



Unique Benefit to Help You Balance Work and Life

Chances are, you wouldn't dream of being without life, health, or car insurance. But what happens when you have a legal or financial need that requires a professional answer? Now you have an option. *UltimateAdvisor*[™], from ARAG[®], helps you deal with life's little hassles quickly, easily and inexpensively.

How to enroll in your group legal plan:

Simply complete the enrollment form below and return to your Post-tax Benefits Coordinator.

DC/Personnel
Department of Corrections
2601 Blair Stone Rd
Tallahassee, FL 32399-2500

To find out more information on your plan:

- Visit <http://members.araggroup.com/fldoc>
- Contact ARAG's service center at 1-800-247-4184
- E-mail ARAG at service@araggroup.com

Florida Department of Corrections

Deduction Code # 242

Check one:

- | | |
|--|--|
| <input type="checkbox"/> Individual coverage | <input type="checkbox"/> Cancel |
| <input type="checkbox"/> Family coverage | <input type="checkbox"/> Change in coverage
(From _____ to _____) |

Required information

Last name _____ First name _____ Middle initial _____

Social Security number _____ People First ID # _____

Work Location _____

Home Address _____ City _____ State ____ Zip _____

Premium to be deducted

- Individual \$7.81 bi-weekly Family \$9.99 bi-weekly

Optional information

Home phone _(____)_____ Work phone _(____)_____

Email address _____

Application is hereby made for coverage as indicated above, subject to all terms and conditions of the contract. I understand that coverage will not become effective until the date assigned by the underwriter of the plan. I certify that all information entered is true. I fully understand the waiting periods and limitation of coverage for which I am applying. In connection with my application for legal plan benefits, I hereby authorize my employer as my agent to deduct the cost to me for such contract as shown above, and as may hereafter be modified or adjusted, from my wages or salary within the month prior to my effective date for the coverage I am electing.

Signature _____

Date _____