Beneplan Inc

Mail to: 500-150 Ferrand Drive, Toronto, ON, M3C 3E5
Fax to: 416-863-5157

REFUSAL OF LONG TERM DISABILITY HEALTH BENEFITS FORM

This form is a *LEGAL DOCUMENT*

An employee that signs this form must do so after thorough consideration of the contents of this form and with advice from a lawyer at their own cost.

The Employee hereby declares that he/she has received Independent Legal Advice (ILA) and that production of fully executed ILA is required by the insurer and Beneplan Inc.

Employer

Employee Name

Employee Address

Employee Telephone # | Employee Date of Birth

I hereby declare that I am the employee above-noted and that I can opt out of Long Term Disability Benefits only if I have other coverage with another insurer or I have to opt out of all of my employer's health insurance coverage. I hereby refuse to participate in the following benefit that my employer above-named has in place for the employees of the company as follows:

- Long Term Disability Benefits

I hereby declare that the benefits have been explained to me in details, and I fully understand that refusing to participate in the above-noted benefit(s) may result in financial hardship to myself and/or to my dependents and/or beneficiaries.

Further I understand that if I, or my dependents decide to participate in the plan at a future date, I will be declared a "late applicant". As such, the carrier(s) of the plan may require me to submit to a medical underwriting, which may result in the carrier(s) declining me for coverage of benefits.

I sign this refusal form willingly and without any undue influence being placed on me by any party whatsoever.

Employee's Signature: ____ Date: ___________________________

Witness Signature: ____ Date: ___________________________

Employees may opt out of Health & Dental benefits if their spouse has coverage for them and their dependents.

Employees who opt out of Health & Dental but are members of the plan for Life Insurance and Long Term Disability may rejoin this plan within 30 days of losing coverage through their spouse.