**State of Rhode Island & Providence Plantations**
***DEPARTMENT OF ADMINISTRATION***
***Office of Employee Benefits***
***One Capitol Hill***
***Providence, RI 02908-5864***
***Phone: (401) 222-3160 Fax: (401)222-2964***

# EMPLOYEE GROUP LIFE INSURANCE FORM

☐ **New Hire** ☐ **Open Enrollment** ☐ **Qualified Status Change** ☐ **Other** _____

**Effective Date:** ____ / ____ / _____ **Payroll Account No:** _____

## 1. EMPLOYEE INFORMATION: *Please Print*

| NAME: First MI Last | SSN: | HIRE DATE: |
|---|---|---|

## 2. QUALIFIED STATUS CHANGE: *Supporting documentation must be submitted for all status changes listed in this section within 31 calendar days (except for Marriage which is 60 calendar days).*

☐ Marriage ☐ Divorce ☐ Death ☐ Birth/Adoption ☐ Loss of Coverage

☐ Change from full-time to part-time employment or vice versa for you or spouse ☐ Spouse's Employment Begins or Ends or Open Enrollment ☐ Compliance with certain Family Relations Order or Decrees

## 3. COVERAGE ELECTION (Check one)

☐ Waive Basic Coverage ***Note: You will automatically be enrolled in Basic Life insurance and payment will be deducted from your paycheck unless you check this Waive box and turn in this form to your Human Resource representative.***

| | |
|---|---|
| ☐ Enroll in Basic Life Insurance Only (equivalent to one times your annual earnings up to $150,000) | ☐ Cancel Basic Coverage |
| ☐ Enroll in Basic *and* Optional Life Insurance (equivalent to twice your annual earnings up to $300,000) | ☐ Cancel Optional Coverage |

## 4. PRE-TAX or AFTER TAX

**The premiums for the first $50,000 in group life benefits will automatically be deducted/pre-taxed unless the box is checked below:**

☐ Deduct the first $50,000 of group life insurance on an after tax basis.

## 5. EMPLOYEE APPROVAL AND AUTHORIZATION:

I 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 Open Enrollment or when I have a qualified status change as defined by section 125 IRS status change rules and I submit the required documentation within 31 days of the change (except for marriage, which is 60 days.)

I hereby authorize the State of Rhode Island to reduce my salary for the payment of applicable premiums for the coverage elected above.

Employee Signature: _____ Date: _____

**ROUTING:** ENROLLMENT APPLICATION – STATE PAYROLL