



## 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](mailto: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<br>(From _____ to _____) |

### Required information

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Social Security number \_\_\_\_\_ People First ID # \_\_\_\_\_

Location \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Premium to be deducted

- Individual \$7.35 bi-weekly     Family \$9.40 bi-weekly

### Optional information

Home phone \_(\_\_\_\_)\_\_\_\_\_      Work phone \_(\_\_\_\_)\_\_\_\_\_

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 \_\_\_\_\_

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FLDOC A10191 7/07