



The Equitable Life
Insurance Company of Canada

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Waterloo Ontario N2J 4C7 (519) 886-5210

REQUEST TO WAIVE THE WAITING PERIOD

Name of Employee:	
Certificate Number:	
Occupation:	
Name of Employer:	
Policy Number:	

Reason for requesting to waive the waiting period:

Was this employee covered under a previous group insurance plan? Yes No → If yes,

Name of Previous Carrier:

What benefits was the employee covered for? Life AD&D LTD WI Health Dental

Policy Number:

Date Coverage Terminated:

Date	Group Plan Administrator Signature
<input type="text"/>	<input type="text"/>

This request for waiving the waiting period and the Employee Group Insurance Application must be submitted within 31 days of the employee's full-time date of hire. If approved, you, the policyholder, understand that the entire waiting period will be waived, not a portion thereof.

This form in itself does not confirm approval by Equitable Life®. Additional information may be required to reach a decision. If approved, receipt of an Equitable Life® wallet certificate will confirm coverage.

If approved, employees who were not previously covered under a group insurance plan will have the standard pre-existing condition apply to Long Term Disability coverage.