

Union - Post-Retirement Life Insurance Waiver Form

Upon retirement you had the option of purchasing Post-Retirement Life Insurance. NYPA pays half of the premium and you pay half of the premium.

By your signature below, you acknowledge that you have been given the opportunity to continue your NYPA's Post-Retirement Life Insurance benefit, but have declined to continue the benefit.

Please check the box below, complete the form and return it to **NYPA, 123 Main Street, Mailstop 4G, White Plains, NY 10601, Attn: HR Services** or email the form to Retirees@nypa.gov.

Retiree's Name: _____
Please print

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I certify that I no longer want to participate in NYPA's Post-Retirement Life Insurance benefit. I understand that the coverage will revert to a \$3,500 lump sum benefit payable to my beneficiary upon my death. I understand that this decision is irrevocable, and I cannot re-enroll in NYPA's Post-Retirement Life Insurance benefit.

Cancellation Date: _____

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IBEW Retiree

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UWUA Retiree

Retiree's Signature: _____ Date: _____