



American General Life Insurance Company of Delaware*

Wilmington, Delaware

Administrative Office: Attn: Client Services 3-A, 3600 Route 66, P.O. Box 1583, Neptune, NJ 07754-1583

Phone: 1-800-346-7692 Fax: 1-732-922-7604

*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)

- Grid of checkboxes for coverage refusals: All coverage Offered, Long Term Disability, Short Term Disability, Other: Vision, Major Medical Refusal, Dental Refusal, Prescription Drug Refusal.

ANSWER IF YOU ARE REFUSING EMPLOYEE, SPOUSE AND/OR CHILD MAJOR MEDICAL OR 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, which may be subject to reduced benefits.

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____