

CITY OF HOLLYWOOD, FLORIDA
Dependent Life Insurance Option Election Form

I, _____ hereby apply for the type of Dependent Life Coverage specified on the
(Please Print Name)

election form and authorize the deduction from my earnings any amounts required to cover the premium. It is understood that the election made herein may not be altered until the next designated open enrollment period. It is further understood that Evidence of Insurability will be required after the initial enrollment period. If I am on leave without pay and wish to continue coverage, I will send my "payroll deduction" amount to the City as if I was working.

I desire to purchase Dependent Life Insurance in the amount indicated below.

SELECT ONE OPTION ONLY BY PLACING AN "X" IN THE APPLICABLE PARENTHESIS

<u>Dependent Life Insurance</u>	<u>Option Code</u>	<u>Biweekly Cost</u>
Option 1: Spouse \$10,000/Child \$5,000	() 102	\$1.41
Option 2: Spouse \$5,000/ Child \$2,500	() 103	\$.71

Please note the following exclusions:

- **A person cannot be insured as both an employee and as a spouse through Fort Dearborn Life Insurance Company (FDL).** Married employees cannot get dependent life insurance for each other. Additionally, only one employee can insure their dependent child/children through FDL.
- **There is a non-confinement requirement.** This means that if a Spouse or Child, other than a newborn Child, is confined at home, in a hospital or elsewhere, due to a disability, the insurance will not be effective. Insurance on that person will not start until that person is no longer confined and has engaged in substantially all of the normal activities of a healthy person for at least one day.

_____ Office/Department/Job Title	_____ Signature	_____ Date
_____ Phone Number	_____ Social Security Number	

Effective Date