

# WAIVER OF COVERAGE FORM

## GROUP VOLUNTARY SHORT-TERM DISABILITY (VSTD) INSURANCE

### RAIL/BUS MEMBERS

COMPLETE THIS FORM ONLY IF **YOU DO NOT WANT** TO PARTICIPATE IN THE SMART-TD GROUP VSTD INSURANCE

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**I DECLINE TO PARTICIPATE IN THE SMART-TD VSTD INSURANCE PLAN**

By signing below, I am waiving the disability coverage that has been made available to me by the SMART-TD. I decline to be enrolled, and if I am already enrolled, I am requesting to be removed from the plan. Should I decide to join the Plan in the future, I understand that evidence of insurability may be required at my own expense. I further understand that should I apply for disability benefits in the future, I may be declined coverage by the Underwriting Department of the Plan.

SMART TD Local # \_\_\_\_\_ Member Name (Printed) \_\_\_\_\_

Member Address: \_\_\_\_\_  
\_\_\_\_\_

Member Birthdate: \_\_\_\_\_ Last 4 Digits of Social Security No.: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED TO BE VALID!**

You may mail, fax or email the completed form to:

SMART-TD  
ATTN: Dora Wolf  
6060 Rockside Woods Blvd., N., Suite 325  
Independence, OH 44131-2378  
FAX: 216-227-5208  
Email: [dwolf@smart-union.org](mailto:dwolf@smart-union.org)