

Waiver of Enrollment

Declining Group Life or Disability Insurance



Important Notice: Whether or not you participate in your employer's health insurance plan does not affect your right to participate in the group life or disability benefits as long as the job you perform is included in a covered class of employees, you meet the company-imposed waiting period requirement, and you continue to actively work the number of hours each week that is required for your group's life and/or disability plan(s).

The group insurance has been offered to me, and I am waiving my right to participate in the coverages marked below:

LIFE INSURANCE

Basic Term Life and Accidental Death & Dismemberment (AD&D)

Voluntary Term Life (and AD&D, if applicable)

Please tell us why: _____

Dependent Life

Please tell us why: _____

DISABILITY INSURANCE

Short Term Disability

Long Term Disability

Please tell us why: _____

I understand that by waiving life and/or disability insurance for myself (and my dependents if my employer offers Dependent Life), I am giving up the right to be covered without being medically underwritten. If I decide to enroll later, I will be responsible for paying any expense necessary to determine my insurability (or that of my dependents), including but not limited to, the expense of obtaining medical records or medical exams. Advance Insurance Company of Kansas (AICK) will determine whether I (or my dependents) may be insured; and, I recognize that I (or my dependents) may be at risk for being declined coverage.

Employee Name (Please print) First, Middle Initial, and Last _____ Social Security Number _____ Date of Birth _____

Employee's Date of Hire _____

Mailing Address _____ City _____ State _____ ZIP Code _____

Your signature required

Employee's Signature _____ Date Signed _____

Employer Name (Please Print) _____

Group's Signature required

Person Authorized to Sign for Employer _____

A copy of the completed Waiver of Enrollment form must be submitted to Advance Insurance Company of Kansas.