

Waiver of Group Insurance

I, the undersigned, an employee of Western Carolina University, hereby certify that I have been given an opportunity to enroll for the following benefits as offered by said employer and after careful consideration have decided not to take advantage of these offers:

Life Insurance

_____ Prudential Ins. Co. America

_____ Boston Mutual Life Insurance / SEANC

Health Insurance

_____ State Health Plan Benefits –PPO

Voluntary Supplemental Disability Policies

_____ Liberty Mutual for State Retirement participants

_____ The Standard long term disability for ORP participants

Flex Program

_____ NC FLEX

It is my understanding that, in the event I desire such group life insurance hereafter, I shall be required to furnish evidence of insurability satisfactory to the insurance company. The insurance companies reserve the right to grant such insurance.

I further understand that if I waive the opportunity to enroll in the State Health insurance, I do so with the knowledge that the University would have paid the full cost of such coverage for myself and the cost to me would have been limited to my eligible dependents that I could have chosen to cover. I also understand that the opportunity to secure such coverage at any future date will be subject to additional waiting periods as stated in the Master Group contract.

NC FLEX – the next opportunity for enrollment will be during annual enrollment and if I do not enroll as a new employee some waiting periods and requirements for coverage will be implemented.

_____ Date

_____ Signature

_____ Witness