

TW VENTURES INC. GROUP BENEFITS PLAN

GROUP LIFE INSURANCE WAIVER FORM

Please complete the following information:

Your Last Name (Please Print)

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Your First Name

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Your Social Security Number

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WAIVER AUTHORIZATION

I wish to waive my right to all company-paid group term life insurance in excess of \$50,000. I understand that reinstatement of this insurance at a later date will be subject to approval by the insurance company and may require evidence of good health.

WAIVER CHANGE

I wish to rescind my prior waiver and reinstate the full amount of company-paid group term life insurance available to me. I understand this reinstatement is subject to approval by the insurance company.

DATE

SIGNATURE

FOR BENEFITS USE ONLY

Benefits Signature

Date

Submit this form via the [Secure Web Link for Employee Forms](#) posted on the benefits website. Faxes and scans to emails will not be accepted.

Need help? Call Benefits (818) 972-0787 / (818) 640-9437.