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	Job Title/Occupation
The School Board of Pinellas County, Florida	

Hours Worked Per Week

Coverage ***Check with Risk Management & Insurance about coverage options available to you and Evidence Of Insurability requirements.***

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) ____________

This form should be completed if you are electing over $100,000 for yourself or electing any amount of coverage for your spouse.

Please go to the following website to complete the Medical History Statement:
https://www.standard.com/mybenefits/pinellas/eeoi.html

As a New Hire, you may elect up to the Guaranteed Issue amount of $100,000 of **employee coverage without** having to submit a Medical History Statement.

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