STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS
Department of Administration – Office of Employee Benefits
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GROUP TERM LIFE INSURANCE ENROLLMENT FORM

☐ **New Hire (Date of hire: _____)** ☐ **Open Enrollment** ☐ **Qualified Status Change**

If you are a newly eligible employee you will be enrolled in basic coverage only unless you use this form within 31 days of gaining eligibility to also elect supplemental coverage or waive coverage entirely. If you want to add supplemental coverage at a later date, or if you initially waived all coverage and want to elect some level of coverage at a later date, you are a late applicant and you will need to apply for coverage using this form and then submit evidence of insurability (EOI) to the State's life insurance carrier. Life insurance coverage for late applicants is not effective unless and until the application is approved by the State's life insurance carrier. The EOI process is handled entirely by the State's life insurance carrier. Please review the life insurance carrier's coverage booklet for additional information on the life insurance benefit.

1. EMPLOYEE INFORMATION – *Please print legibly*

NAME: _____ SSN:
First MI Last

2. QUALIFIED STATUS CHANGE *(Skip this section if you are a newly eligible employee)*

Event Date:

Supporting documentation must be submitted for all status changes within 31 calendar days of the status change event date.

☐ Marriage ☐ Divorce ☐ Death of spouse

☐ Birth/adoption ☐ Death of child ☐ Child no longer financially dependent

☐ Loss of group insurance due to change in spouse's employment status

☐ Change from part-time to full-time employment status or vice versa (Date of change: _____)

3. COVERAGE ELECTION – *Choose one*

☐ Waive Basic and Supplemental Coverage

***Note**: You will be enrolled in Basic Coverage and premiums will be deducted from your paycheck unless you check this Waive box, sign below, and turn in this form to your Human Resources representative within 31 days of gaining eligibility.*

☐ Enroll in Basic Coverage Only (equivalent to 1x annual salary up to $150,000)	☐ Cancel Basic Coverage
☐ Enroll in Basic *and* Supplemental Coverage (equivalent to 2x annual salary up to $300,000)	☐ Cancel Supplemental Coverage

4. PRE-TAX or AFTER-TAX – *Premiums for the first $50,000 in group life coverage will automatically be deducted from your pay on a pre-tax basis unless the below box is checked.*

☐ Deduct the first $50,000 of group life coverage on an **after-tax** basis.

5. EMPLOYEE APPROVAL AND AUTHORIZATION:

I hereby authorize the State of Rhode Island to deduct the applicable premium from my wages. In addition, I certify that the above information is true and correct to the best of my knowledge and understand that, by law, I can only change my pre-tax election(s) during the open enrollment period or upon experiencing a qualified status change as defined by IRC § 125 status change rules. If I am waiving or canceling coverage, I do not want life insurance coverage and I understand that I will have to apply and provide evidence of insurability to the State's life insurance carrier if I want to enroll in coverage in the future. I understand that such a late application for life insurance coverage may be denied by the State's life insurance carrier for medical reasons. I understand that if I am applying for life insurance coverage as a late applicant (waived coverage at hire or canceled coverage after hire) I will have to provide evidence of insurability to the State's life insurance carrier and my life insurance coverage will not be effective unless and until my application is approved by the State's life insurance carrier.

Employee Signature: _____ Date: _____

TO BE COMPLETED BY AGENCY HR STAFF:

Union Code: _____ Payroll Account Number: _____