

If for some reason, you decide to forego coverage at this time, please kindly sign the Waiver of Liability below and return to me.

# Waiver of Liability Form

I, \_\_\_\_\_ acknowledge that  
\_\_\_\_\_ has educated me about the financial risks of illness and injury.

Together, we have carefully analyzed my current financial and insurance situation. I understand that in the unfortunate event of illness or injury, additional income protection would be necessary to protect my assets.

I understand that the odds of becoming disabled are significant and that if I become disabled, my family and I could suffer a substantial loss of income, which may place my assets at risk.

\_\_\_\_\_ has recommended an income protection plan.  
However, I am declining coverage at this time.

I am fully aware of the consequences of this decision and I hereby agree to hold  
\_\_\_\_\_ harmless for any financial loss subsequently suffered.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date