



## REFUSAL OF COVERAGE FORM

P.O. Box 5044, 5420 North Service Road, Burlington, Ontario L7R 4C1 • 905.319.9501

Group Name \_\_\_\_\_ Group No. \_\_\_\_\_

Employee Name \_\_\_\_\_

I fully understand that I am only able to refuse coverage for which I pay a portion of the premium. As such, I have decided to refuse coverage applicable to my Employer's non-mandatory Plan, as shown:

Short Term Disability

Long Term Disability

I understand that if I and/or my dependents apply for the refused coverages at a later date, I will be required to furnish, AT MY OWN EXPENSE, EVIDENCE OF INSURABILITY for myself and my dependents which is satisfactory to Unum\* before becoming insured.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date (mm / dd / yyyy)

13026 (Rev. 7/00)

\*Unum is the marketing brand for **The Paul Revere Life Insurance Company, Provident Life and Accident Insurance Company, and Unum Life Insurance Company of America.**



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