



# Life and Supplemental Life Election Form

Minnesota Life Insurance Company

## **SECTION 1: ENROLLMENT APPLICATION** (Please print.)

Employer: Florida State College at Jacksonville  
501 W. State Street, Jacksonville, FL, 32202

Contact: **Human Resources Department**  
**(904) 632-3316, (904) 632-3319 or (904) 632-3018**

Employee Name: \_\_\_\_\_ Employee PID Number: \_\_\_\_\_

Employee Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Current Hire Date: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Annual Salary: \_\_\_\_\_

## **SECTION 2: BENEFIT ELECTION**

Florida State College at Jacksonville provides your basic life insurance at 100 percent of your annual base salary rounded to the nearest \$1,000.

### ***Supplemental Life Amount***

All active full-time employees choose one of the following. The maximum amount for basic and supplemental life benefits is \$350,000 combined.

- I **do not** wish to participate in the supplemental life plan.
- I elect **one** times my basic life insurance.
- I elect **two** times my basic life insurance.
- I elect **three** times my basic life insurance.

### ***Beneficiary Designation***

When there is no surviving designated beneficiary, or no one has been named, your plan will default to the standard order of priority. The standard order of priority is: spouse, children, parents, then Estate.

- Sequentially** (In order named) - Benefits will be paid to your beneficiary. If deceased, benefits will be paid to the first contingent beneficiary. If both are deceased, benefits will be paid to the second contingent beneficiary.

**Primary Beneficiary:** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**1<sup>st</sup> Contingent Beneficiary:** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**2<sup>nd</sup> Contingent Beneficiary:** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**OVER**

**Jointly** - Benefits shall be divided any payable as indicated below. (Percentages should total 100 percent.)

**Primary Beneficiary:** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Primary Beneficiary:** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Primary Beneficiary:** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

### **READ CAREFULLY:**

#### **SECTION 3: ACCEPTANCE AND WAIVER OF COVERAGE(S)**

I have been given the opportunity to apply for these benefits. In Section 2 above I have indicated my election. I realize that if I apply for these benefits at a later date, I will be required to furnish evidence of insurability and the insurance company will have the right to refuse my request.

I hereby authorize any deduction from my earnings of the amount (if any) required to cover my contributions.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Florida State College at Jacksonville is a member of the Florida State College System. Florida State College at Jacksonville is not affiliated with any other public or private university or College in Florida or elsewhere.

Florida State College at Jacksonville is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools ("SACS") to award the baccalaureate and associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call (404) 679-4500 for questions about the accreditation of Florida State College at Jacksonville.