

MILLWRIGHT LOCAL 1693

Opt-Out Form

The undersigned member knowingly and voluntarily elects to withdraw from participation in the \$20,000 Guaranteed-Life and Disability Membership Benefit Program ("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 \$20,000 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 _____, 2009.

Signature

Print Name

UBC Member No. or Social Security No.

Date

MAIL FORM TO:

**MILLWRIGHT LOCAL 1693
930 N. YORK RD., SUITE 202
HINSDALE, IL 60521**