



AIG Benefit Solutions

Underwritten by
American General Life Insurance Company*
Houston, Texas

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

New York, New York

National Union Fire Insurance Company of Pittsburgh, PA

New York, New York

*This company does not solicit business in New York

Refusal of Insurance Card

Administrative Office: Attn: Client Services P. O. Box 15250 Amarillo, TX 79105-5250

Phone: 1-877-672-1648 Fax: 713-521-6047

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 AG Life Insurance Co. I am refusing: **(Note: Benefits provided on a non-contributory basis cannot be refused)**

All coverage Offered

Major Medical Refusal:

Dental Refusal:

Prescription Drug Refusal:

Long Term Disability

Employee & Dependents

Employee & Dependents

Employee & Dependents

Short Term Disability

Spouse

Spouse

Spouse

Other: Vision

Child(ren)

Child(ren)

Child(ren)

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 American General Life Insurance Company. 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 _____