

WAIVER OF GROUP LIFE INSURANCE COVERAGE



VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
 Toll Free 1-888-VARETIR (827-3847)
www.varetire.org

1. Social Security Number
2. Birth Date

Complete this form to waive group life insurance coverage that is provided by the Virginia Retirement System (VRS). This form must be completed and signed by the employee prior to the effective date of the employer's coverage under the group life insurance program.

3. Name (First, Middle Initial, Last)	
4. Employer Code and Name	5. Employee Hire Date
<p>6. Employee Statement</p> <p>I, the undersigned, an employee of the employer named above, elect <i>not</i> to be insured under the VRS group life and accidental death and dismemberment insurance policy.</p> <p>I understand that, when I reject this group insurance, I cannot apply for future coverage unless I furnish (at my own expense) satisfactory evidence that I am insurable. I further understand that the insurance company reserves the right to reject such an application.</p> <p>_____</p> <p>Employee Signature _____ Date</p>	
<p>7. Employer Certification</p> <p>I hereby certify the employee named above is eligible to waive group life insurance coverage. I have counseled the employee regarding the loss of group life insurance coverage.</p> <p>_____</p> <p>Effective Date of Employer Group Life Insurance Coverage _____ Employer Signature Date</p> <p>_____</p> <p>Authorized Employer Representative (Please print or type) _____ Title</p> <p>_____</p> <p>Signature _____ Phone Number</p>	

