

WAIVER OF COVERAGE FORM
LINCOLN NATIONAL LIFE
GROUP VOLUNTARY SHORT-TERM DISABILITY (VSTD) INSURANCE
BUS MEMBERS ONLY

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

I DECLINE TO PARTICIPATE IN THE LINCOLN 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 Lincoln National 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 Lincoln.

UTU Local # _____ Member Name (Printed): _____

Member Address: _____

Member Birthdate: _____ Last 4 Digits of Soc Sec No: _____

Member Signature: _____ Date: _____

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

