

Refusal of Short Term Disability Coverage Card

Employee Name—Last	First		Middle
Name of Firm Where Employed	I		BEST Life Customer Number
I understand that if I desire to apply for Short Term Disability Insurance for myself at a later date, I will have to furnish, at my own expense, evidence of insurability which must be approved by the Insurance Company before I can become insured. I understand that coverage may be declined.			
I am refusing coverage for the follow	ving reason(s):	REQUIRED	
Other Group Insurance: Nan	ne of Company	Policy Name	
Other Reason			
Your Signature in Black Ink			Date Signed
Photocopy if more cards are required			GSTD0611
BEST SLIF	Short Term D	Refusal of Disability Coverage Card	
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BEST & Life BEST Life and Health Insurance Compa	Onort Ichin b	Refusal of Pisability Coverage Card	
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Your Signature in Black Ink			Date Signed