



Group Life Insurance Enrollment Form

Division of State Group Insurance

Underwritten by The Prudential Insurance Company of America



PLEASE REFER TO THE GROUP LIFE CERTIFICATE/BOOKLET FOR COVERAGE OPTIONS AND AMOUNTS AVAILABLE TO YOU. DELIVER THIS FORM TO YOUR AGENCY PERSONNEL OFFICE.

Name of Employer: **The State of Florida**

Group Policy Number: **LG-56001-FL**

Select Your Type of Enrollment: **New Hire** **Qualifying Status Change** **Open Enrollment**
* NOTE: If checked, Agency Personnel Office must complete QSC Section in Part 5.

PLEASE PRINT
Employee's Last Name, First Name MI Social Security Number Date of Birth Sex: M F

Employee's Address/ City/ State/ Zip

PART 1: Basic Term Life and AD&D BENEFIT AMOUNTS: Class 1 - Career Service, University Support, etc. = 1.5 times base annual earnings
CHECK THE APPROPRIATE BOX TO INDICATE YOUR COVERAGE SELECTION. Class 2 - SMS, SES, Legislature, etc. = 2 times base annual earnings
Class 3 - Active Senators & Representatives = \$150,000
Class 4 - Retirees = \$10,000

Enroll Basic Term Life/AD&D Waive Basic Term Life/AD&D Cancel Basic Life/AD&D

PART 2: Optional Term Life and AD&D
CHECK THE APPROPRIATE BOX TO INDICATE YOUR COVERAGE SELECTION.

Waive Optional Term Life/AD&D Cancel Optional Term Life/AD&D (1) One times your base annual earnings

NOTE :

- This coverage is in addition to the Basic Life Insurance.
 - You must be enrolled in Basic Term Life Insurance to enroll in the Optional Life Coverage.
 - Coverage is available to active employees on a post-tax basis.
 - Regardless of salary, the maximum amount of coverage is \$500,000.
 - Retired employees are not eligible for enrollment in the Optional Life Insurance.
- (2) Two times your base annual earnings
 (3) Three times your base annual earnings
 (4) Four times your base annual earnings
 (5) Five times your base annual earnings

PART 3: BENEFICIARY INFORMATION - Refer to instructions on back PLEASE PRINT

If more than one beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living unless their shares are specified. If no beneficiary is designated or if no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Policy. Beneficiary designations are the same for both the Basic and the Optional Insurance. Percentages may be used to separate or divide benefits.

Primary Beneficiary Name(s)	Relationship	Social Security Number	Date of Birth	% of Proceeds	Address
		- -	/ /	%	
		- -	/ /	%	
		- -	/ /	%	
Contingent Beneficiary Name(s)	Relationship	Social Security Number	Date of Birth	% of Proceeds	Address
		- -	/ /	%	
		- -	/ /	%	

PART 4: EMPLOYEE CERTIFICATION

I elect the coverages noted above for which I am or may become eligible, and authorize deductions of the required contributions (if applicable). I understand my enrollment and/or changes are IRREVOCABLE, unless I have a qualifying status change as defined by the Federal Internal Revenue Code and/or the Florida Administrative Code. I understand I must request such changes within 31 calendar days of the qualifying status change. Enrollment in the Optional Term Life and AD&D Insurance program may be subject to underwriting requirements of The Prudential Insurance Company of America. I certify that information contained in this form is complete and accurate to the best of my knowledge and belief.

Employee Signature _____ Date _____

PART 5: AGENCY CERTIFICATION

Hire Date: ___/___/___ Pay Plan: _____ SAMAS Org Code: _____

Basic Life: Effective Date _____ Optional Life: Effective Date _____
 Term Date ___/___/___ Term Date ___/___/___ Employment Status: _____

Agency Signature: _____ Date: _____ Check if the employee is an 8, 9 or 10 month faculty member.

Work Phone: (____) _____ SUNCOM: _____

COMPLETION OF THIS FORM MEANS THAT YOU HAVE READ AND AGREE TO COMPLY WITH THE FOLLOWING:

- **New Jersey Residents** - Any person who includes false or misleading information on an application on an insurance policy is subject to criminal and civil penalties.
- **New York Residents - Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **Pennsylvania Residents** - Any person who knowingly and with intent to defraud any insurance company or person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- **Warning:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

INSTRUCTIONS FOR COMPLETING BENEFICIARY SECTION

To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as Friend . If you wish to name your estate, insert Estate in the blank space. Show a member of a religious order in this manner: Mary L. Jones, niece, known in religious life as Sister Mary Agnes. It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If such person is named, furnish full address. The following are examples when naming more than one beneficiary:

Two beneficiaries	John J. Jones, father Mary R. Jones, mother
Three or more beneficiaries	James O. Jones, brother Peter I. Jones, brother Martha N. Jones, sister
Unnamed children	My children living at the time of my death from my marriage to Lois P. Jones
One contingent beneficiary	Herbert I. Jones, son
More than one contingent beneficiary	Herbert I. Jones, son Alice B. Jones, daughter
Unnamed children as contingent beneficiaries	My children living at the time of my death from my marriage to Susan M. Smith.

If none of the above is suitable, explain in the blank space what is desired. If you name more than one beneficiary, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) that survive you, unless otherwise provided in the designation. If no named beneficiary survives you, settlement will be made to your estate, unless otherwise provided in the Group Contract.

NOTICE TO AGENCY PERSONNEL OFFICES: Enter the enrollment information into the appropriate database. Send the original of this form to: The Prudential Insurance Company of America, Post Office Box 5040, Millville, NJ, 08332, and retain a copy for your records.

Please refer to your Booklet-Certificate for all plan details, including any exclusions, limitations and restrictions which may apply. Basic Term Life Insurance, Accidental Death & Dismemberment and Optional Term Life Insurance coverages are underwritten by The Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102, 1-800-778-3827. Contract provisions may vary by state. Contract Series: 83500.

AFTER COMPLETING THIS FORM, SEND IT TO YOUR AGENCY PERSONNEL OFFICE.