



### EMPLOYEE REFUSAL CARD

Underwritten by: Provident Life and Accident Insurance Company  
1 Fountain Square, Chattanooga, TN 37402

The features and benefits of Provident Life and Accident Insurance Company program offered as a supplemental benefit by my employer \_\_\_\_\_  
has been explained to me. I elect not to participate in the program for  Myself  My Spouse at this time and understand should I choose to apply for the program during a future enrollment, complete evidence of insurability on myself and/or my spouse will be required.

Employee's Name (Print) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Branch or Dept. \_\_\_\_\_

\_\_\_\_\_  
(Employee's Signature) \_\_\_\_\_ (Date)

L-52789 (12/03)

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