



– SUPPLEMENTAL INSURANCE INFORMATION SECTION –

COMPLETION OF THE SUPPLEMENTAL ENROLLMENT FORM MEANS THAT YOU HAVE READ AND AGREE TO COMPLY  
WITH THE FOLLOWING:

- Review your current benefits and the available plans and options.
- The enrollment form must be used to enroll in or change coverage. **No changes will be accepted by e-mail or letter.**
- Enrolling in a supplemental insurance plan, or changing options, will automatically stop other Dental Plan coverage you previously elected. If you only want to **stop your existing coverage**, you must place an “S” in the box provided for that Plan on the front of this form (Part 1).
- To **add dependents** you must submit supporting documentation for dependent changes to the Service Center. **If you have individual coverage and wish to add dependents, you must change to the appropriate coverage level.**
- To **drop any ineligible dependents**. Examples of ineligible dependents are: overage dependents no longer attending school, dependents who become married, etc. **If you are dropping all of your dependents, please change your coverage to individual.**
- The Supplemental Enrollment Form **must** be submitted to the People First Service Center. **Enrollment changes will not occur if forms and/or applications are submitted directly to the supplemental insurance company.**
- If you cancel or do not enroll in Supplemental Dental Insurance, **you will not be able to enroll again until the next annual open enrollment period, unless you experience a Qualifying Status Change.**
- Dental Insurance premiums are deducted on a pre-tax basis.
- It is your responsibility to ensure that your enrollment selections are in effect. **Check your payroll warrants to ensure that your deductions properly reflect your selections.** Contact the People First Service Center immediately if these deductions are not correct.
- **I understand my enrollment and/or changes will be effective the first of the month following a full payroll deduction. I also understand my elections are IRREVOCABLE until the next annual open enrollment period, unless I have a Qualifying Status Change as defined by the Federal Internal Revenue Code and/or the Florida Administrative Code. I understand that I must request such changes within thirty-one (31) calendar days of the Qualifying Status Change.**
- Please **MAIL** or **FAX** your completed and signed enrollment form and Qualifying Status Change form, if applicable, to the People First Service Center at the address or fax number noted below.

People First Service Center  
Post Office Box 6830  
Tallahassee, FL 32314  
  
FAX: (904) 828-6092

**DO NOT SIGN THE SUPPLEMENTAL ENROLLMENT FORM UNLESS YOU HAVE A CLEAR UNDERSTANDING OF THE  
OPTIONS YOU SELECTED.**

The telephone numbers for the Supplemental Insurance Companies are available:

- 1) in the Supplemental Brochures and in the Benefits Guide
- 2) on the People First website @ <https://peoplefirst.myflorida.com>
- 3) by calling a Benefits Specialist at 1 (866) ONE-HRFL (1-866-663-4735)