

Employes' Retirement System City of Milwaukee 789 North Water Street, Suite 300 Milwaukee, WI 53202 1-800-815-8418 or 414-286-3557	WAIVER OF GROUP LIFE INSURANCE
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	PERSON ID:
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EMPLOYEE INFORMATION

NAME:	FIRST:	MI:	LAST:
ADDRESS:			
CITY:		STATE:	ZIP:

EMPLOYEE DECLARATION

As a retired employee, I understand that if I waive my rights to continue Group Life Insurance, I will not be eligible to obtain future Group Life Insurance coverage with the City of Milwaukee.

After due and careful consideration regarding the City of Milwaukee Group Life Insurance, to which I am entitled as an active/retired employee of the City of Milwaukee, I hereby waive all of my rights to continue my group life insurance coverage.

EMPLOYEE SIGNATURE

Signature: _____	Date of Signature: / /
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