Unistar	**Unistar Benefit Solutions Inc.** 850, 10655 Southport Road SW Calgary, Alberta T2W 4Y1 Phone (403) 297-0250 Toll Free: (800) 292-9066 Fax: (403) 269-3939	**WAIVER OF EXCESS COVERAGE**

Please print clearly and complete this form IN INK.

General Information:

Plan No.: _____ Div. No.: _____ ID No.: _____

Company Name: _____

Employee Name: _____
(last name) (first name) (initial)

This is to confirm that I am eligible for additional benefits as follows:

Benefit	**"Current" Amount**	**"Eligible" Amount**
Employee Life	$	$
AD&D	$	$
Short Term Disability	$	$
Long Term Disability	$	$

I wish to **decline** the excess coverage amounts available to me and have my coverage remain at the "current" amount of benefit.

Signed at _____ this _____ day of _____ 20____.

Employee Signature: _____

Employer Signature: _____

Print Name: _____ Title: _____

Witness Signature: _____

Print Name: _____