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Title: **104-10291-10013_p116.png**

Provenance:

Category: **Uncategorized**

Person:

Date:

SECRET

March 19, 1911

SOCIAL SECURITY NUMBER

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE

083 36 2638

EMPLOYING DEPARTMENT OR AGENCY

FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

LOCATION (City, State, ZIP Code)

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance (A)

TO COMPLETE THIS FORM—

[X]

1 FOLLOW THESE GENERAL INSTRUCTIONS:

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

• Read the back of the "Duplicate" carefully before you fill in the form.

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary to cover its cost. I understand that the optional insurance is in addition to my regular insurance.

• Fill in BOTH COPIES of the form. Type or use ink.

• Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance (B)

NAME (last) (first) (middle)

[]

NOEL JAMES ARTHUR

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

DATE OF BIRTH (month, day, year)

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance at a later date unless I am then in good health and submit satisfactory medical evidence of insurability. I understand that my regular insurance is not affected by this declination of additional optional insurance.

93,842 12 92 944

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

Mark here if you WANT NEITHER regular nor optional insurance (C)

[]

WAIVER OF LIFE INSURANCE COVERAGE

I decline to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot elect coverage at a later date unless I am then in good health and submit satisfactory medical evidence of insurability. I understand also that I cannot be insured for more than the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE: IF YOU MARKED BOX "A" OR "B", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE

[Signature]

DATE

16 February 1968

FOR EMPLOYING OFFICE USE ONLY

Effective date of coverage

[Stamp]