



Refusal of Short Term Disability Coverage Card

Employee Name—Last, First, Middle, Name of Firm Where Employed, 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.

REQUIRED

I am refusing coverage for the following reason(s):

Other Group Insurance: Name of Company, Policy Name

Other Reason

Your Signature in Black Ink, Date Signed

Photocopy if more cards are required

GSTD0611



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