

**Florida Community Colleges Risk Management Consortium
Supplemental Life Benefit Changes**

**SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERSHIP INSURANCE
WORKSHEET**

EMPLOYEE INFORMATION

Name: _____ Social Security Number: _____

College Name: Seminole Community College Class #: 01- Active

COVERAGE INFORMATION – SUPPLEMENTAL LIFE AND AD&D ONLY

The Life program for this college is part of a program involving 17 other Florida Community Colleges. The Supplemental Life program is moving to a common plan for active employees of the participating colleges. The specifics are as follows:

- 1, 2, or 3 times annual salary rounded to the next thousand with a maximum issue of \$500,000 for just the Supplemental Life program. This is in addition to any amounts purchased by the college for the Basic program.
- Benefit would reduce to 65% at age 65 and to 50% at age 70 and to 25% at age 75.
- Benefit would not be available upon retirement.

ENROLLMENT INSTRUCTIONS

Please check the appropriate box and follow the instructions listed below: *(Premiums listed on reverse side).*

1. Select only one:

I wish to apply for:

- 1 times annual salary rounded to the next \$1,000, -
 - a). **Guaranteed issue for new hires only.**
 - b). **Current employee changes – Medical approval needed/ Must complete **EOI form.**
- or;
- 2 times annual salary rounded to the next \$1,000, - **Medical approval needed/ Must complete **EOI form.**
- or;
- 3 times annual salary rounded to the next \$1,000, - **Medical approval needed/Must complete **EOI form.**

2. Complete the attached Florida Combined Life Enrollment form.

****EOI** - Evidence of Insurability form must be completed. Must be medically approved if selecting the above supplemental life and AD & D coverage. The coverage will be effective on the first day of the month following the approval by Florida Combined Life. Insurance premiums are paid in advance; therefore your first premium payment will be deducted in the month of approval and will pay for next month's coverage.

Employee Signature: _____ Date: _____

White (FCCRMC)

Yellow (HR)

Pink (Employee)