**[Your Company Letterhead]**

**[Date]**

**[Employee's Name]**
**[Employee's Address]**
**[City, Province, Postal Code]**

Dear [Employee's Name],

**Re: Refusal of Group Benefits Coverage**

We acknowledge receipt of your request to refuse participation in the group benefits plan offered by [Company Name]. This letter serves to confirm your decision to decline the coverage provided under our group benefits plan.

Please be aware of the following important points regarding your refusal:

1. **Voluntary Refusal**: Your decision to refuse participation in the group benefits plan is entirely voluntary. You have been given the opportunity to apply for coverage under the plan issued by GreenShield and Beneva to [Company Name].
2. **Coverage Details**: By refusing participation, you will not be eligible for any benefits provided under the group benefits plan, including but not limited to health, dental, vision, life insurance, and disability coverage.
3. **Future Enrollment**: Should you wish to enroll in the group benefits plan at a later date, you may be subject to certain conditions, such as providing evidence of insurability or waiting periods, as determined by the insurance provider.
4. **Acknowledgment of Understanding**: By signing below, you acknowledge that you have read and understood the implications of refusing participation in the group benefits plan and that you have had the opportunity to ask any questions regarding this decision.

Please sign and return a copy of this letter to the Human Resources department to confirm your refusal.

Sincerely,

**(Your name)**
**(Title)**
**(Company Name)**
**(Email address)**

**Acknowledgment of Refusal**

I, [Employee's Name], hereby confirm that I have read and understood the implications of refusing participation in the group benefits plan offered by [Company Name]., I voluntarily choose to decline the coverage provided under this plan.

**Employee's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_