

**STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS**

NEW EMPLOYEE INSURANCE/BENEFITS ACKNOWLEDGEMENT

I understand I have 60 days from my employment date to enroll in these benefits. I also understand that in order to enroll into Pre-tax insurance I must use the online People First Service System or I can call the Service Center at 866-663-4735. I also understand that I must submit supporting documents for any eligible dependents to the People First Service Center at 800-422-3128.

HEALTH - Option of the self-insured plan or an approved HMO.

LIFE - Includes Optional Life and DC Group Term Life .

DC GROUP DISABILITY **

CANCER/INTENSIVE CARE

ACCIDENT/DISABILITY - Policies offered by AFLAC and Colonial

DENTAL

SUPPLEMENTAL HEALTH

FLEXIBLE BENEFITS - Includes Dependent Day Care and Medical Reimbursement

These benefits are only available to me during the first sixty (60) days of employment or during an “**OPEN ENROLLMENT**” period. Normally open enrollment periods are on an annual basis. Changes in coverage can only be made during the open enrollment period or if I experience a “**QUALIFYING EVENT**” such as marriage, birth, etc. in which case I have thirty-one (31) days from the date of the event to make the change.

By my signature, I acknowledge I have received these forms and agree to the items stated.

SIGNATURE

DATE

LAST NAME, FIRST (please print)

LAST 4 OF SSN

** post-tax insurance