

ARKAY CONTRACTING LTD.
ARKAY BUILDERS INC.

GROUP: ARKAY CONTRACTING LTD. _____

or

GROUP: ARKAY BUILDERS INC. _____

RE: GROUP INSURANCE BENEFITS

I hereby acknowledge the fact that I have been given the opportunity to participate in the group insurance benefit package offered by *ARKAY Contracting Ltd.* and *ARKAY Builders Inc.*.

The benefit package has been explained to me and after careful consideration I have chosen to waive my right for coverage at this time.

I understand that if I wish to apply for coverage at a later date that I will be required to provide full evidence of my health and I will have to do so at my own expense. In addition, I understand that the insurer retains the right to refuse my application or place any limitations/restrictions as they see fit.

PRINT NAME: _____

Signature

Date