

## Waiver of Insurance Over \$50,000

Minnesota Life Insurance Company - A Securian Company  
400 Robert Street North • St. Paul, MN 55101-2098

**MINNESOTA LIFE**

I, \_\_\_\_\_ (please print), hereby knowingly and of my free will limit my noncontributory basic life insurance to an amount equal to \$50,000 and decline all of such basic life insurance that is over \$50,000 offered to me by

\_\_\_\_\_ under Minnesota Life Insurance Company ("Minnesota Life") Group Policy Number \_\_\_\_\_. I understand that by declining such additional coverage my beneficiary(ies) will not be eligible to receive benefits that might have otherwise been payable in the event of my death.

I have no intention, at this time, of accepting such insurance in the future. I understand that if I decide to apply for such insurance in the future, I will need to submit evidence of insurability to Minnesota Life for approval. I understand that such insurance will become effective if and when Minnesota Life determines the evidence of insurability to be satisfactory.

This waiver will become effective on the date signed below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature