



**Refusal of
Group Term Life Coverage Card**

Employee Name—Last	First	Middle
Name of Firm Where Employed		BEST Life Customer Number

I understand that if I desire to apply for Group Life Insurance for myself at a later date, I will have to furnish, at my own expense, evidence of insurability which must be approved by the Insurance Company before I can become insured. I understand that coverage may be declined.

I am refusing coverage for:

Myself (and dependents, if any)

All of my dependents

My Spouse only

My Children Only

REQUIRED Reason(s) for refusing coverage:

Other Group Insurance

Name _____

Policy Name _____

Other Reason

Your Signature in Black Ink _____ Date Signed _____

Photocopy if more cards are required GTLR0309



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