Southern California Permanente Medical Group
Group Life Insurance
Request for Reduction/
Waiver of Retiree Life Insurance

Standard Insurance Company

Group Number	Employer Name	
758184	**Southern California Permanente Medical Group**	Reset

To be completed by Physician

Your Name (Last, First, Middle)	Social Security Number	Birth Date

Email	Phone Number

☐ I elect to waive ***all*** SCPMG provided Retiree Group Life Insurance coverage insured by Standard Insurance Company ("Standard") under Group Policy #758184 ("Group Policy"). If I later request to reinstate my SCPMG provided Retiree Group Life Insurance coverage amount, not to exceed $50,000, I understand that I will be required to meet all the provisions of the Group Policy, including providing satisfactory evidence of insurability.

☐ I elect to reduce my SCPMG provided Retiree Tapered Life Insurance coverage to Retiree Life $50,000 insured by Standard under the Group Policy. I understand this election to reduce coverage is irrevocable and cannot be reinstated at a later time.

This reduction/waiver is effective first of the month following the date SCPMG's Authorized Representative signs below.

I acknowledge and agree to all of the following:

1. No premium will be paid by SCPMG or by me to Standard in connection with the above elected coverage option. If any such premiums are paid for any reason, such payment shall not provide for SCPMG provided Group Life Insurance coverage over the amount elected, and the sole remedy shall be a refund of premiums, as determined by Standard. The payment of any such premiums by SCPMG or by me, or acceptance of any such premiums by Standard, in no way alters or affects the reduction/waiver of coverage under this agreement.
2. This reduction/waiver is binding upon my executor, personal representative, estate, spouse, children and any other person or persons asserting any interest, right or claim on behalf of themselves or myself, or my estate for coverage that is being reduced/waived under this agreement.
3. I understand if I have elected to reduce my Retiree Tapered Life Insurance in excess of $50,000 my election is irrevocable.
4. I understand that a waiver of all Retiree Life Insurance may be revoked subject to the following conditions:
    a. I notify SCPMG and Standard in writing of my intent to revoke this waiver, said written revocation being received by SCPMG and Standard before I become disabled due to sickness or accidental injury.
    b. I meet all of the provisions of the Group Policy, including, but not limited to, the requirements for becoming insured under the Group Policy.
    c. I provide Standard with satisfactory evidence of insurability.
    d. Group Life Insurance that is covered by this agreement will become effective on the date approved by Standard, subject to any applicable Active Work requirement and all other requirements of becoming insured under the provisions of the Group Policy.

Signature Required: I hereby acknowledge that I have read and fully understand the nature and effect of this waiver and that this waiver of SCPMG provided Group Life Insurance coverage as elected above as is otherwise provided to me under the Group Policy is signed freely and voluntarily. I acknowledge the opportunity to consult with counsel of my choice prior to signing this waiver agreement.

Physician Signature Required	Print Name	Date

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TO BE COMPLETED BY NOTARY - Required

STATE OF _____)
) ss.
County of _____)

On this _____ day of _____ _____ , before me personally appeared

_____ , known to me to be the person or persons who subscribed his, her or their name(s) to the foregoing instrument and acknowledged the same as a free act and deed.

_____
Notary Public or Other Official Authorized to Administer Oaths

My Commission expires: _____

TO BE COMPLETED BY POLICYHOLDER - Required

Received on _____ , acknowledged, and a copy filed in the offices of the Policyholder.

POLICYHOLDER

_____

By _____

Please make a copy for yourself and return the original notarized form to:

PHR Shared Services
393 East Walnut St., 5th Fl
Pasadena, CA 91188

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