

## WAIVER OF GROUP INSURANCE

This is to certify that I have been given the opportunity to participate in the insurance plan effected by my employer with Fort Dearborn Life Insurance Company and have declined to participate.

I understand that in the event I desire to apply for such insurance hereafter I shall be required to furnish, at my own expense, evidence of insurability satisfactory to the Insurance Company, and that the Insurance Company reserves the right to reject such application.

Date signed \_\_\_\_\_ Signature of  
Employee \_\_\_\_\_

Name of Group \_\_\_\_\_

140-275

### INSTRUCTIONS

This Waiver of Group Insurance should be completed and signed by each employee who does not desire to insure himself and his dependents, if dependent coverage is available.

The original of the signed form should be retained by the policyholder so that the policyholder will have definite evidence that the group insurance has been offered to the employee signing the form and that he had declined the insurance. The carbon copy should be forwarded to Fort Dearborn Life for its files.