



**SOUTHWESTERN**  
**ADVENTIST UNIVERSITY**

TO: All Full-time Employees  
Southwestern Adventist University

FROM: Larry Garrett  
Vice President for Finance

SUBJECT: Group Life Waiver

Please choose one of the following options after you have read the letter explaining everything in detail. Print your name at the bottom of the form.

I have read the letter regarding the Group Life Insurance coverage increase and I choose **not to waive the increased benefit.**

I have read the letter regarding the Group Life Insurance coverage and I **choose to waive the increased benefit.** (Attached is my signed and notarized Group Life Waiver & Release.)

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Printed Name of Employee

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Date