



STATE OF RHODE ISLAND & PROVIDENCE PLANTATIONS

Department of Administration – Office of Employee Benefits
One Capitol Hill – 3rd Floor, Providence, RI 02908
Phone: (401) 574-8530 Fax: (401) 574-9281



GROUP TERM LIFE INSURANCE ENROLLMENT FORM

- 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: First MI Last SSN:
2. QUALIFIED STATUS CHANGE (Skip this section if you are a newly eligible employee)
Event Date: Supporting documentation must be submitted for all status changes within 31 calendar days of the status change event date.
3. COVERAGE ELECTION - Check one
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.
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.

TO BE COMPLETED BY AGENCY HR STAFF: