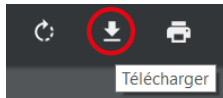


Steps to complete the form

1

Click on the download button for save the form on your computer.



2

Fill in the fields of the form and save your information before submitting it to us.



EXEMPTION REQUEST

GROUP INSURANCE

A- EXEMPTION REQUEST

B- REQUEST TO PARTICIPATE

GROUP	DIVISION	CLASS
NAME AND GIVEN NAME OF EMPLOYEE		CERTIFICATE

SIMILAR PLAN

SPOUSE

OTHER, SPECIFY _____

NAME AND GIVEN NAME OF SPOUSE		
EMPLOYER'S NAME		
INSURER'S NAME	CONTRACT NUMBER	CERTIFICATE NUMBER

A- EXEMPTION REQUEST

I declare the following :

- I was offered the group insurance benefits my employer subscribed for with **UV Insurance**.
- The benefits of this plan were explained to me in detail. Being presently insured by another group insurance plan with similar benefits, I renounce to the following benefits:

ADHERENT AND DEPENDANTS	
<input type="checkbox"/> medical insurance	<input type="checkbox"/> dental insurance

- I understand that to be admissible to this insurance plan hereafter, I must justify to the insurer's satisfaction that it is impossible for me to continue being insured under my present insurance plan.

ATTACHED IS A COPY OF THE INSURANCE ATTESTATION I AM PRESENTLY INSURED WITH. I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE.

X

X

DATE	EMPLOYEE'S SIGNATURE	ADMINISTRATOR'S SIGNATURE
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B- REQUEST TO PARTICIPATE

- Date it became impossible to continue being insured under my present plan _____ year-month-day
- Reason the insurance plan terminated _____
- Request to participate since I am no longer insured under a similar group insurance plan.

ATTACHED IS PROOF INDICATING THAT IT HAS BECOME IMPOSSIBLE TO CONTINUE BEING INSURED. I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE.

X

X

DATE	EMPLOYEE'S SIGNATURE	ADMINISTRATOR'S SIGNATURE
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