

Group Life and Accidental Death & Dismemberment Insurance Conversion Waiver

I, _____, understand that I am eligible to convert the face amount of my
(Name)
 group life and accidental death & dismemberment insurance to an individual policy. I may do so within 31 days of the termination of my employment and I am not required to provide medical evidence of good health to the insurer. I understand this conversion option and **do not** wish to apply for:

- Life Insurance
- Accidental Death & Dismemberment

I also understand that all other group insurance benefits end when my employment terminates.

I declare that neither I nor my heirs / beneficiaries may claim any insurance benefits after the termination of my employment.

Dated at _____ in _____, this _____ of _____ 20____.
Town/City Province Day Month Year

 Employee's Signature

 Witness

 Spouse's Signature

 Witness