



**LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 Chestnut Street, Philadelphia, PA 19192**

DECLINATION OF COVERAGE

I, _____, have been offered group life insurance coverage, in an amount in excess of \$50,000, under a policy issued by Life Insurance Company of North America to insure employees of my employer, _____.

I do not wish to have Group Life Insurance in excess of \$50,000 under the program sponsored by my employer. If I wish to have the excess coverage in the future, I understand that I may be required to furnish evidence of insurability and will not be insured unless and until my application is approved by the insurance company.

Date

Signature