

Waiver (Refusal) of Group Insurance Benefits



Employee Information

Please Print

Employee Name (first, initial, last)

Municipality Name

Reason for Refusal:

Certification and Authorization

PLEASE NOTE THAT YOU MAY REFUSE COVERAGE ONLY IF PARTICIPATION IN YOUR PLAN IS NOT MANDATORY.

I have been given an opportunity to participate in my Employer's Group Benefit Program under a policy issued, or to be issued, by Western Financial Group Insurance Solutions and the benefits of the plan have been explained to me. I have given it careful consideration and do not wish to be insured under this plan. I therefore waive ALL the benefits for which I was eligible had I applied for coverage under this plan. These benefits include some or all of the following: Basic Life Insurance, Accidental Death & Dismemberment (AD&D), Dependent Life Insurance, Short Term Disability, Long Term Disability, Extended Health Care, Dental Care, Vision Care, Optional Life Insurance and Optional AD&D.

I understand that if I wish to apply for coverage at a later date that I will have to make application in writing and, at my own expense, provide Western Financial Group Insurance Solutions with medical evidence of insurability for myself and any eligible dependents. I further understand that I and/or my dependants may be denied coverage at that time by Western Financial Group Insurance Solutions. If coverage is approved, Dental benefits (if any) will be limited during the first 12 months of coverage.

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: www.westernfgis.ca

Employee Name (please print)

Employee Signature

Date

Employer Name (please print)

Employer Signature

Date



Complete and send to:
Western Financial Group Insurance Solutions
777 Portage Avenue, Winnipeg, MB R3G 0N3
Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.
17000-AMME/04-2010