

**Please read this page carefully. Signing the election form means you have read and agree to the following and understand the options you chose on the election form:**

- Eligible plan participants must be active State Career Service employees.
- Under this benefit, health insurance is provided at no cost to the enrolled employees if both are full-time. The cost will be prorated for part-time employees.
- Review your current benefits and the available plans and options, and then select the best benefit options for you.
- Send required documentation to the People First Service Center (address below) when you add eligible dependents or drop ineligible dependents from your plans. You must provide documentation or risk losing coverage.
- You must drop all of your ineligible dependents. When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they became ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.
- If you are dropping all of your dependents, you must change your coverage to individual.
- If you cancel your health insurance, you can only enroll again during the next annual open enrollment period or if you have a qualifying status change event.
- You should receive plan information and I.D. cards in a timely manner from the insurance company. If you do not, call the insurance company.
- Your effective date of coverage will be the first of the month following receipt of this form and a full month's premium.

**TO ENROLL:**

- Both spouses must complete and sign the same spouse program election form.
- One spouse must be designated "primary" and the other "secondary."
- The secondary spouse and eligible dependents will be covered under the primary spouse's coverage.
- Eligible dependents must be listed in the Dependent Section of the form.
- Both spouses must enroll in the same health plan.

**TO CANCEL:**

- Both spouses must contact the Service Center within 31 days of becoming ineligible for the Spouse Program for one of the following reasons:
  - One or both terminate employment
  - In the event of divorce or death
  - One or both retire

If notification of ineligibility is not received within 31 days, the Spouse Program coverage will be stopped and the remaining "eligible" spouse will be enrolled in family coverage covering the now "ineligible" spouse and dependent children, if applicable. **NOTE:** In the event of divorce, if there are dependent children also being covered, both spouses will be enrolled in family coverage. If there are no dependent children, each spouse will be enrolled in individual coverage.

- Please mail or fax your completed and signed election form and Qualifying Status Change form, if applicable, to:

People First Service Center  
PO Box 6830  
Tallahassee, FL 32314

OR

FAX: (904) 828-6092

- For help, call (866) 663-4735 or TTY (866) 221-0268, Monday through Friday, from 8:30 a.m. to 5:30 p.m. Eastern Time.
- Make elections online at <https://PeopleFirst.MyFlorida.com> and learn more about plans, use the cost estimator and find providers and insurance companies at [MyFlorida.com/MyBenefits](https://MyFlorida.com/MyBenefits).

Please note: Falsifying documents, misrepresenting dependent status, or using other fraudulent actions to gain coverage may be criminal acts. The People First Service Center is required to refer such cases to the State of Florida.

