

**OPT OUT
GROUP BASIC LIFE INSURANCE COVERAGE
(SECURIAN FINANCIAL)**

You may opt out of coverage under the group basic life insurance plan at any time. To opt out of coverage, the Health & Benefits Office must have a completed Opt-Out form on file. Failure to return this Opt-Out form to the Health & Benefits Office will result in your enrollment in the group basic life insurance plan with applicable bi-weekly pay period deductions.

If you wish to opt-out of coverage under the group basic life insurance plan, complete and sign this Opt-Out form and return it to the Health & Benefits Office (mail: M-NCPPC Health & Benefits, 6611 Kenilworth Avenue, Suite 404, Riverdale, MD 20737, email: benefits@mncppc.org or fax: 301-454-1687).

Your status will be changed to “waiver” the first of the month following receipt of this form. Any premiums paid prior to this will not be refunded retroactively.

Last Name _____ First Name _____

Employee ID #: _____ Email or Telephone: _____

Department: _____

I, _____ wish to opt-out of coverage under the group basic life insurance plan.

- I understand that once I opt out, in the event of my death, my survivors will not receive any life insurance benefits from the group basic life insurance plan.
- I also understand that opting out of the group basic life insurance plan will nullify any enrollment in the supplemental or spouse/dependent life insurance plan. Enrollment in the group basic life insurance plan is a prerequisite for enrollment in the supplemental spouse/dependent life insurance plan.
- I further understand that once this “waiver” is in effect, I may apply for group basic life insurance coverage at a later date. Coverage will not be automatic; submission of Evidence of Insurability is required for review and approval/denial of coverage by Securian Financial. If coverage is approved, my enrollment will remain in force, until such time I choose to again opt-out.

Signature _____ Date _____

For Office Use Only:

HRIS: _____ Verified: _____