

American General Life Insurance Company of Delaware*

Wilmington, Delaware

Administrative Office: P.O. Box 30066, Tampa, FL 33630-3066

Phone: 1-877-672-1648 Fax: 1-877-672-1650

*This company does not solicit business in New York.

GROUP POLICY NO. _____ NAME OF EMPLOYER, ASSOCIATION OR UNION _____

EMPLOYEE'S NAME _____ SOCIAL SECURITY NO. _____
(LAST, FIRST, MI)

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

NUMBER OF ELIGIBLE DEPENDENT CHILDREN: _____

I was given the opportunity to enroll in this plan or group insurance offered by my employer/association and insured by AG Life Insurance Co. of DE. I am refusing: **(Note: Benefits provided on a non-contributory basis cannot be refused)**

All coverage Offered

Long Term Disability

Short Term Disability

Life, AD&D

Dental Refusal:

Employee & Dependents

Spouse

Child(ren)

Vision Refusal:

Employee & Dependents

Spouse

Child(ren)

ANSWER IF YOU ARE REFUSING EMPLOYEE, SPOUSE AND/OR CHILD DENTAL COVERAGE:

Are you or your dependents now covered by any other group plan? Yes No

If yes: Policyholder's Name _____ Carrier _____

(Your dependent(s) may be insured by this Plan although they are covered elsewhere.)

I understand that I must furnish, at my expense, evidence of insurability satisfactory to AG Life Insurance Co. of DE if I later wish to enroll for any of the coverage refused, except Dental or Vision, which may be subject to reduced benefits.

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____