



**Tyson Foods, Inc.**

**VOLUNTARY LONG TERM DISABILITY  
WAIVE/CANCEL COVERAGE FORM**

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**TEAM Member:** \_\_\_\_\_

**Personnel Number:** \_\_\_\_\_

**Location:** \_\_\_\_\_

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- ☐ I elect to waive participation in the Voluntary Long Term Disability Plan. I understand that I can apply for coverage during the next open enrollment period, however coverage is not guaranteed. In order to do so, I understand that I will be required to submit evidence of good health and be approved by the life insurance carrier.
- ☐ I elect to cancel my current participation in the Voluntary Long Term Disability Plan. I understand that this change in election will be effective beginning with the next payroll period following the date this form is signed and submitted to the Benefits Department.

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TEAM Member Signature

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Date