

Election Not To Participate

I have been given an opportunity to apply for insurance benefits as offered by my employer, and after careful consideration, I have elected not to take advantage of this offer.

I understand that, in the event I should decide to apply for insurance benefits hereafter, such subsequent application shall be subject to the applicable terms and conditions of the employer's insurance plan and the insurance company's underwriting rules.

Name of Employee (please print)

Date

Signature of Employee