



THE OHIO STATE UNIVERSITY

Group Term Life Insurance Waiver

Minnesota Life Insurance Company, a Securian Company
400 Robert Street North • St. Paul, MN 55101-2098

I, _____
First Name M.I. Last Name OSU Employee ID # (required)

(please print), hereby knowingly and of my free will decline the noncontributory group term life insurance coverage offered to me by The Ohio State University under Group Policy Number 33909-G. I understand that by declining such coverage I will not be eligible for life insurance benefits that might have otherwise been payable to my beneficiary in the event of my death.

I have no intention, at this time, of accepting such insurance in the future. I understand that if I decide to apply for such insurance in the future, I will need to submit an election form to the Office of Human Resources and evidence of insurability to Minnesota Life (Securian) for approval. I understand that such insurance will become effective if and when Minnesota Life (Securian) approves the evidence of insurability.

Date Employee Signature

STATE OF _____)
)S.S.
COUNTY OF _____)

This instrument was acknowledged before me on this _____ day of

_____ by _____

(Seal, if any)

Signature of Notary Public

My Commission Expires on

Please return the completed form to:
Office of Human Resources
1590 N. High St. Suite 300
Columbus, OH 43201-2190