AIG AMERICAN GENERAL

Refusal of Insurance

The United States Life Insurance Company in the City of New York

New York, New York

Administrative Office: Attn: Client Services 3-A, P.O. Box 1583, Neptune, NJ 07754-1583

GROUP POLICY NO. ____________________

NAME OF EMPLOYER, ASSOCIATION OR UNION ____________________

EMPLOYEE'S NAME ____________________ (LAST, FIRST, MI)

SOCIAL SECURITY NO. ____________________

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 The United States Life Insurance Company in the City of New York. I am refusing: **(Note: Benefits provided on a non-contributory basis cannot be refused)**

	Dental Refusal:	Vision Refusal:
☐ All coverage Offered	☐ Employee & Dependents	☐ Employee & Dependents
☐ Long Term Disability	☐ Spouse	☐ Spouse
☐ Short Term Disability	☐ Child(ren)	☐ Child(ren)
☐ Life, AD&D		

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 The United States Life Insurance Company in the City of New York 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 ____________________