



## WAIVER LIFE AND LONG TERM DISABILITY INSURANCE

I do not wish to enroll for life insurance coverage through the State of Iowa's group life insurance plan. I understand that I am eligible to be insured under the terms of an employer-paid group life insurance plan sponsored by the State of Iowa for group term life insurance coverage. I further understand that by waiving this life insurance coverage, I am also waiving group long term disability (LTD) coverage. I, on behalf of myself and my heirs, beneficiaries, executors, administrators, successors, assigns and estate, hereby waive my right to such group term life insurance and LTD coverage. Furthermore, I expressly direct the State of Iowa's life and LTD carrier and my employer not to contract for or place in effect any employer-paid group life insurance on my life.

I acknowledge that I have access to information about the State's life and LTD insurance plans and knowingly waive my rights, as well as the rights of any potential beneficiaries, to participate in or benefit from these programs. I hereby release the State of Iowa and its life and LTD insurance carrier, its parent, subsidiary, and affiliated companies, and their respective officers, directors, employees, agents, and successors from and all liability to me or to my heirs, beneficiaries, executors, administrators, successors, assigns and estate, with respect to this waiver of group LTD and term life insurance provided by such Group Policy for which I am eligible.

I understand that basic life and LTD insurance coverage is provided at no cost to me. I further understand that if I do not enroll for life insurance at this time, I will be required to provide evidence of insurability if I desire coverage at a later date.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Personnel Assistant Signature)

\_\_\_\_\_  
(Date)

**Please return this form to your personnel assistant upon completion.**