

WAIVER AND RELEASE
(Employer Paid, Group Term Life Insurance)

I, _____, understand that I am eligible to be insured under the terms of a fully employer-paid group life insurance plan sponsored by my employer, Marshfield Clinic Health System, Inc. and provided under Group Policy No. FLX-967539, issued by Life Insurance Company of North America, a Cigna company, for an amount of group term life insurance coverage in excess of \$50,000. However, in consideration of the Federal Income Tax requirement that the cost of such employer-paid life insurance in excess of \$50,000 will constitute taxable income to me, I, on behalf of myself and my heirs, beneficiaries, executors, administrators, successors, assigns and estate, hereby waive my right to such employer-paid group term life insurance in excess of \$50,000. Furthermore, I expressly direct Cigna and my employer not to contract for or place in effect any employer-paid group term life insurance on my life in excess of \$50,000.

I hereby release, and will indemnify and hold harmless, Cigna, its parent, subsidiary, and affiliated companies, and their respective officers, directors, employees, agents, and successors from and against any and all liability to me or to my heirs, beneficiaries, executors, administrators, successors, assigns and estate, with respect to this waiver of the amount of employer-paid, group term life insurance on my life in excess of \$50,000 for which I am otherwise eligible under such Group Policy.

I understand that if I should later change my mind, the amounts of employer-paid, group term life insurance which I am hereby waiving will not be restored later except upon submission of evidence of good health acceptable to Cigna.

(Signature)

(Date)

State of _____

County of _____

Then and there personally appeared before me _____ who, being known to me, or satisfactorily proven to be the person who executed the above instrument, stated that the same was signed for the purposes therein contained, as and for his/her free act and deed before me.

(Signature of Notary Public)

My commission expires: _____