



UNIVERSITY COLLEGE CORK (UCC) SUPPLEMENTARY LIFE ASSURANCE SCHEME (“UCC SLA SCHEME”)

OPT OUT FORM

We encourage you to read the UCC SLA Scheme Explanatory Booklet and / or seek independent financial advice before you make this decision.

Only complete this form if you no longer wish to be a member of the UCC SLA Scheme.

Please note should you wish to re-join the UCC SLA Scheme at a later stage you will be subject to full medical underwriting – confirmation of cover is at the insurer’s discretion.

Please sign, date and return this form to Kathy O’Connell in Human Resources.

Member Name:

Member No:

I understand that my life assurance cover under the UCC SLA Scheme will cease with effect from the below date. I understand that should I wish to re-join the Scheme at a later stage I will be required to complete a medical application form and acceptance for cover will not be guaranteed.

Signature: _____

Date: _____