

**Waiver of Entitlement to Group Term Life Insurance, Accidental Death Insurance, and Accidental Dismemberment Insurance under Anthem Policy 62-CL283 00000.**

Per IRS regulations, the value of your university-provided life insurance that exceeds \$50,000 is considered taxable income. To avoid this additional taxable income you may waive all life insurance above \$50,000 by completing this Waiver of Entitlement form. Consult your tax advisor for additional information about the taxability of life insurance benefits.

**Note:** In order to increase your coverage at a later date medical Evidence of Insurability (EOI) and approval by Anthem, the life insurance carrier, will be required.

**Section I: Personal Information (print or type)**

Faculty/Staff Member's Full Name		OSU Employee ID Number (Required)	
Birthdate	E-mail Address	Daytime Phone Number	
Home Mailing Address: Street	City	State	Zip Code

**Section II: Authorization**

The undersigned insured faculty/staff member is eligible for group term life insurance, accidental death insurance, and accidental dismemberment insurance under the group policy issued by Anthem Life Insurance Company to The Ohio State University.

The undersigned insured faculty/staff member, for good and sufficient reasons, wishes to waive entitlement to any amount of group term life insurance in excess of \$50,000.00, any amount of accidental death insurance in excess of \$50,000.00, and accidental dismemberment insurance in excess of \$50,000.00.

Therefore, Anthem Life Insurance Company and The Ohio State University agree that no amount of either group term life insurance, accidental death insurance, or accidental dismemberment insurance shall be in force in addition to \$50,000.00 until such time as the undersigned insured faculty/staff member makes written request for reinstatement in accordance with and subject to the provisions of the group policy.

In Witness Whereof the undersigned parties acknowledge their consent and agreement by affixing their signatures hereto on the date shown.

Signature of Insured Faculty/Staff Member	Date
---	------

**The Ohio State University**

Office of Human Resources Authorized Associate	Date
--	------

**Anthem Life Insurance Company**

Authorized Associate	Date
----------------------	------

For additional information contact the Office of Human Resources Customer Service Center at [service@hr.osu.edu](mailto:service@hr.osu.edu), (614) 292-1050, 1-800-678-6010, or visit [hr.osu.edu](http://hr.osu.edu).

**Return completed form to:** The Ohio State University, Office of Human Resources, Benefits Processing/Life, 1590 North High Street, Suite 300, Columbus, OH 43201-2190

**Keep a copy of this form for your records.**