



UNIVERSITY COLLEGE CORK (UCC) VOLUNTARY LIFE ASSURANCE SCHEME (“UCC VLA SCHEME”)

OPT OUT FORM

We encourage you to read the UCC VLA Scheme’s Explanatory Booklet and / or seek independent financial advice¹ before you make this decision.

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

Please note, should you wish to re-join the UCC VLA Scheme at a later stage, acceptance will be not be automatic and 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 [Block Capitals]: _____

Staff Number: _____

I understand that my life assurance cover under the UCC VLA 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: _____

¹ For independent advice regarding your decision, you can contact Willis Towers Watson: Sean O’Sullivan / (021) 420 7731 / sean.osullivan@willistowerswatson.com