Reset

Standard Insurance Company

Supplemental Additional Life Enrollment and Change Form

To Be Completed By Risk Management & Insurance

Group Number	Date of Employment
755556	

To Be Completed By Applicant

☐ Apply for Coverage

☐ Add or ☐ Delete Dependent Date of add/delete _____

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	☐ Male ☐ Female	
Your Address		City	State	ZIP
Former Name (Last, First, Middle) *Complete only if name change*			Phone Number	
Employer Name **The School Board of Pinellas County, Florida**			Job Title/Occupation	
Hours Worked Per Week				

Coverage As a new hire, you may elect coverage up to the Guarantee Issue Amount shown in your Summary Plan Description, without having to submit a Medical History Statement. This form is required if you are electing an amount of coverage over the Guarantee Issue Amount for yourself or electing any amount of coverage for your spouse.

For more information about when to submit Evidence Of Insurability or to access a Medical History Statement, please visit FAQ: https://www.standard.com/eforms/15506_755556.pdf.

Life Insurance

☐ Additional Life requested amount $_____

Dependents Life Insurance

☐ Spouse Life requested amount $_____

Spouse Name _____ Date of Birth_____

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

To be completed by Risk Management & Insurance

Reviewer Signature _____ Date (Mo/Day/Yr) _____

Return completed form to Risk Management & Insurance.
Please keep a copy for your records.

Print