

**Atlantic Business Alliance  
Group Insurance Plan**

**Decline of Benefits**

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*The Atlantic Business Alliance Group Insurance Plan offered by my employer has been explained to me. I hereby decline to enroll in this Group Insurance plan.*

*I understand at this time I am eligible to enroll without any medical evidence however should I decide to enroll at any time in the future I will be required to provide medical information and benefits could be denied.*

*I also understand that if I decide to enroll at any time in the future the dental benefit will be limited to a maximum reimbursement of \$125.00 the first twelve months of coverage.*

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*Signature*

*Witness*

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*Date*

*Date*