

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:
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ADDRESS:	
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CITY:		STATE:	ZIP:
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EMPLOYEE DECLARATION

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.

<input type="checkbox"/>	The above statement has been duly explained to me.
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EMPLOYEE SIGNATURE

Signature: _____	Date of Signature: / /
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WITNESS SIGNATURE

Signature: _____	Date of Signature: / /
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