

Enrollment Form



Please mail completed form to:

Department of Corrections, Attn: Post-tax Benefits Coordinator - DC/Personnel,
501 South Calhoun St., Tallahassee, FL 32399 or fax to 850-488-7534

Take Control. Enroll Today.

1.

Personal Information

All sections must be completed. Optional information is noted. Please print clearly.

First Name	Middle Initial	Last Name
Street Address		
City	State	ZIP Code
Best Phone Number to Reach Me: <i>(circle one)</i> Daytime, Evenings, Mobile		Email Address
		Work Location
Social Security Number	PFID#	Employer/Association Affiliation <i>(if applicable)</i>
Date of Birth <i>MM/DD/YYYY</i>	Gender <i>M/F</i>	Date of Hire <i>MM/DD/YYYY</i>

2.

Coverage and Family Information

Please check the level of coverage.

UltimateAdvisor®

Individual: \$7.81 Bi-weekly

Family: \$9.99 Bi-weekly

Cancel my participation in the plan

Date of cancellation: _____

	First Name	Last Name	Gender M/F	Date of Birth MM/DD/YYYY
Spouse/Domestic Partner				
Child(ren)				

3.

Authorization (Deduction Code 0242)

By signing below, I am requesting enrollment or cancellation in the legal plan indicated above. I understand that the change in coverage will not become effective until the date assigned by the underwriter of the plan. I authorize my employer to deduct or cancel deductions for the cost of the plan as shown above, and as may be modified or adjusted, from my wages or salary.

Enrollee Signature

Date

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For assistance in completing this enrollment form, call 800-247-4184.