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| **Cushon Master Trust****Group Life Assurance****Waiver Form** | A black background with purple letters  Description automatically generated |

**If you wish to waive your eligibility for Group Life Assurance, please complete and sign this form and return to your employer.**

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| **For completion by the Employee (BLOCK CAPITALS)** |
| Name:  |
| National Insurance No: |
| Date of Birth: |

I understand that my employer participates in the Group Life Assurance Scheme and that, in the event of my death, my beneficiaries would be eligible to receive a Lump Sum of £\_\_\_\_\_\_\_\_\_\_\_ (insert amount of Lump Sum), in addition to any funds in my Member’s Account within the Scheme.

I hereby notify my employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Insert name of employer) that I wish to be excluded from the Group Life Assurance Scheme.

I declare that my spouse/partner/next of kin has been advised of my decision not to participate in Group Life Assurance. I understand that I have waived this benefit as a result of my exclusion from the Scheme. I understand that if I ever change my mind and wish to be included in the future, this may not be possible and if so, is only possible following medical underwriting and approval by the insurer.

Signature:

Date:

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| **For completion by the Employer (BLOCK CAPITALS)** |
| Company Name: |
| Account No: |

I confirm that I have received this waiver and agree to remove this employee from Group Life Assurance in accordance with their wishes.

Signature:

Print name:

Date:

**Please retain a copy for your records and submit a copy to Cushon Master Trust.**

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| **Privacy Policy** |
| The information and data which is provided by members will be held to enable Cushon Master Trust to administer and pay group life benefits. Full information on how we manage personal data is explained in our Privacy Policy which is available at https://www.cushon.co.uk/privacy. |