



Spousal Consent Waiver
City of San Diego – Life Insurance

I, _____, the spouse/registered domestic partner of _____, who is an insured person under the City of San Diego's Group Life Insurance Plan (Plan) offered through The Hartford, acknowledge that under the terms of the Plan I must be designated as a beneficiary of at least 50% of the community property interest of the Plan benefits.

I understand that my spouse/registered domestic partner has designated the person indicated on the attached **Beneficiary Designation Form** as the primary beneficiary for the Plan benefits and the effect of this designation is that I will not be entitled to any benefits under the Plan in the event my spouse predeceases me.

I hereby grant consent to this designation made by my spouse.

I specifically acknowledge that by signing this Spousal Consent Waiver that I will not be entitled to any benefits under the Plan.

I also understand I may not revoke this consent.

Spouse: _____ Dated: _____

Plan Participant: _____ Dated: _____

Notary Public