THIS FORM IS ONLY TO BE USED FOR PEOPLE WHO EARN MORE THAN \$50,000 OF BASE WAGES PER YEAR

REQUEST TO LIMIT (CAP) GROUP LIFE INSURANCE BENEFIT

I wish to limit my group life insurance benefit to \$50,000.

I understand that my current benefit package with Loyola University Maryland provides life insurance at one times my annual base wage. I am requesting this reduction voluntarily for the sole purpose of limiting my tax liability for group insurance in excess of \$50,000.

I understand that medical evidence of insurability will be required, at my own expense, if at some later date I wish to elect a higher insurance option.

Employee's Signature:	Date:	
Employee's Name (Please print):		

Please return this form to Human Resources

Updated: 08/27/09