

## EMPLOYER OWNED LIFE INSURANCE CONSENT AND NOTICE

Employer's Name \_\_\_\_\_

Your Employer is considering the purchase of one or more life insurance policies on your life. The Pension Protection Act of 2006 requires all employers to provide information regarding the life insurance program to affected employees, and obtain the employee's consent to the purchase of the life insurance policy on his or her life.

Please read this notice and carefully consider your Employer's request to purchase life insurance on your life. Please sign this form if you are willing to consent to the purchase of life insurance on your life.

The maximum face amount of life insurance for which you may be insured at the time of issue is \_\_\_\_\_.

### Consent

I consent to the purchasing of one or more life insurance policies on my life. I understand that the maximum face amount of life insurance on my life, as of the time of issue, is the dollar amount shown above. I understand and agree that the Employer may be the sole owner and may be the sole beneficiary of the life insurance policy(ies) on my life. I further understand and agree that the Employer may continue the life insurance coverage after my employment terminates.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

*Important Note About This Sample Document: In order to comply with the requirement of the Pension Protection Act of 2006, you should provide a Notice, and obtain a signed Consent, from all affected employees if the trade or business, or a related party, is directly or indirectly a beneficiary under the policy. The employer must determine which employees are eligible to be insured within the restrictions imposed by the Pension Protection Act of 2006. The above Sample Consent should be reviewed by your attorney or legal advisor before use. Neither Lincoln Financial Group, nor any of its representatives, is authorized or permitted to provide legal or tax advice.*