

Carpenters Local Union #308

**Opt-Out Form**

The undersigned member knowingly and voluntarily elects to withdraw from participation in the \$20,000.00 Guaranteed-Life and Disability Membership Benefit Program ('Program') administered by Union Benefit Administrators, Inc.

The undersigned member understands and acknowledges that by withdrawing from participation in the program:

- The member is NOT entitled to the \$20,000.00 Life-Insurance Benefit under the Program.
- The member can NOT purchase additional life and/or disability insurance coverage for themselves, their spouses and/or dependent children, through the Union benefit Administrators, Inc. website.
- Once a member voluntarily **opts-out** of the Program, the member may NOT regain eligibility for this program.

I have read and fully understand all the above policies. I hereby agree to the terms outlined above, on this the \_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
UBC Member Number

\_\_\_\_\_  
Date