



2027

PRE-TAX BENEFITS PACKET

*PRE-TAX PLANS ONLY AVAILABLE TO UNIVERSITY AND STATE COLLEGE
EMPLOYEES DURING OPEN ENROLLMENT OR
WITHIN 60 DAYS OF NEW EMPLOYMENT.*



Capital Insurance Agency, Inc.

800-780-3100 • www.capitalins.com

KNOW YOUR PRE-TAX BENEFITS



CANCER & HOSPITAL INTENSIVE CARE

Cancer | HIC

- **Personal Cancer Indemnity Plan** offers benefits for cancer related treatments. Two optional Riders to this plan are the *Building Benefit Rider* and *Specified-Disease Benefit Rider*.
- **Personal Hospital Intensive Care Plan** pays if you or any covered person incurs a charge for confinement in a hospital ICU.



HOSPITAL SUPPLEMENT

30/20+ | PPP | 365+ | SIS

- **Supplemental Hospital** coverage is additional coverage designed specially to help take care of some of the out-of-pocket hospital facility costs that may not be covered by your primary plan.

DENTAL (CODE 103)

- Cigna Dental Care's Prepaid Patient Charge Schedule (PCS) reflects a fixed co-payment amount that allows you to plan and budget for you and your family's dental care needs with confidence.



DENTAL

HD205 PPO | Prepaid | Schedule B Indemnity

- **PPO dental plans** are built with whole-person health in mind. These are more traditional dental insurance plans and feature key benefits for both healthy smiles and bodies along with convenient ways to get care.
- **HD205 Prepaid** (managed care plan) covers preventive care and other dental procedures as listed when you're treated by your selected primary care dentist.
- **Schedule B Indemnity** covers preventive care and other dental procedures as listed when you're treated by any dentist you choose.

VISION

- An extensive network of optometrists and ophthalmologists provides you and your family with a benefit option that covers all routine eye care, exams, eyeglasses or contact lenses.



Pre-Tax Cancer & Intensive Care Plans Available to State of Florida, University, & State College Employees

Personal Cancer Indemnity Plan

Pays a cash benefit upon initial diagnosis of a covered cancer and other cash benefits to help pay out-of-pocket medical expenses, rent or mortgage, groceries, or utility bills—the choice is yours!



Benefit	A-75100-FL (Level 1)	A-7500-FL (Level 3)
	Plan Code 6500	Plan Code 6510
Wellness	\$40/calendar year, per covered person	\$75/calendar year, per covered person
First-Occurrence	\$1,800 Insured & Spouse \$2,700 (Child)	\$6,000 Insured & Spouse \$9,000 (Child)
Hospital Confinement	\$200/day (Days 1–30) \$400/day (Days 31+)	\$300/day (Days 1–30) \$600/day (Days 31+)
Radiation/Chemotherapy	\$240/daily treatment Monthly Max = \$1,920 self-injected Monthly Max = \$960 pump & oral	\$360/daily treatment Monthly Max = \$2,880 self-injected Monthly Max = \$1,440 pump & oral
Second Surgical Opinion	\$200	\$300
Ambulance	\$200 Ground \$1,000 Air	\$200 Ground \$1,000 Air
Lodging	\$50/day Limit 90 days/calendar year (must be more than 50 miles from insured's residence)	\$60/day Limit 90 days/calendar year (must be more than 50 miles from insured's residence)

Scan the QR Code for a full listing of the benefits available.

Optional Building Benefit Rider (BBR): The BBR can be purchased in units of \$100 each, up to a maximum of five units or \$500. The First-Occurrence Benefit will be increased by \$100 for each unit purchased on each rider anniversary date while the rider remains in force.

Optional Specified-Disease Benefit Rider (SDR): Aflac will pay an initial hospitalization benefit of \$1,000 and a continuous hospital confinement benefit of \$200 per day for Days 1—30 and \$500 per day for Days 31+ when an insured is first diagnosed with one or more of the covered specified diseases (like sickle cell anemia, bacterial meningitis, multiple sclerosis, muscular dystrophy, or cystic fibrosis).



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Personal Hospital Intensive Care Plan

Benefits will be paid if you or any covered person incurs a charge for confinement in a hospital intensive care unit (ICU).



A-1820B-FL Plan Code 7000	
Benefit	
Daily Hospital Intensive Care Benefit	\$600/day (Days 1–7) \$1,000/day (Days 8–15)
Daily Subacute Intensive Care Unit Benefit	\$250 per day
Human Organ Transplant Benefit	\$25,000 per occurrence

Scan the QR Code for a full listing of the benefits available.

Rates for Cancer & Hospital Intensive Care Plans

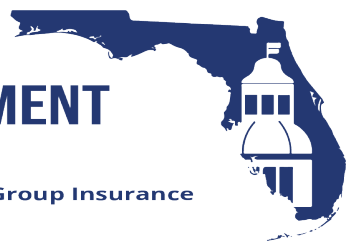
Cancer & Hospital Intensive Care Plans	Benefit Plan Code	Individual	One-Parent Family	Two-Parent Family
A-75100-FL Only (Level 1)	6500	\$18.70	\$21.70	\$30.50
A-75100-FL + SDR	6501	\$19.70	\$23.20	\$32.50
A-75100-FL + BBR (3 units)	6502	\$20.50	\$24.40	\$34.40
A-75100-FL + BBR + SDR	6503	\$21.50	\$25.90	\$36.40
A-75300-FL Only (Level 3)	6510	\$33.50	\$40.20	\$55.90
A-75300-FL + SDR	6511	\$34.50	\$41.70	\$57.90
A-75300-FL + BBR (5 units)	6512	\$36.50	\$44.70	\$62.40
A-75300-FL + BBR + SDR	6513	\$37.50	\$46.20	\$64.40
Hospital Intensive Care	7000	\$8.70	\$16.64	\$16.64

How Do I Enroll?

Enroll during Open Enrollment or as a New Employee (within the first 60 days of employment). Applicants must be 69 or younger when the policy is issued. Please note the policy contains a 30-day waiting period.

Choose one of the plan codes above and make your election with the People First Service Center, toll-free 866.663.4735, or access their website at peoplefirst.myflorida.com. Then, contact your Capital Agent to complete the Enrollment Form(s).

For more information, please contact the Group Benefits Department by phone at 800.780.3100 or email at groupdepartment@capitalins.com.



Pre-Tax Dental Plan Available to State of Florida, University, & State College Employees

Cigna Dental Plan *People First Benefit Plan Code 4034*

Being your best self includes keeping up with your dental health. Poor dental health can lead to other problems. Research shows a link between gum disease and pre-term birth, heart disease, stroke, and diabetes. To prevent gum disease, keep your teeth and gums clean with our affordable Dental Plan.

- No waiting period, coverage begins immediately upon effective date.
- No deductibles, claim forms to file, or annual or lifetime dollar maximums to exceed.
- Coverage for most preventative services (exams, x-rays, and routine cleanings) is provided at no charge.

Cigna Dental Plan Code 4034	Bi-Weekly	Monthly
Employee Only	\$11.75	\$23.49
Employee + Spouse	\$23.15	\$46.29
Employee + Child(ren)	\$27.60	\$55.20
Employee + Family	\$35.26	\$70.51

How Do I Enroll?

Scan the QR Code for a full listing of the benefits available to you.

Enroll during Open Enrollment or as a New Employee (within the first 60 days of employment). Use the plan code 4034 to make your election with the People First Service Center, toll-free 866.663.4735, or access their website at peoplefirst.myflorida.com.



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Pre-Tax Hospital Supplemental Plans Available to State of Florida, University, & State College Employees

Pre-Existing Conditions Are Covered

365 Plus - \$100/Day or \$250/Day *People First Benefit Plan Codes 8130 and 8140*

Supplemental hospital insurance covers you and your eligible family members 365 days a year to help pay out-of-pocket costs for covered hospital stays.

Age	365 Plus \$100/day Plan Code 8130	365 Plus \$250/day Plan Code 8140
30	\$4.64 Single or \$11.92 Family	\$14.86 Single or \$38.22 Family
40	\$6.32 Single or \$15.40 Family	\$20.16 Single or \$49.28 Family
50	\$9.38 Single or \$20.80 Family	\$30.00 Single or \$66.74 Family

30/20 Plus *People First Benefit Plan Code 8110*

Designed for participants in the State Employees' PPO Plan, the 30/20 Plus plan will provide benefits paid directly to you or your hospital for a covered in-hospital confinement or surgery at licensed Ambulatory Surgical Centers.

- \$30 per day toward hospital room and board. Maximum of \$3,600 per related stay.
- Pays the first \$250 of inpatient hospital costs to help offset hospital deductibles.
- Pays 20% of the next \$12,500 of eligible inpatient charges.

Age	30/20 Plus - Single Plan Code 8110	30/20 Plus - Family Plan Code 8110
30	\$34.18	\$87.80
40	\$46.46	\$113.24
50	\$68.98	\$153.36



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Preferred Provider Plus (PPP) *People First Benefit Plan Code 8100*

The PPP plan is especially created to help offset your out-of-pocket deductible and in-hospital special charges when you or your covered dependents have a covered hospital confinement or surgery in a licensed Ambulatory Surgical Center.

- Pays the first \$250 of inpatient hospital costs to help offset hospital deductibles.
- Also pays 10% of the next \$25,000 of eligible inpatient charges.

Age	PPP - Single Plan Code 8100	PPP - Family Plan Code 8100
30	\$18.28	\$46.70
40	\$24.92	\$61.34
50	\$36.52	\$81.88

State Insurance Supplement (SIS) *People First Benefit Plan Code 8120*

Enroll in this plan if you and your dependents live outside of the State of Florida as a condition of employment, or in a county where network providers are not available.

- Pays the first \$250 of inpatient hospital costs to help offset hospital deductibles.
- Also pays 20% of the next \$12,500 or up to \$2,500 per person annually of eligible inpatient charges.

Age	SIS - Single Plan Code 8120	SIS - Family Plan Code 8120
30	\$17.82	\$45.84
40	\$24.24	\$59.12
50	\$36.02	\$80.06

How Do I Enroll?

Scan the QR Code for a full listing of the benefits available to you.

Enroll during Open Enrollment or as a New Employee (within the first 60 days of employment). For maximum coverage, pair the 30/20 or PPP Plan with a 365+ Plan. Choose the plan code(s) and make your election with the People First

Service Center, toll-free 866.663.4735, or access their website at peoplefirst.myflorida.com.



For more information, please contact the Group Benefits Department by phone at 800.780.3100 or email at groupdepartment@capitalins.com.

This flyer is not the Contract of Insurance. The Policy itself sets forth the rights and obligations of the Insured and Cigna.



Humana Dental

State of Florida employees



Dental plan choices that support your overall health and well-being.

Humana’s award-winning customer service and dental plans provide you with a large network of providers to care for your dental needs. Our PPO, Prepaid and Schedule B Indemnity plans recognize the importance of good dental health to overall health and well-being:

- **Preventive care covered** for no additional cost when you use an in-network provider.
- **Routine teeth cleanings** can help reduce your risk for heart disease, stroke and dementia.
- **Preventive dental care**, such as checkups and cleanings, help stop issues before they start saving you time and money in the long run.

Dental Plans and Monthly Premiums:					
Plan	PrePaid DHMO	Schedule B Indemnity	Preventive PPO	Standard PPO	Indemnity with PPO
PeopleFirst Code	4044	4084	4094	4092	4090
Employee	\$12.64	\$14.74	\$21.54	\$32.16	\$48.04
Employee Plus Spouse	\$21.20	\$21.96	\$39.88	\$59.54	\$88.88
Employee Plus child(ren)	\$23.00	\$23.30	\$44.56	\$66.52	\$99.32
Employee Plus Family	\$32.98	\$37.10	\$64.68	\$96.58	\$144.20

How to enroll:

Enroll during Open Enrollment or as a new employee (within the first 60 days of employment). Review the Dental Benefit Guide for a full outline of the benefits available to you for Deduction Code PTB 103. You must contact the People First Service Center, toll-free **866-663-4735**, or access their website at peoplefirst.myflorida.com to make your election.



Humana is pleased to offer you a variety of dental plan options. While some of the benefits for all the plan options are similar, others are distinct to each plan. Review your plan options by scanning the **2027 Dental Benefit Guide QR code**.





Humana Vision

State of Florida employees

Your Vision Care Plan features

- **Easy-to-access eye exams** and \$10 copay when you use an in-network provider
- **Glasses and contact lens allowances.**
- **A large network of eye doctors** near home, work or away with independent, retail and online options.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

GLASSES.COM

Ray-Ban

contactsdirect

OAKLEY

Vision Care Plan	Vision Plan and Monthly Premium
People First Code	3004
Employee	\$6.12
Employee Plus Spouse	\$12.10
Employee Plus Child(ren)	\$11.96
Employee Plus Family	\$18.80

See the savings with Humana VCP plans:	Retail	Humana Vision
		In-network providers
Eye Exam	\$119	\$10
Lenses	\$153	\$10
Average retail frame cost	\$208	\$208
Average frame allowance	none	-\$125
Discount on balance over frame allowance	none	-20%
YOUR COST:	\$480	\$86.40

On average, members save 80% when visiting an in-network provider

Savings example only for illustrative purposes. Actual savings will depend on benefits and frame selection. Retail cost based on industry averages.



How to enroll

Enroll during Open Enrollment or as a new employee (within the first 60 days of employment). Review the Vision Benefit Guide for a full outline of the benefits available to you.

You must contact the People First Service Center, toll-free **866-663-4735**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time, or access their website at peoplefirst.myflorida.com to make your election. Humana's Vision Care Plan (VCP) helps you maintain good eye health, while providing budget-friendly plan options.



Review your Vision Benefit Guide by **scanning the QR code.**

Humana®



2026

POST-TAX BENEFITS PACKET

STATE OF FLORIDA AGENCY EMPLOYEES – POST-TAX SUPPLEMENTAL INSURANCE PLANS AVAILABLE NOW.

*STATE COLLEGE & UNIVERSITY EMPLOYEES – SOME PLANS AVAILABLE ON DIRECT, CONTACT YOUR LOCAL
AGENT FOR MORE INFORMATION.*



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KNOW YOUR POST-TAX BENEFITS

FIND AN AGENT & APPLY TODAY!*



ACCIDENT INSURANCE *Policy Series A38000*

- **Accident** insurance pays cash benefits directly to you (unless otherwise assigned) to help cover co-pays, deductibles, out-of-pocket medical expenses, and everyday living expenses.

SHORT-TERM DISABILITY INSURANCE *Policy Series A57600*

- **Short-Term Disability** insurance helps reduce financial stress in the event of a covered disability, so you can focus on your health and recovery.

CRITICAL CARE INSURANCE *Policy Series A74000*

- **Critical Care** insurance policy helps with the treatment costs of life-changing illnesses and health events so that you can stay focused on recuperation.

WHOLE LIFE INSURANCE *Policy Series Q60000*

- **Whole Life** insurance offers added peace of mind, ensuring your loved ones can cover final expenses, mortgage payments, and education/tuition expenses.



GROUP BENEFIT
SOLUTIONS

LONG-TERM DISABILITY INSURANCE

- **Long-Term Disability** insurance is designed to protect your income and safeguard your family's lifestyle if you cannot work due to a covered accident or sickness. Enroll online at [Capitalins.com/enroll-ltd](https://capitalins.com/enroll-ltd).

GROUP TERM LIFE INSURANCE

- **Group Term Life** insurance offers affordable coverage, a terminal illness benefit, bereavement counseling, and beneficiary services - ensuring your family's financial future is secure. ***Only available during Open Enrollment or your first 60 days of new employment.**

OTHER PLANS & SERVICES

- Individual & Family Life Plans
- Retirement Services - FREE Retirement & Benefit Analysis
- Medicare Supplements
- Long-Term Care
- Auto Insurance
- Prepaid Legal Plans



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Request a FREE Quote: Visit [Capitalins.com/Find-An-Agent](https://capitalins.com/Find-An-Agent) to connect with your local licensed agent or call 800-780-3100.



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Supplemental Plans for State of Florida Agency, University, and State College Employees

Aflac Accident Insurance Policy Series A38000

Covers accidents at home or on the job and offers one wellness claim per policy for any routine medical checkup.



Click or Scan

- \$100 Preventive Care Benefit; payable once per policy, per calendar year.
- \$250 for initial treatment by a Medical Professional as the result of an injury.
- \$1,500 hospital confinement, \$3,000 intensive care, plus \$300 per day; payouts increase annually.
- \$400 ground ambulance, \$2,500 air transfer, and rehab facility \$250/day.
- \$70 per follow-up visit benefit, up to 30 visits.
- Optional Line of Duty Benefit Rider: Pays \$10,000 once for specific injuries per covered Accident.

Bi-Weekly &
Monthly
Rates

Age	Employee	Employee & Spouse	One-Parent Family	Two-Parent Family
18-75	\$13.25 BW / \$28.70 MO	\$19.01 BW / \$41.19 MO	\$22.72 BW / \$49.22 MO	\$29.65 BW / \$64.24 MO

Aflac Short-Term Disability Policy Series A57600

Income protection for employees when they are unable to work due to a covered injury or illness.



Click or Scan

- Elimination periods (number of days out of work) for benefits for injury/sickness.
- Guaranteed issue up to \$4,000 per month. Pre-existing conditions not covered for 12 months.
- Optional On-The-Job Accident Disability Rider provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force.

Short Term Disability Rate Chart Elimination Period - 0/7 Days with 3-Month Benefit

Bi-Weekly &
Monthly
Rates

Annual Income	\$36,000	\$41,000	\$45,000	\$50,000
*Benefit	\$2,250	\$2,625	\$2,875	\$3,250
Age 18-49	\$18.36 BW / \$39.78 MO	\$21.42 BW / \$46.41 MO	\$23.46 BW / \$50.83 MO	\$26.52 BW / \$57.46 MO
Age 50-64	\$19.44 BW / \$42.12 MO	\$22.68 BW / \$49.14 MO	\$24.84 BW / \$53.82 MO	\$28.08 BW / \$60.84 MO
Age 65-74	\$23.76 BW / \$51.48 MO	\$27.72 BW / \$60.06 MO	\$30.36 BW / \$65.78 MO	\$34.32 BW / \$74.36 MO

Bi-Weekly &
Monthly
Rates

On-The-Job Rider Rate Chart Elimination Period - 0/7 Days with 3-Month Benefit

*Benefit	\$1,125	\$1,500	\$1,750	\$2,125
Age 18-74	\$3.24 BW / \$7.02 MO	\$4.32 BW / \$9.36 MO	\$5.04 BW / \$10.92 MO	\$6.12 BW / \$13.26 MO



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Supplemental Plans for State of Florida Agency, University, and State College Employees

Aflac Critical Care Policy Series A74000

Financial protection if you experience a covered serious health event.

- \$10,000 first occurrence: heart attack, stroke, third degree burns, and more.
- \$1,000 coronary angioplasty and \$300 per day hospital confinement.
- Ambulance \$250 ground/\$2,000 air transfer.



Click or Scan

Bi-Weekly &
Monthly Rates

Age	Employee	Employee & Spouse	One-Parent Family	Two-Parent Family
18-35	\$4.08 BW / \$8.84 MO	\$5.88 BW / \$12.74 MO	\$4.56 BW / \$9.88 MO	\$6.78 BW / \$14.69 MO
36-45	\$6.36 BW / \$13.78 MO	\$9.78 BW / \$21.19 MO	\$6.60 BW / \$14.30 MO	\$10.86 BW / \$23.53 MO
46-55	\$8.88 BW / \$19.24 MO	\$14.70 BW / \$31.85 MO	\$9.18 BW / \$19.89 MO	\$15.96 BW / \$34.58 MO
56-70	\$12.00 BW / \$26.00 MO	\$21.54 BW / \$46.67 MO	\$12.24 BW / \$26.52 MO	\$23.04 BW / \$49.92 MO

Aflac Whole Life Insurance Policy Series Q60000

\$25K minimum to \$150K maximum Simplified Issue life insurance plans.

New hire has 365 days to enroll with four medical questions to answer.

- Face amounts increase in increments of \$5K.
- Accidental Death Rider: Automatically built into the policy.
- Spouse 10-Year Term Rider: Rider not to exceed \$15K.
- \$15K Child Term Rider: Issue ages 14 days - 19 years old at the time of application.



Click or Scan

Bi-Weekly &
Monthly Rates

Age	Whole 50	Whole 75	Whole 100	Whole 150
30	\$19.67 BW / \$42.63 MO	\$29.05 BW / \$62.94 MO	\$38.42 BW / \$83.25 MO	\$57.17 BW / \$123.88 MO
40	\$29.13 BW / \$63.13 MO	\$43.24 BW / \$93.69 MO	\$57.35 BW / \$124.25 MO	\$85.56 BW / \$185.38 MO
50	\$46.90 BW / \$101.63 MO	\$69.89 BW / \$151.44 MO	\$92.88 BW / \$201.25 MO	\$138.86 BW / \$300.88 MO
60	\$86.54 BW / \$187.50 MO	\$129.35 BW / \$280.25 MO	\$172.15 BW / \$373.00 MO	\$257.77 BW / \$558.50 MO



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Coverage is underwritten by American Family Life Assurance Company of Columbus.

This is a brief product overview only. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. Plans and riders may also contain a waiting period. Refer to the exact plans and riders for benefit details, definitions, limitations and exclusions. For more information about policy benefits and limitations, please refer to the corresponding product brochure for each insurance policy. Limitations and exclusions may apply.

WWHQ | 1932 Wynnston Road | Columbus, GA 31999

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Exp. 12/26



GROUP BENEFIT SOLUTIONS

Long-Term Disability Plan for State of Florida Employees

Disability Insurance helps protect your income if you are unable to work due to a covered accident or sickness. This plan pays in addition to your annual leave and sick leave benefits.

Group II: 60% of basic salary up to \$800 monthly benefit. Sickness: 15-Day Elimination and Accident: 7-Day Elimination.

Group III: 60% of basic salary up to \$1,200 monthly benefit. Sickness: 60-Day Elimination and Accident: 30-Day Elimination.

Group IV: 60% of basic salary up to \$2,000 monthly benefit. Sickness: 75-Day Elimination and Accident: 45-Day Elimination.

Group V: Available to State Employees currently covered under State Statutes 110.205. 60% of basic salary up to \$3,000 monthly benefit. One Year Elimination for Sickness and Accident.

Age Band	Group II Rates	Group III Rates	Group IV Rates	Group V Rates
Under 30	\$4.95 BW / \$10.73 MO	\$4.35 BW / \$9.43 MO	\$5.20 BW / \$11.27 MO	\$0.75 BW / \$1.63 MO
30-34	\$5.50 BW / \$11.92 MO	\$5.40 BW / \$11.70 MO	\$6.30 BW / \$13.65 MO	\$1.00 BW / \$2.17 MO
35-39	\$6.20 BW / \$13.43 MO	\$7.00 BW / \$15.17 MO	\$8.20 BW / \$17.77 MO	\$1.50 BW / \$3.25 MO
40-44	\$7.40 BW / \$16.03 MO	\$7.75 BW / \$16.79 MO	\$9.05 BW / \$19.61 MO	\$2.50 BW / \$5.42 MO
45-49	\$9.30 BW / \$20.15 MO	\$9.20 BW / \$19.93 MO	\$10.70 BW / \$23.18 MO	\$3.80 BW / \$8.23 MO
50-54	\$11.10 BW / \$24.05 MO	\$11.80 BW / \$25.57 MO	\$13.80 BW / \$29.90 MO	\$6.05 BW / \$13.11 MO
55-59	\$13.40 BW / \$29.03 MO	\$14.50 BW / \$31.42 MO	\$17.00 BW / \$36.83 MO	\$8.00 BW / \$17.33 MO
60-69	\$18.50 BW / \$40.08 MO	\$17.30 BW / \$37.48 MO	\$20.00 BW / \$43.33 MO	\$12.00 BW / \$26.00 MO

**For illustration purposes only. Refer to the Plan Brochure and group certificate upon enrolling for complete details, limitations and exclusions.*

***Initial premium is based on your age at issue; premium changes will occur on five year birthdays between the ages of 30 and 60.*

Plan Provisions:

- **Elimination Period:** The number of continuous days unable to work before eligible for benefits on an approved disability.
- **Pre-existing Conditions:** Any condition up to 3 months prior to the effective date of coverage will not be covered under the plan for 12 months while performing regular occupation on a full-time basis.
- **Survivor Benefit:** If a claimant dies and has been receiving benefits under the plan for 3 continuous months their survivor will receive an additional 3 months of benefit payments in one lump sum.
- **Benefit Period:** Sickness Up to 2 Years and Accident Up to 5 Years.

Enrollment Instructions:

All active, full-time permanent employees under age 70 who work 30+ hours per week in a participating State Agency are eligible to enroll online at capitalins.com/enroll-ltd or fax completed paper enrollment forms to 850.385.8126.

Plan underwritten by Life Insurance Company of North America (LINA) through New York Life Group Benefits Solutions.



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		VOLUNTARY LONG TERM DISABILITY ENROLLMENT FORM		Group Name STATE OF FLORIDA	
Submission Type: ☐ New Enrollee ☐ Group Change		Gray boxes for office use only		Application #	
Insurance Effective Date					
CAUTION: 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.					
CAUTION: Review plan brochure before completing enrollment form.					
NOTE: Eligible class of employees - All active full-time permanent employees of the sponsoring employer who are under age 70. Employee must complete sections 1-20, sign, and date application. Please print or type.					
1. People First Login ID#		2. Social Security Number		3. Employee Name (Last, First, Middle Initial)	
4. Employee Mailing Address (Street, City, State, Zip Code)				5. Date of Birth	
				/ /	
				6. Gender ☐ Male ☐ Female	
7. Cell Phone Number ()		8. Work Phone Number ()		9. Personal Email Address	
10. Agency and County of Work Location				11. Employment Address (<u>Work Location</u>), (Street, City, Zip Code)	
12. Hire Date (Full-Time) / /		13. Other Personal Service (OPS ineligible for coverage) ☐ Yes ☐ No		14. Hours Work Weekly	
				15. Occupation or Title	
16. Annual Salary \$		17. Do you have any other sources of income? * (Review Coordination of Benefits in Brochure, Page 3) ☐ Yes ☐ No		18. Group Coverage Desired ☐ II ☐ III ☐ IV ☐ V	
* If you answered YES to Q. 17 above, benefits will coordinate with <u>other sources of income and will reduce your benefit amount.</u>					
19. I hereby apply to Life Insurance Company of North America (LINA), through New York Life Benefits Solutions for Disability Salary Continuation Insurance. I understand that the Company may decline to accept this application if it is not completed during the enrollment periods predetermined by the Company and the Sponsoring Employer. I further understand that, if accepted, my coverage will take effect (if actively at work) on the day following the end of the payroll period in which the first payroll deduction is made. I also certify that I am an Employee of the Sponsoring Employer in an Eligible Class (as specified above), and authorize my Employer to deduct from my earnings an amount sufficient to pay the premium for this insurance, including Age Band changes. I hereby acknowledge that I have received the outline of coverage (brochure) describing insurance for which I am now applying.					
20. Payroll Deduction Authorization		Employee Signature:			Date:
Licensed Resident Agent: Douglas Moore, LUTCF, CSFP President & CEO, Capital Insurance Agency, Inc.				Local Sales Agent:	
Deduction Code		Department		Division Code	
0300					
				Amount of Deduction	

FAX COMPLETED FORM TO 850.385.8126



Life insurance is something you pay for, but never expect to use. But here I am, and I can't imagine not having it.

Lisette Montes de Oca
whose husband died from leukemia

Guaranteed-Issue Life Insurance for State Employees

If something happened to you, would your loved ones be financially prepared to carry on without you?

Life can be unpredictable, and Lisette has learned how crucial it is to be prepared. That's why **Group Term Life Insurance** is an important step in ensuring that your loved ones are protected. These benefit enhancements are available at no extra cost*:



Click or Scan

- **\$20,000 life insurance** protection on your spouse.
- **\$15,000 life insurance** protection on your eligible child(ren).
- 100% Bonus to be added to the Basic Coverage.
- Employee Accidental Death and Dismemberment Benefit.

YOUR PREMIUM

Biweekly or Monthly Salary:	\$
Premium Percentage	x .0075
Biweekly or Monthly Premium	\$

NOTE: Record your calculated premium, coverage amount and beneficiary designations in this space and retain a copy with your insurance records. Your premium will change with salary; your coverage will change with age and salary.

[Group Term Life Brochure](#)

Enroll During Open Enrollment: capitalins.com/enroll-gtl

**Plans offered only to full-time State of Florida Employees (OPS not eligible) in participating agencies.*



**Capital Insurance
Agency, Inc.**

"We're Here to Help You!"

P.O. Box 15949 (32317-5949)

Tallahassee, FL 32317

www.capitalins.com

800.780.3100

850.385.8126 FAX

info@capitalins.com





GROUP BENEFIT
SOLUTIONS

GROUP TERM LIFE INSURANCE ENROLLMENT FORM
*Plan underwritten by Life Insurance Company of North
America (LINA), through New York Life Benefits Solutions*

Group Name:
STATE OF FLORIDA

Available to all full-time employees in participating agencies. This is your opportunity to enroll in an excellent, low cost Group Term Life Insurance Plan sponsored by your Department.

NEW ENROLLEE: If you elect to have coverage, complete and sign this application or apply online at capitalins.com/enroll-gtl.

Caution: 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 Name	Date of Birth (DOB)	Social Security Number	Gender ☐ Male ☐ Female
Employee Home Address		Personal Email Address	
People First Login ID#	Agency and County of Work Location	Date of Hire	
Employment Address (work location)		Work Phone	Cell Phone

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request. If you need assistance, contact your benefits administrator at (800) 888-5256 or your own legal counsel.

Primary Beneficiary Name(s)	DOB	Relationship	Percentage
Primary Beneficiary Name(s)	DOB	Relationship	Percentage
Contingent Beneficiary Name(s)	DOB	Relationship	Percentage

If more names are needed please complete additional form.

If one or more primary or contingent beneficiary is listed the percentages must equal 100% for each.

I hereby apply for the amount of Group Term Life Insurance for which I am eligible under my employer's Group Insurance Plan. I authorize deductions from my earnings in the amount required to cover my premiums.

Payroll Deduction Authorization	Employee Signature: _____ Date: _____	
	Agent Name: _____	

FOR PERSONNEL USE ONLY: PLEASE FILE IN EMPLOYEE'S PERSONNEL FILE. DO NOT MAIL TO COMPANY.

SAMAS CODE	DISTRICT/DIV CODE	EFFECTIVE DATE	DEDUCTION AMOUNT	DEDUCTION CODE	DATE PROCESSED

Return completed form by mail: P.O. Box 15949 Tallahassee, FL 32317 or fax: 850.385.8126.



Term or Whole Life Insurance

What is best for you?



The answer depends on your situation, what you want your life insurance coverage to do, and what works for your budget. Here are some things to think about:

Term Life Insurance

pays a benefit to your loved ones if you die during a specific period of time.

Whole Life Insurance

covers you for your lifetime and builds cash value over time.

Typical Features	Term Life	Whole Life
Lower premiums	✓	
Coverage for a specific time period (typically 10 to 30 years)	✓	
Lifelong coverage		✓
Guaranteed death benefit	✓	✓
Ability to lock in premiums		✓
Can convert to permanent life	✓	
Builds cash value		✓
May pay annual dividends		✓

Why Choose Term Life Insurance?

- Get the most affordable coverage
- Having an income replacement plan for things like your mortgage or college expenses
- Supplement another life insurance policy
- Option to convert to permanent life insurance later

Why Choose Whole Life Insurance?

- Get coverage for your lifetime
- Build cash value on a tax-deferred basis
- Option to withdraw or borrow cash
- Ability to lock in premium at your current age for life

To find out what's right for you, speak with your insurance professional.

NOT AVAILABLE IN NEW YORK.

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.



How Much Life Insurance Do I Need?

Life insurance allows your loved ones to remain financially secure after you die. By working through these areas of need, you can get a sense of how much coverage you may want available to them.

1. Would your loved ones need income to live on?

Your annual income Years of income replaced (Typically 8 to 10¹)

	x		=	\$ 0.00
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2. Do you want to leave money behind for funeral expenses?

The average funeral costs between \$7,000 and \$10,000.²

=	
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3. Do you have other ongoing expenses?

Mortgage		Credit cards		Student loans		Other		
	+		+		+		=	\$ 0.00

4. Are you planning to pay for your children's college education?

Number of children		Estimated annual cost per student (see below)		
	x		<i>Estimated costs for four-year colleges today ³</i>	= \$ 0.00
			<i>Public: \$104,108 Private: \$223,360</i>	

5. Subtotal	=	\$ 0.00
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6. How much existing life insurance do you have? (personal and work plans)	-	
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7. How much do you have in savings?	-	
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Solution: Amount of additional life insurance needed	=	\$ 0.00
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1. Life Happens, "Life Insurance 101."

2. Parting, "Funeral Costs: How Much Does the Average Funeral Cost?" September 13, 2022.

3. "Average Cost of College & Tuition," Educationdata.org, September 6, 2023

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CAPITAL INSURANCE AGENCY, INC.

"We're Here to Help You!"

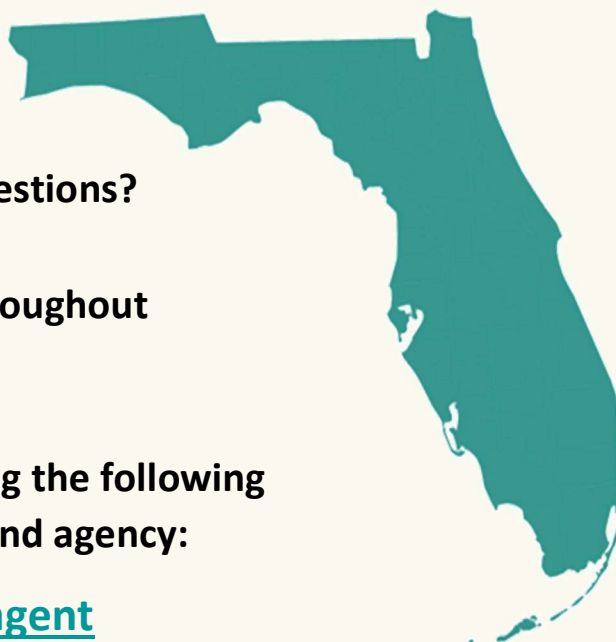
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Do you have general or enrollment questions?

Our agents are strategically located throughout the State to better serve you.

Find a Licensed Agent in your area by using the following link and providing your work county and agency:

capitalins.com/find-an-agent



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