

Date: _____

Dear: _____

RE: Your Group Insurance Program, Policy Number _____

Excess insurance coverage over the non-evidence limit

In accordance with our group insurance policy, you are eligible for amounts of insurance coverage over the plan's non-evidence limit(s) as outlined below:

Benefit	Non-evidence limit	Eligible Amount of Coverage
Group Life		
AD&D		
Short Term Disability		
Long Term Disability		

The non-evidence limit is the amount of insurance you can be approved for without having to submit medical evidence to prove insurability.

Should you wish to apply for the excess insurance coverage identified above, you must complete and submit an Evidence of Insurability form. Any increase in coverage will only take effect on the date your application is approved by the insuring company, and premiums will be increased accordingly. If the insuring company does not approve your application, you will retain coverage up to the non-evidence limits above.

Sincerely,

(Plan Admin Job Title)

Declination of Excess Insurance Coverage

After careful consideration, I understand that I have been given the opportunity to apply for the amounts of excess insurance coverage listed above, but elect not to make application at this time. I understand that I may apply for this coverage in the future and at that time will need to provide medical evidence of good health.

(Employee's Signature)

(Date)