**CENTRAL RESERVE LIFE INSURANCE COMPANY**
17800 Royalton Road • Cleveland, OH 44136-5197 • 440-572-2400
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# OPTIONAL EMPLOYEE DEDUCTIBLE SELECTION

Employer Name: ______________________________________________

Employee Name: ______________________________________________

My choice of a deductible is: $________________

I understand I may elect to change my deductible only on my employer's 12-month anniversary date. Any request to change to a lower deductible is subject to underwriting approval by the Home Office of CRL. No medical underwriting is necessary for a change to a higher deductible.

I have read the above and understand that this form shall become a part of my original application and any insurance issued on such application.

_________________________ _________________________
Signature of Employee Date