

SAMPLE

**EMPLOYER NOTICE
AND
EMPLOYEE CONSENT TO BE INSURED**

_____, hereafter referred to as “Employer”, hereby gives notice to
_____, hereafter referred to as “Employee”, that Employer intends
to insure the life of the Employee in an amount not to exceed \$_____, that the
Employer will be the named beneficiary of the policy’s death benefits, and that the Employer
may, in its sole discretion, continue the insurance policy in force beyond such time as the
Employee terminates employment with the Employer.

Employee hereby acknowledges receipt of the above notice and gives consent to being in-
sured under a policy to be owned by the Employer. Employee further acknowledges that the
policy may be continued in force by the Employer after the time the Employee no longer is
employed by the Employer.

Attested and agreed to by:

Employer signature and title

Employee signature

Date

Date

Original: Employer

Copy: Employee

Copy : Insurance Company