

Please read this page carefully. Signing the election form means you have read and agree to the following and understand the options you chose on the election form:

- Review your current benefits and the available plans and options, and then select the benefit options most suited to your personal needs.
- Enrolling in a pretax accident and disability plan or changing coverage levels will automatically stop other pretax accident and disability plan coverage. If you only want to drop your existing coverage, you must check the box next to the plan name and coverage level you want to drop. Only complete Part 2 if you wish to drop old plans not listed in Part 1.
- Send required documentation to the People First Service Center (address below) when you add eligible dependents or drop ineligible dependents from your plans. You must provide documentation or risk losing coverage.
- You must drop all of your ineligible dependents. When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they became ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.
- If you are dropping all of your dependents, you must change your coverage to individual.
- You must send election forms directly to the People First Service Center. Enrollment changes cannot be processed if forms and/or applications are sent to the supplemental insurance company.
- If you cancel your accident and disability insurance, you can only enroll again during the next annual open enrollment period or if you have a qualifying status change event.
- Your elections will remain in effect for the remainder of the calendar year unless you experience a qualifying status change event, as defined by the Internal Revenue Code and/or the Florida Administrative Code.
- Your effective date of coverage will be the first of the month following receipt of this form and a full month's premium.
- Pretax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. If you do not wish to have your premiums deducted on a pretax basis, you must complete a Pretax Premium Waiver Form.
- Mail or fax your completed and signed election form and Qualifying Status Change form, if applicable, directly to the People First Service Center (forms sent to the insurance company cannot be processed):

People First Service Center
PO Box 6830
Tallahassee, FL 32314
FAX: (904) 828-6092
- For help, call (866) 663-4735 or TTY (866) 221-0268, Monday through Friday, from 8:30 a.m. to 5:30 p.m. Eastern Time.
- Make elections online at <https://PeopleFirst.MyFlorida.com> and learn more about plans, use the cost estimator and find providers and insurance companies at MyFlorida.com/MyBenefits.

Please note: Falsifying documents, misrepresenting dependent status, or using other fraudulent actions to gain coverage may be criminal acts. The People First Service Center is required to refer such cases to the State of Florida.

**SUPPLEMENTAL ACCIDENT/DISABILITY INSURANCE
2010 ELECTION FORM
(Please Print)**



Check Appropriate Box:

New Hire

Open Enrollment

Qualifying Status Change Event

Note: If checked, you must complete and submit a Qualifying Status Change Event form.

Employee Information - All Fields Required:

People First ID:

| | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 0 | 0 | | | | | | | | |
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First Name:

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Last Name:

| | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Complete Mailing Address: _____

Birth Date:

____/____/____

Male:

Female:

Work Phone: () _____

Home Phone: () _____

COLONIAL DISABILITY COVERAGE - PLAN CODE 5020

Monthly Disability Benefit

To ADD, check the box next to the monthly premium for the plan and coverage level you want.

To DROP coverage, check the box next to the monthly premium and coverage level you want to drop.

| Elimination Period Accident/Sick | Age Bands | Benefit Period Months | \$500/Month | | \$1,000/Month | | \$1,500/Month | |
|-------------------------------------|-----------|--------------------------|-------------|------|---------------|------|---------------|------|
| | | | Add | Drop | Add | Drop | Add | Drop |
| 0/7 | 17-49 | 3 | \$17.50 | | \$35.00 | | \$52.50 | |
| 7/7 | 17-49 | 3 | \$15.75 | | \$31.50 | | \$47.25 | |
| 0/14 | 17-49 | 3 | \$12.75 | | \$25.50 | | \$38.25 | |
| 14/14 | 17-49 | 3 | \$11.25 | | \$22.50 | | \$33.75 | |
| 0/7 | 50-69 | 3 | \$20.25 | | \$40.50 | | \$60.75 | |
| 7/7 | 50-69 | 3 | \$19.00 | | \$38.00 | | \$57.00 | |
| 0/14 | 50-69 | 3 | \$15.25 | | \$30.50 | | \$45.75 | |
| 14/14 | 50-69 | 3 | \$13.75 | | \$27.50 | | \$41.25 | |
| 0/7 | 17-49 | 6 | \$22.75 | | \$45.50 | | \$68.25 | |
| 7/7 | 17-49 | 6 | \$20.00 | | \$40.00 | | \$60.00 | |
| 0/14 | 17-49 | 6 | \$17.75 | | \$35.50 | | \$53.25 | |
| 14/14 | 17-49 | 6 | \$15.00 | | \$30.00 | | \$45.00 | |
| 0/30 | 17-49 | 6 | \$14.25 | | \$28.50 | | \$42.75 | |
| 30/30 | 17-49 | 6 | \$10.50 | | \$21.00 | | \$31.50 | |
| 0/7 | 50-69 | 6 | \$28.25 | | \$56.50 | | \$84.75 | |
| 7/7 | 50-69 | 6 | \$26.50 | | \$53.00 | | \$79.50 | |
| 0/14 | 50-69 | 6 | \$22.00 | | \$44.00 | | \$66.00 | |
| 14/14 | 50-69 | 6 | \$19.75 | | \$39.50 | | \$59.25 | |
| 0/30 | 50-69 | 6 | \$18.75 | | \$37.50 | | \$56.25 | |
| 30/30 | 50-69 | 6 | \$14.75 | | \$29.50 | | \$44.25 | |
| 0/7 | 17-49 | 12 | \$31.25 | | \$62.50 | | \$93.75 | |
| 7/7 | 17-49 | 12 | \$27.50 | | \$55.00 | | \$82.50 | |
| 0/14 | 17-49 | 12 | \$24.00 | | \$48.00 | | \$72.00 | |
| 14/14 | 17-49 | 12 | \$19.75 | | \$39.50 | | \$59.25 | |
| 0/30 | 17-49 | 12 | \$18.00 | | \$36.00 | | \$54.00 | |
| 30/30 | 17-49 | 12 | \$14.25 | | \$28.50 | | \$42.75 | |
| 0/7 | 50-69 | 12 | \$37.50 | | \$75.00 | | \$112.50 | |
| 7/7 | 50-69 | 12 | \$34.25 | | \$68.50 | | \$102.75 | |
| 0/14 | 50-69 | 12 | \$29.75 | | \$59.50 | | \$89.25 | |
| 14/14 | 50-69 | 12 | \$25.25 | | \$50.50 | | \$75.75 | |
| 0/30 | 50-69 | 12 | \$22.75 | | \$45.50 | | \$68.25 | |
| 30/30 | 50-69 | 12 | \$19.00 | | \$38.00 | | \$57.00 | |

