

**WAIVER OF COVERAGE FORM**

**ANTHEM LIFE**

**GROUP VOLUNTARY SHORT-TERM DISABILITY (VSTD) INSURANCE**

RAIL MEMBERS ONLY

COMPLETE THIS FORM ONLY IF **YOU DO NOT WANT** THE ANTHEM GROUP VSTD INSURANCE.

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**I DECLINE TO PARTICIPATE IN THE ANTHEM VSTD INSURANCE PLAN**

By signing below, I am waiving the disability coverage that has been made available to me by the UTU. I decline to be enrolled, and if I am already enrolled I am requesting to be removed from the plan. Should I decide to join the plan in the future, I understand that evidence of insurability, acceptable to Anthem Life, may be required at my own expense. I further understand that should I apply for disability benefits in the future, I may be declined coverage by the Underwriting Department at Anthem Life.

UTU Local # \_\_\_\_\_ Member Name (Printed): \_\_\_\_\_

Member Address: \_\_\_\_\_  
\_\_\_\_\_

Member Birthdate: \_\_\_\_\_ Last 4 Digits of Soc Sec No: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED TO BE VALID!**

Mail this completed Waiver of Coverage form to:

Attn: Dora Wolf  
United Transportation Union  
24950 Country Club Blvd., Suite 340  
North Olmsted, OH 44070-5333

