



WAIVER OF COVERAGE FORM

LINCOLN NATIONAL LIFE INSURANCE COMPANY

GROUP VOLUNTARY SHORT-TERM DISABILITY (VSTD) INSURANCE

BUS MEMBERS ONLY

DO NOT COMPLETE THIS FORM IF **YOU WANT** THE LINCOLN GROUP VSTD INSURANCE. YOU WILL BE AUTOMATICALLY ENROLLED.

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

I DECLINE GROUP VSTD INSURANCE THAT WAS OFFERED TO ME

By signing below, I am waiving the disability coverage that has been offered to me by the UTU and decline to be automatically enrolled. Should I apply for waived coverage 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 National Life.

UTU Local # _____ Member Name (Printed): _____

Member Address: _____

Member Signature: _____ Date: _____

THIS FORM MUST BE COMPLETED FULLY AND SIGNED TO BE VALID!

Mail this completed Waiver of Coverage form to:

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