WAIVER OF GROUP INSURANCE

TPA OF GEORGIA
PO Box 2639 • Lilburn, GA 30048 • 770-451-7550

Employer Name	Group Number
Employee Name	

I hereby decline the insurance benefits provided by the Employee Benefit Plan through my employer. The benefits of the Plan(s) have been explained to me and I do not desire to participate in the following Plan(s):

- ○ Life and AD&D
- ○ Medical Benefits
- ○ Dental Benefits
- ○ All Benefits

Reson For Declining

I fully understand that if I should desire to participate in the Plan(s) in the future, such participation shall be limited by any applicable Plan provisions, including but not necessarily limited to any pre-existing condition limitations.

Employee Signature	Date
For TPA of Georgia's Use Only	Date Received