

**STATE OF MISSISSIPPI WAIVER OF LIFE AND ACCIDENTAL DEATH AND
DISMEMBERMENT UNUM LIFE INSURANCE PLAN 537377**

If you do not want to elect Life coverage at this time, please mark the box below, and complete the form at the bottom. Be sure to sign and date the form.

- I do not wish to continue Life Insurance as an employee. I realize that if I choose not to enroll now, I will not be able to enroll for life insurance at a later date.

Employee Name _____ Social Security _____

School District or Community College _____

Signature _____ Date _____