



REQUEST TO WAIVE WAITING PERIOD

Policyholder: _____

Policy #: _____

Employee Name: _____

Occupation: _____ **Hire Date** _____
D/M/Y

1. Did you have coverage with another insurance company prior to your date of hire with the current employer? Yes No

2. What was the name of your previous insurer? _____

3. State the period of time that you were insured by this company:

_____ to _____
D/M/Y D/M/Y

4. What coverage did you have under your previous plan (ie. Life insurance, AD&D, Extended Health, Dental Care, Long Term Disability, etc):

Please list: _____

5. Were you declined for any coverage under that plan? Yes No

If yes, please list: _____

I hereby declare that the above answers provided by me are complete and true.

Date

Employer Signature

Employee Signature