



GROUP TERM LIFE INSURANCE ENROLLMENT FORM

New Hire (Date of hire: _____))

Open Enrollment (no form required if no changes)

Qualified Status Change

If you are a new hire you will be enrolled in basic coverage only unless you use this form within 31 days of hire 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: _____ First MI Last	SSN: _____
2. QUALIFIED STATUS CHANGE (Skip this section during open enrollment or if you are a new hire)	
Supporting documentation must be submitted for all status changes within 31 calendar days of the status change event date.	
Event Date: _____	
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Death of spouse	
<input type="checkbox"/> Birth/adoption <input type="checkbox"/> Death of child <input type="checkbox"/> Child no longer financially dependent	
<input type="checkbox"/> Loss of group insurance due to change in spouse's employment status <input type="checkbox"/> Change from part-time to full-time employment status or vice versa (Date of change: _____)	
3. COVERAGE ELECTION – Choose one	
<input type="checkbox"/> Waive Basic and Supplemental Coverage <i>New hire note: You will be enrolled in Basic Coverage and premiums will be deducted unless you check this Waive box, sign below, and turn in this form to your Human Resources representative within 31 days of gaining eligibility.</i>	
<input type="checkbox"/> Enroll in Basic Coverage Only (equivalent to 1x annual salary up to \$150,000)	<input type="checkbox"/> Cancel Basic Coverage
<input type="checkbox"/> Enroll in Basic and Supplemental Coverage (equivalent to 2x annual salary up to \$300,000)	<input type="checkbox"/> 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.	
<input type="checkbox"/> 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 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: