



OLLSCOIL NA GAILLIMHE
UNIVERSITY OF GALWAY

OPT OUT FORM **GROUP LIFE PLAN**

Please note that should you wish to exercise this option you cannot gain automatic entry at a future date. Completion of an application form and possible medical underwriting will be necessary should you wish to join at a later date.

I confirm that I do not wish to be included in the Plan. I understand that as a result of my request to opt-out of the Plan, I waive any benefits payable under the terms of the Plan.

I also acknowledge that University of Galway has no further responsibility or liability to me in this regard.

Signed: Date:

Please Print Name:Staff ID No:

Completed “Opt-out” forms must be received by the University of Galway Pensions Office within 3 months of employment commencement.

Official name of the scheme continues to be **NUI Galway Group Life Plan** and will be updated in due course