

University College Dublin

Income Protection Plan Waiver Form

EMPLOYER Details

Name:

Date of joining service:

Employee Number:

I understand that as part of my contract of employment with University College Dublin I am automatically enrolled into the UCD Income Continuance Plan. I can confirm that I do not wish to join this plan. I understand that should I wish to re-join the plan at a later date I will be required to complete a medical application form and acceptance for cover will not be guaranteed. Please ensure that no deductions are taken from my Salary/Wages on receipt of this instruction.

Signature

Date: - -