

STATE OF FLORIDA EMPLOYEE

Enrollment material for:

Alta Group Term Life Insurance

Underwritten By

Alta Health & Life Insurance Company

(Deducted under deduction code 262 in approved agencies)

On July 1, 2007, we announced several major enhancements to this plan at no extra cost to you.

- The **minimum death benefit** has been increased from \$10,000 to \$20,000 for the employee
- Spouses will automatically be covered for \$20,000 and eligible dependant children will be covered for \$5,000
- An **accidental death and dismemberment** benefit has been added

STILL AT NO EXTRA COST

Your life insurance coverage increases from 100% to 200% Effective July 1, 2008

You may enroll in this program either as a

NEW EMPLOYEE

(within the first 60 days of employment)

or

ANNUAL OPEN ENROLLMENT

(May 1 thru June 30, 2008)

Please remember that all enrollment applications with beneficiary designations and/or changes **must** be sent to your personnel office and **not** to Capital Insurance Agency or Alta Health & Life Insurance Company.

If you have any questions, please do not hesitate to contact our office at 1-800-780-3100. For further information or to receive a benefits review from your Capital Insurance Agency Representative fax this form to: 850-386-7116 (Home Office.)

NAME _____ CITY _____

STATE AGENCY _____ WORK PHONE () _____

Group Term Life Insurance Program

*For Full-Time Employees
of the State of Florida*



200% More Protection

**\$20,000 Life Insurance
Protection on Your Spouse**

**\$5,000 Life Insurance Protection
on Your Eligible Child(ren)**

*All at No Additional Cost
To You.*



Consortium of Participating Departments and Agencies:

Agency for Health Care Administration
Department of Children & Families
Department of Corrections
Department of Elder Affairs
Department of Environmental Protection
Department of Health
Department of Juvenile Justice
Department of Management Services
Department of Revenue
Department of State
Department of Transportation
Department of Veteran's Affairs
Division of Administrative Hearings
Florida Parole Commission
Office of the Auditor General
State Board of Administration

Underwritten by

Alta Health & Life Insurance Company

An Affiliate of Great-West Life & Annuity Insurance Company

CAPITAL INSURANCE AGENCY, INC.



TO ALL FULL-TIME EMPLOYEES:

Your department has made available to you an outstanding benefit of an affordable GROUP TERM LIFE INSURANCE PLAN. Premiums are conveniently payroll deducted on a post-tax Miscellaneous Deduction Code #262. Since 1960, this Plan has paid out millions in benefits to state employees' loved ones.

The financial soundness of this Plan has allowed the following benefit enhancements:

- a 200% Bonus to be added to the Basic Coverage
- \$5,000 life insurance protection on your child(ren)
- \$20,000 life insurance protection on your spouse
- an Accidental Death and Dismemberment Benefit

All at no extra charge to you.

ACTIVE AT WORK PROVISION:

For enrolled employees actively at work, life insurance coverage becomes effective the day following the end of the payroll period in which the first deduction is made. However, if you are both: (a) not actively at work on the date your employee insurance would become effective, and (b) disabled or under a physician's care because of the sickness or injury, such insurance will not become effective until the date you resume full-time active work with your employer. Likewise, any increase in insurance coverage would be deferred until such date as you resume full-time active work with your employer.

WAIVER OF PREMIUM:

If, while insured and under age 60, you become totally disabled from an injury or disease which prevents you from engaging in any work for at least nine consecutive months, you can apply for Waiver of Premium benefits by obtaining the Premium Waiver application from a Capital Insurance representative and submitting it to Alta within twelve months after your last premium payment (premiums must be paid for the first twelve months of disability or until the Premium Waiver is approved, whichever is first.) Alta will send a letter annually requesting a doctor's statement verifying the continuation of your disability. This continuance of insurance will terminate on the earliest of (a) cessation of disability, (b) failure to submit the required proof of continued disability, or (c) failure to submit to the annual examination by a physician, at which time the employee is entitled to the Conversion Privilege.

CONVERSION PRIVILEGE:

Upon termination of employment, all insured employees have the option of converting this Group Term Life Insurance Plan to an individual Whole Life Plan issued by Alta Health & Life Insurance Company. It cannot be converted to another term insurance plan. This conversion must be requested within 31 days of your termination by calling Alta's Home Office at 1-800-537-2033, ext 73962, in order for the conversion policy to be issued without evidence of insurability.

BENEFICIARY:

The amount of your Group Term Life Insurance Plan will be paid to the beneficiary of your designation in the event of your death from any cause at any time while insured under this Plan. You name the beneficiary, which may be changed at any time, by completing a new Application/Change Form, dating it, and filing it in your employee file in your Department's Personnel Office.

POLICY PROVISIONS:

Misstatement of Age or Sex: If the age or sex of an insured has not been stated correctly, the insured's correct age or sex will be used to adjust the benefits and premiums accordingly.

Incontestability: The validity of this group policy will not be contested, except for non-payment of premium, after it has been continuously in force for two years from the effective date.

Renewability: The group policy will be renewed on the policy anniversary date. However, the Company may terminate the policy if the number of insured employees or if the percentage of the number of insured persons of all eligible employees falls below required amounts specified by the policy.

Termination of Insurance: Your Group Term Life Insurance Plan will terminate on the earliest of; (a) the date this group policy terminates; or (b) the last day for which your premium has been paid; or (c) the date you enter into full-time military, naval, or air service; or (d) termination of membership in a class eligible for insurance under the Policy; or (e) the date you are no longer Actively at Work, as defined by the Policy, with the Employer.

Benefits of Your ALTA GROUP TERM LIFE PLAN

This plan provides \$20,000 Life Insurance on your spouse and \$5, 000 life insurance on all eligible dependent children at no additional cost.

Eligible dependents include the employee's spouse and all unmarried children to age 25 if they (1) depend on the employee for support, and (2) live with the employee or are classified as a full-time or part-time student.

Accidental Death, Dismemberment and Loss of Sight Insurance

These benefits are payable for any of the following losses incurred by you as a result of and within ninety days of an accident occurring on or off the job. Payment will be made regardless of any other benefits provided by the Plan.

Benefits Payable for Loss of:

Life.....	}	The full amount of Insurance for which the employee is covered
Both hands or both feet.....		
Sight of both eyes.....		
One hand and one foot.....		
One hand and sight of one eye.....		

One hand or one foot.....	}	One-half the full amount of Insurance for which the employee is covered.
Sight of one eye.....		

Not more than the Full Amount of Insurance will be paid for all losses sustained as the result of one accident, but benefits paid on account of one loss will not prevent further payment for losses resulting from subsequent accidents. These benefits are not payable for loss caused by war or riot or under certain other circumstances described in your Policy Booklet.

DIRECTIONS FOR ENROLLING IN YOUR ALTA GROUP TERM LIFE PLAN

NOTE: No Physical examination or other evidence of insurability is required of an employee if enrollment is made within the first 60 days of employment.

1. Complete the Enrollment Application/Change Form.
2. Be sure to designate a primary beneficiary.
3. Separate the completed application (page 5) from the brochure at the perforation line.
4. Submit the application to your Personnel Office.
5. Personnel will start your deduction on Code #262 and file the Enrollment Application form in your personnel employee file.
6. This coverage shall take effect on the day following the end of the pay period in which the first deduction is made. (see Active At Work Provision)

If Enrollment does not Occur:

(a) within the first 60 days of employment,

Or

(b) during an open enrollment period, then the employee must complete a Health Statement form satisfactory to Alta Health & Life Insurance Company (Alta). This form can be obtained from a Capital Insurance Agency representative or online at www.capitalins.com. Both the company application and the Health Statement must be submitted together to the Company for approval. Once approved, Alta will request Personnel to start the payroll deduction.





CAPITAL INSURANCE AGENCY, INC.

appreciates the opportunity
to provide for the insurance needs of
State of Florida employees.

*“We’re Here
To Help You!”*

We have regional offices
located across the state
in addition to our fully
licensed home office staff
to service state employees.
Contact your nearest
Regional Office for
questions, forms
or assistance.

Rev. 04/08

CAPITAL INSURANCE AGENCY, INC.

“We’re Here To Help You!”

Contact the Capital Insurance Agency
Regional Office in your area for assistance.

Home Office

1425 E. Piedmont Dr.
Suite 301
Tallahassee, FL 32308

P.O. Box 15949
Tallahassee, FL
32317-5949

(800) 780-3100
(850) 386-3100
(850) 386-7116 FAX
capitalinsurance@capitalins.com

Regional Locations

Region 1

Robert W. ‘Buck’ Miller, LUTCF, CLU
Tallahassee
(850) 671-2029
(800) 226-9808
(850) 671-2149 fax
northwestregion@capitalins.com

Region 2

David L. Corbin, LUTCF, CLF, CSFP
Tallahassee
(850) 942-2323
(800) 881-1871
(850) 942-2360 fax
northeastregion@capitalins.com
Jacksonville
(904) 731-9800
(800) 940-9800
(904) 731-4293 fax
northeastregionjax@capitalins.com

Region 3

Doug Moore, LUTCF, CSFP
Winter Park
(407) 673-1254
(800) 416-1618
(407) 673-1255 fax
centralregion@capitalins.com

Region 4

Carol Pasciuta-Whitaker, FLMI, CSFP
Brandon
(813) 654-8663
(800) 940-2048
(813) 655-6629 fax
southcentralregion@capitalins.com

Region 5

Mariam Spaulding, LUTCF, CSFP
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(800) 940-5656
(954) 341-5311 fax
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www.capitalins.com

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