AMERICAN TRANSMISSION COMPANY ®

Post-65 Retiree Opt Out/Waive Form

Retiree Name (First, Middle Initial, Last):	**Spouse Name (First, Middle Initial, Last):**		
Street Address:	**City:**	**State:**	**ZIP:**
Phone:	**Email:**		
Alternate Phone:	**Alternate Email:**		

OPT OUT/WAIVE COVERAGE

By signing below, I am confirming to opt out/waive this coverage option. I understand that in doing so, this is an irrevocable election, and by electing to opt out/waive this coverage, this/these benefits will not be available to me in the future.

_____ _____

Retiree/Spouse Signature Date