



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: .....

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