

**ACKNOWLEDGEMENT OF DECISION NOT TO APPLY**

I hereby certify that the features of the disability income insurance policy offered by \_\_\_\_\_ have been explained to me, and I have elected not to apply for coverage at this time.

It is also my understanding that this coverage may not be available to me in the future if there are changes to my occupation, health or income.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date