

Please read this page carefully. Signing the election form means you have read and agree to the following and understand the options you chose on the election form:

- Review your current benefits and the available plans and options, and then select the benefit options most suited to your personal needs.
- Enrolling in a pretax cancer/cancer intensive care plan or changing coverage levels will automatically stop other pretax cancer/cancer intensive care plan coverage. If you only want to drop your existing coverage, you must check the box next to the plan name and coverage level you want to drop. Only complete Part 2 if you wish to drop old plans not listed in Part 1.
- Send required documentation to the People First Service Center (address below) when you add eligible dependents or drop ineligible dependents from your plans. You must provide documentation or risk losing coverage.
- You must drop all of your ineligible dependents. When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they became ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.
- If you are dropping all of your dependents, you must change your coverage to individual.
- You must send election forms directly to the People First Service Center. Enrollment changes cannot be processed if forms and/or applications are sent to the supplemental insurance company.
- If you cancel your supplemental cancer/cancer intensive care insurance, you can only enroll again during the next annual open enrollment period or if you have a qualifying status change event.
- Your elections will remain in effect for the remainder of the calendar year unless you experience a qualifying status change event, as defined by the Internal Revenue Code and/or the Florida Administrative Code.
- Your effective date of coverage will be the first of the month following receipt of this form and a full month's premium.
- Pretax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. If you do not wish to have your premiums deducted on a pretax basis, you must complete a Pretax Premium Waiver Form.
- Mail or fax your completed and signed election form and Qualifying Status Change form, if applicable, directly to the People First Service Center (forms sent to the insurance company cannot be processed):

People First Service Center
PO Box 6830
Tallahassee, FL 32314
FAX: (904) 828-6092
- For help, call (866) 663-4735 or TTY (866) 221-0268, Monday through Friday, from 8:30 a.m. to 5:30 p.m. Eastern Time.
- Make elections online at <https://PeopleFirst.MyFlorida.com> and learn more about plans, use the cost estimator and find providers and insurance companies at MyFlorida.com/MyBenefits.

Please note: Falsifying documents, misrepresenting dependent status, or using other fraudulent actions to gain coverage may be criminal acts. The People First Service Center is required to refer such cases to the State of Florida.



**SUPPLEMENTAL CANCER / INTENSIVE CARE INSURANCE
2010 ELECTION FORM
(Please Print)**



Check Appropriate Box:

New Hire Open Enrollment Qualifying Status Change Event

Employee Information - All Fields Required:

Note: If checked, you must also complete and submit a Qualifying Status Change Event form.

People First ID:

First Name:

Last Name:

Complete Mailing address: _____

Birth Date: ____/____/____ Male: _____ Female: _____

Work Phone: (____) _____ Home Phone: (____) _____

PART 1: TO ADD, check the box next to the monthly premium for the plan and coverage level you want.

NOTE: You may only enroll in one Cancer Plan and/or one Intensive Care Plan.

TO DROP coverage, check the box next to the monthly premium and coverage level you want to drop.

Premiums listed are monthly; divide by two for biweekly amounts.

Plan Name	Benefit Plan Code	Employee			Employee + Child(ren)			Employee + Family		
		Cost	Add	Drop	Cost	Add	Drop	Cost	Add	Drop
Colonial Cancer	6600	\$10.94			N/A			\$18.18		
Cancer / Intensive Care	7500	\$13.96			N/A			\$24.48		

Plan Name	Benefit Plan Code	Employee			Employee + Child(ren)			Employee + Family		
		Cost	Add	Drop	Cost	Add	Drop	Cost	Add	Drop
AFLAC Cancer										
PCI Level 1	6500	\$18.70			\$21.70			\$30.50		
PCI Level 1 + BBR	6501	\$20.50			\$24.40			\$34.40		
PCI Level 1 + SDR	6502	\$19.70			\$23.20			\$32.50		
PCI Level 1 + Both	6503	\$21.50			\$25.90			\$36.40		
PCI Level 3	6510	\$33.50			\$40.20			\$55.90		
PCI Level 3 + BBR	6511	\$36.50			\$44.70			\$62.40		
PCI Level 3 + SDR	6512	\$34.50			\$41.70			\$57.90		
PCI Level 3 + Both	6513	\$37.50			\$46.20			\$64.40		

Plan Name	Benefit Plan Code	Employee			Employee + Child(ren)			Employee + Family		
		Cost	Add	Drop	Cost	Add	Drop	Cost	Add	Drop
AFLAC Intensive Care	7000	\$8.70			N/A			\$16.64		

PART 2: To DROP old (closed) plans, enter the plan code(s) of the plans not listed in Part 1 that you no longer wish to carry. (You will not be able to re-enroll.) For help, call the People First Service Center at (866) 663-4735.

Plan Code Plan Code Plan Code Plan Code

PART 3: ADD / DROP DEPENDENTS - Please Print (Attach additional page if necessary.)

Check the appropriate column to **ADD** eligible dependents not currently covered and/or to **DROP** ineligible dependents.

To complete the Relation column, use the number that describes your dependent(s).

Spouse - 1, Child - 2, Legal Guardianship - 3, Grandchild - 4, Legally Adopted Child - 5, Foster Child - 6, Step Child - 7, Unborn Child - 8, Overage Dependent - 9

Add	Drop	Name (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)	Male	Female	Relation
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

PART 4: EMPLOYEE CERTIFICATION

I have read and agree to the conditions listed in the Supplemental Cancer/Intensive Care Insurance Election Information page. Enrollment may be subject to the underwriting requirements of the carrier. I authorize my employer to reduce my salary in accordance with the benefits I have selected. I understand that my elections can only be changed during the next annual open enrollment period or if I have a qualifying status change event as defined by the Federal Internal Revenue Code and/or the Florida Administrative Code. I understand that I must request such changes within 31 calendar days of the qualifying event.

Employee Signature: _____

Date: _____

Send form to People First Service Center • PO Box 6830 • Tallahassee, FL 32314
or Fax to (904) 828-6092