

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

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: _____

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
24950 Country Club Blvd., Suite 340
North Olmsted, OH 44070-5333
FAX: 216-227-5208
Email: dwolf@smart-union.org