**CARPENTERS Local #: 13**

# Opt-Out Form

The undersigned member knowingly and voluntarily elects to withdraw from participation in the Life Insurance Benefit Program administered by Union Benefit Administrators, Inc.

The undersigned member understands and acknowledges that by withdrawing from participation in the Program:

- ☐ The member is NOT entitled to the Life-Insurance Benefit under the Program.
- ☐ The member can NOT purchase additional life and/or disability insurance coverage for themselves, their spouses and/or dependent children, through the Union Benefit Administrators, Inc. website.
- ☐ Once a member voluntarily ***opts-out*** of the Program, the member may NOT regain eligibility for this Program.

I have read and fully understand all of the above policies. I hereby agree to the terms outlined above, on this the _____ day of _____, 2010.

_____
Signature

_____
Print Name

_____
UBC Member Number

_____
Date