

Offer to Apply for Excess Life, AD&D, and LTD Declined

This is to acknowledge that I have been offered an opportunity to apply to *(insurer)* under my Group Insurance plan for additional coverage over and above the allowable “non-medical maximums” on *Life, AD&D, and Long Term Disability*. In order to make such an application I have been provided with a medical statement to complete.

I have the right to make the application in confidence and send the form to the insurer without my employer viewing my medical declarations.

I have declined to complete the medical statement. I understand that I will be insured for any available non-medical maximums on Life, A.D.& D., and Long Term Disability but will not be insured for additional amounts available beyond the non-medical maximums. I also understand I can apply at any future date should I so choose. It is up to me to approach my employer to obtain the required medical application form.

Signed: _____

Date: _____

Witness: _____