

Basic Term Life Insurance Waiver Form



Complete this form only if you are declining the District-provided Basic Term Life Insurance.

I have been informed that I am eligible for Basic Term Life Insurance coverage provided by ISD728 and that the School District pays the full premium. I do not want coverage at this time.

I choose to waive Basic Term Life Insurance coverage. I understand if I wish to enroll in coverage in the future, I will be required to complete an application form with health history, and approval is determined by the life insurance company.

Employee Name (PLEASE PRINT)

Employee Signature

Date

Return Completed Form to the HR/Benefits Department
Interoffice Mail: HR/Benefits Department, District Office
Fax: 763-274-3194
Email: benefits@isd728.org