**Trinity College Dublin**

 **Voluntary Life Assurance Plan**

**Opt-out Form**

**Complete this form if you do not wish to avail of the Life Assurance (Death-in-Service) Plan and return it to Human Resources.**

**Section 1: Member Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth**  |  |
| **Staff ID Number** |  |
| **Date of joining Trinity**  |  |

**Section 2: Opt-out declaration**

I understand that as part of my contract of employment with Trinity College Dublin, I am automatically enrolled into the TCD Voluntary Life Assurance Plan. I can confirm that I do not wish to be a member of this Plan. I understand that should I wish to re-join the plan at a future that, I will be required to complete a medical application form and acceptance of cover will be at the discretion of the Insurer. Please ensure that no deductions are taken from my salary/wages on receipt of this instruction.

**Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**