



**SUPPLEMENTAL DISABILITY INSURANCE  
2012 ELECTION FORM  
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People First ID:

First Name:

Last Name:

**Continued**

Elimination Period Accident/Sick	Age Bands	Benefit Period Months	\$2,320/Month		\$2,900/Month		\$3,480/Month	
			Enroll	Cancel	Enroll	Cancel	Enroll	Cancel
0/7	17-49	3	\$70.00		\$87.50		\$105.00	
7/7	17-49	3	\$63.00		\$78.75		\$94.50	
0/14	17-49	3	\$51.00		\$63.75		\$76.50	
14/14	17-49	3	\$45.00		\$56.25		\$67.50	
0/7	50-69	3	\$81.00		\$101.25		\$121.50	
7/7	50-69	3	\$76.00		\$95.00		\$114.00	
0/14	50-69	3	\$61.00		\$76.25		\$91.50	
14/14	50-69	3	\$55.00		\$68.75		\$82.50	
0/7	17-49	6	\$91.00		\$113.75		\$136.50	
7/7	17-49	6	\$80.00		\$100.00		\$120.00	
0/14	17-49	6	\$71.00		\$88.75		\$106.50	
14/14	17-49	6	\$60.00		\$75.00		\$90.00	
0/30	17-49	6	\$57.00		\$71.25		\$85.50	
30/30	17-49	6	\$42.00		\$52.50		\$63.00	
0/7	50-69	6	\$113.00		\$141.25		\$169.50	
7/7	50-69	6	\$106.00		\$132.50		\$159.00	
0/14	50-69	6	\$88.00		\$110.00		\$132.00	
14/14	50-69	6	\$79.00		\$98.75		\$118.50	
0/30	50-69	6	\$75.00		\$93.75		\$112.50	
30/30	50-69	6	\$59.00		\$73.75		\$88.50	
0/7	17-49	12	\$125.00		\$156.25		\$187.50	
7/7	17-49	12	\$110.00		\$137.50		\$165.00	
0/14	17-49	12	\$96.00		\$120.00		\$144.00	
14/14	17-49	12	\$79.00		\$98.75		\$118.50	
0/30	17-49	12	\$72.00		\$90.00		\$108.00	
30/30	17-49	12	\$57.00		\$71.25		\$85.50	
0/7	50-69	12	\$150.00		\$187.50		\$225.00	
7/7	50-69	12	\$137.00		\$171.25		\$205.50	
0/14	50-69	12	\$119.00		\$148.75		\$178.50	
14/14	50-69	12	\$101.00		\$126.25		\$151.50	
0/30	50-69	12	\$91.00		\$113.75		\$136.50	
30/30	50-69	12	\$76.00		\$95.00		\$114.00	

**PART 2:** To **CANCEL** closed plans, enter the plan code(s) of the plans not listed in Part 1 that you no longer wish to carry. You will not be able to re-enroll. Refer to your most recent benefits statement or your policy for the correct plan code. For help, call the People First Service Center at (866) 663-4735.

Plan Code:       Plan Code:       Plan Code:

**PART 3: EMPLOYEE CERTIFICATION**

I have read and agree to the conditions listed in the Supplemental Disability Insurance Election Information page. Enrollment may be subject to the underwriting requirements of the carrier. I authorize deductions of the required contributions. I understand that my elections can only be changed during open enrollment or if I have a Qualifying Status Change event as defined by the Federal Internal Revenue Code and/or the Florida Administrative Code. I understand that I must request such changes within 31 calendar days of the Qualifying Status Change event.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail form to People First Service Center • PO Box 6830 • Tallahassee, FL 32314  
or Fax to (800) 422-3128**