



THE UNIVERSITY OF  
**TENNESSEE**  
KNOXVILLE

## **VOLUNTARY GROUP TERM LIFE INSURANCE PROGRAM WAIVER**

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I have been given an opportunity by the University of Tennessee to apply for the Voluntary Group Term Life Insurance Program and after due consideration have decided NOT to take advantage of this offer. I understand that if I later wish to apply during an annual enrollment, it will be necessary that I complete a medical questionnaire and prove to the insurance company that I am in good health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Space Institute  
Human Resources, Equity & Diversity, and Compliance  
411 B. H. Goethert Parkway, Tullahoma, TN 37388-9700  
931-393-7226 phone 931-393-7268 fax [www.utsi.edu/](http://www.utsi.edu/)

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