

## Refusal of Benefits

At this time your employer is requesting that you enrol in our Employee Benefits program. The coverage offers you Life Insurance payable to your named beneficiary upon your death, *plus Short Term Disability and Long Term Disability (include those that apply) which will pay you, after a waiting period, an income to your age 65 in the event you cannot work due to sickness or accident.* It also covers you for Health and Dental coverage. We are very pleased to offer you this coverage.

*Please note that if you do not enrol, you will not be paid any income should you be unable to work due to sickness or injury. We very strongly encourage you to enrol in this plan.*

If you do not enrol now, and wish to do so later, then you will be required to answer some health questions and you might be declined all coverages. Even if approved for benefits, your Dental coverage will be restricted to \$100 for the first year you are on the Plan.

If you are covered by your spouse for Health and/or Dental, then you may exclude yourself from Health and Dental. You will notice the enrolment form has a box for you to sign and indicate the details of any existing Health and/or Dental coverage. Even if waiving Health and Dental we are requesting that you join the plan to receive the other benefits offered.

If you will not be enrolling in this benefits plan, please sign the Waiver Statement below. If you are enrolling, please sign the enclosed enrolment form.

Return these forms to: \_\_\_\_\_

### EMPLOYEE WAIVER STATEMENT

*I am choosing to refuse enrollment in the plan described above. I realize that in the event I may incur a claim for Life Insurance, Disability, Health, or Dental, that there is no coverage for me. In the event of such claim neither my employer or its agents or the Insurers will incur any responsibility for my lack of coverage.*

*I understand that if I apply for coverage at a later date, such coverage may be refused or restricted.*

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)