

# Refusal of Group Coverage Form Group Benefit Solutions (GBS)



Insurance

**All group coverage with RBC Life Insurance Company (RBCI) must be refused (except as noted below).  
The option to refuse coverage by benefit is not available (except as noted below).**

## EMPLOYER SECTION (to be completed by the Employer)

NAME OF EMPLOYER		RBCI POLICY #	BILLING DIVISION #	PLAN MEMBER ID #
PLAN MEMBER NAME			DATE OF BIRTH	
Last	First	Initial	MM/DD/YYYY	

## REFUSAL ELECTION (To be completed by the Employee)

Please select one of the following options:

- I understand the Group Benefits plan offered to me, but I wish to refuse all of the coverage available to me and my dependents under the above Policy Number.
- Due to my religious convictions and observances, I wish to refuse all the group life insurance available to me and my dependents (group basic life, group dependent life and group optional life as applicable) under the above Policy Number.
- Province of Quebec only:** I am a resident of the Province of Quebec. I am 65 years or older and have elected to receive prescription drug coverage through the Régie de l'assurance maladie du Québec (RAMQ). I wish to refuse all Extended Health Benefits available to me and my dependents under the above Policy Number.

## AUTHORIZATION AND DECLARATION (To be read and signed by the Employee)

I understand that if I and/or my dependents wish to apply for the coverage that I am now refusing, I and/or my dependents will be required to submit Evidence of Insurability and pay any additional costs associated with my application at my own expense. I understand that such coverage will subject to approval by RBCI.

Refusal of coverage availability is subject to the provisions in the above Group Master Policy and approval by RBCI.

Employee Signature:

Date (MM/DD/YYYY)

**Please forward the signed original of this form to RBCI and retain a copy of this form for your records.**

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