insurance benefit because I am working in excess of 20 hours per week with another employer, that I will not be required to complete an evidence of insurability when I am recalled or if I accept a temporary assignment and reinstate my basic group life insurance benefit.

Signature

Date (m-d-y)