

WAIVER OF COVERAGE

I have been offered the following: (check and initial all appropriate)

- Group life plan
- Short-term disability plan
- Long-term disability plan
- Dental plan

offered by my employer and I have chosen to decline coverage at this time.

I realize that if I change my mind, and want to participate in these plans at a later date, then I will be subject to medical questions and possible denial of coverage.

Employee Signature

Date

Name of Employer