



SECURITY MUTUAL LIFE
 INSURANCE COMPANY OF NEW YORK
 SECURITY MUTUAL BUILDING • 100 COURT STREET
 P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
 www.securitymutual-ny.com

REFUSAL OF GROUP INSURANCE CARD

Name of Employer _____

Group Policy Number _____

Name of Employee _____

I understand that I am eligible for benefits under the above Group Policy for which contributions would be required to be deducted from my wages. The benefits have been explained to me in detail. After careful consideration, I decline the insurance for the benefits for: Life/ AD & D
 Long Term Disability

I understand if, at a later date, I request insurance which I have DECLINED above, I will be required to furnish Evidence of Insurability at my own expense and that the Insurance Company has the right to refuse my request.

_____ Date Signed

_____ Signature