

WAIVER OF GROUP INSURANCE

Types of Coverage being offered: Group Disability Insurance

Employer:

TUPELO PUBLIC SCHOOL

Employee Name:

Printed Name

I have received a summary description of the insurance being offered through my employer, and after careful consideration I am waiving my opportunity to participate in the coverage at this time.

I understand that should I desire to apply for this insurance in the future, that I may be required to furnish evidence of insurability, satisfactory to the insurance company underwriting this coverage. I understand that the insurance company reserves the right to reject such future application.

Date

Signature