



STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS

Department of Administration – Office of Employee Benefits
One Capitol Hill – 3rd Floor, Providence, RI 02908
Phone: (401) 222-3160 Fax: (401) 222-2964



GROUP TERM LIFE INSURANCE ENROLLMENT FORM

- Form selection options: New Hire (Date of hire: _____), Open Enrollment, Qualified Status Change, Change from part-time to full-time employment status (Date of change: _____)

Basic coverage = 1x annual salary up to \$150,000

Basic & Supplemental coverage = 2x annual salary up to \$300,000

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.

1. EMPLOYEE INFORMATION – Please print clearly and legibly

NAME: _____ SSN: _____
First MI Last

2. QUALIFIED STATUS CHANGE (Skip this section if you are a newly eligible employee) Supporting documentation must be submitted for all status changes within 31 calendar days of the status change event date.
Event Date:

Event Date options: Marriage, Divorce, Death of Spouse, Birth/Adoption, Return from Leave of Absence

3. COVERAGE ELECTION – Check 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 one times your annual salary up to \$150,000) Cancel Basic Coverage

Enroll in Basic and Supplemental Coverage (equivalent to twice your 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.

Employee Signature: _____ Date: _____

TO BE COMPLETED BY AGENCY HR STAFF:

Union Code: _____ Payroll Account Number: _____