



## Declination of Coverage

\_\_\_\_\_ has advised me of the potential loss of income that I would suffer in the event of a serious disability, and has recommended that I purchase a disability insurance policy from Berkshire Life Insurance Company of America in order to help insure myself against this loss.

I understand that the recommended coverage may not be available to me in the future because of changes in my health, occupation or earned income. I also understand that the cost of coverage is likely to be higher than if I purchased it today.

After careful consideration of the policy and benefits recommended, I hereby decline the opportunity to apply for disability income insurance at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

**The Guardian Life Insurance  
Company of America**  
guardianlife.com

New York, NY

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