

# CORE LIFE INSURANCE WAIVER

## COMPLETE THIS FORM ONLY IF YOU WISH TO CAP YOUR COMPANY-PAID LIFE INSURANCE AT \$50,000.

(Note: Your FLEX Earnings must be more than \$50,000 to be eligible to submit this form)

Employee Name: \_\_\_\_\_  
(Please Print)

Global ID: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Please check one:

- Annual Open Enrollment
- New Hire (within 31 days of date of hire)
- Status Change (within 31 days of date of event)

I understand that Nortel provides me with Core Life Insurance at no cost, equal to one times my FLEX Earnings. I am requesting that Nortel cap my benefit coverage amount at \$50,000 so that I will not incur any imputed income.

I understand that this election makes me **ineligible** to elect employee Optional Life Insurance and if I have already elected employee Optional Life Insurance it will be cancelled. (I am, however, still eligible to elect spouse and child Optional Life Insurance.) I understand that if I request additional insurance at a future time, I will be required to provide Evidence of Insurability (EOI).

If this election is made at Annual Open Enrollment, employee Optional Life Insurance will be cancelled the December 31 prior to the effective date of the Annual Enrollment elections.

If this election is made as a result of a Status Change (Life Event), employee Optional Life will be cancelled at the end of the month of the Status Change.

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Signature

Date

Please make a photocopy for your records.

Return the **original** of this completed form to HR Shared Services, Dept. 7094,  
Mail Stop 570/02/0C2 PO Box 13010, Research Triangle Park, NC 27709-3010