

If applicable, do you wish to keep **BASIC LIFE** benefits as a retiree*? (Please circle) Yes No
**Note that upon retirement employee's basic life benefit reduces to \$1,000*

If yes, I understand my basic life enrollment will be reduced to \$1,000 Initials _____

If no, I understand my basic life insurance benefit will be cancelled completely Initials _____

If applicable, do you wish to keep **VOLUNTARY LIFE** benefits as a retiree*? (Please circle) No Yes

**Note that upon retirement employee's benefit and spouse benefit reduces to \$5,000*

If yes, I understand my voluntary life enrollment will be reduced to \$5,000 Initials _____

If no, I understand my voluntary life benefit will be cancelled completely Initials _____

If applicable, do you wish to keep **VISION** benefits as a retiree? (Please circle) Yes No

If no, I understand my vision benefits will be cancelled completely Initials _____

Phone number: _____

Email address: _____

Signature: _____

Date: _____

Please return this form to Human Resources