



**WAIVER STATEMENT**

Group Life Insurance Identification Number: \_\_\_\_\_ (the "Policy")

Employee Name: \_\_\_\_\_

SSN (last 4 digits only): XXX-XX- \_\_\_\_\_

On behalf of myself, my successors and my beneficiaries, I voluntarily waive all employer-paid group life insurance coverage over \$50,000 for which I am eligible under the Policy. I also voluntarily waive all employer-paid group life insurance coverage over \$2,000 for which my dependents are eligible under the Policy.

I agree that:

- I have had the opportunity to consult with my tax and/or legal advisor regarding my decision to waive this coverage.
- I will not receive additional cash compensation or other replacement benefits from Unum for waiving this coverage.
- This waiver supersedes all documents, statements, forms, notes conversations or correspondence from my employer, its agents, or Unum.
- This waiver will remain effective regardless of my attempt to name a beneficiary or an assignment of any portion of the coverage.
- If I ask Unum to reinstate coverage over \$50,000 for myself, or \$2,000 for my dependent(s) in the future, Unum will require evidence of insurability at my expense. I also understand that such a request for reinstatement may be denied by Unum.

By signing below, I agree to all of the above statements and do so of my own free will.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature