

**Waiver of Entitlement to Group Term Life Insurance, Accidental Death Insurance and Accidental Dismemberment Insurance under Minnesota Life**

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 the life insurance carrier will be required.

**SECTION 1: PERSONAL INFORMATION**

|                              |               |                      |                             |
|------------------------------|---------------|----------------------|-----------------------------|
| Employee's Full Name: First  | M.I.          | Last                 | OSU Employee ID# (required) |
| Birth Date                   | Email Address | Daytime Phone Number |                             |
| Home Mailing Address: Street | City          | State                | Zip                         |

**SECTION 2: 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 Minnesota 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, any amount of accidental death insurance in excess of \$50,000 and accidental dismemberment insurance in excess of \$50,000.

Therefore, Minnesota 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 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 Employee

\_\_\_\_\_  
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, 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.**