

**EMPLOYER NAME: Alachua County**

Please check one of the following:

- Board
- Clerk
- Property Appraiser
- Sheriff's Office
- Tax Collector

**Return completed and signed form to Risk Management.**

**A. EMPLOYEE INFORMATION**

|            |                |           |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

Are you actively working at your employer's normal place of business at least 20 hours per week?  Yes  No

Will the insurance applied for replace or change an existing policy?  Yes  No

|               |                        |                    |               |   |
|---------------|------------------------|--------------------|---------------|---|
| Date of birth | Social Security number | Date of employment | Annual Salary | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
|---------------|------------------------|--------------------|---------------|---|

**B. EMPLOYEE LIFE INSURANCE**

**Basic Life Insurance**

Cancel Basic 1x Salary Coverage

**Supplemental Life Insurance**

Decrease coverage to:

- 1x salary
- 2x salary

Cancel Supplemental Coverage

**C. DEPENDENT LIFE INSURANCE**

Cancel Dependent Life

**D. ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE**

**Total Amount of Employee AD&D Requested**

- Increase coverage to: \$ \_\_\_\_\_
- Decrease coverage to: \$ \_\_\_\_\_
- Cancel AD&D Coverage

*All AD&D coverage is guaranteed, no health questions asked. Available in increments of \$25,000 up to the lesser or 5x salary or \$500,000.*

**E. AUTHORIZATION**

I authorize my employer to withdraw premiums from my salary to pay for supplemental insurance coverage. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

|                                |                      |                      |             |
|--------------------------------|----------------------|----------------------|-------------|
| Employee Signature<br><b>X</b> | Daytime Phone Number | Evening Phone Number | Date Signed |
|--------------------------------|----------------------|----------------------|-------------|

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|                                |                |
|--------------------------------|----------------|
| Employer Signature<br><b>X</b> | Effective Date |
|--------------------------------|----------------|