

Term Life Insurance for Retirees

Name: _____ **SSN:** _____

You have the right to continue term life insurance with Florida Combined Life Insurance Company, Incorporated. The choices for coverage and the premium rates for 1996 are indicated below.

ELECT COVERAGE:

I am electing to continue term life insurance coverage with Florida Combined Life Insurance Company, Inc.. I understand that the effective date of the policy will be _____. I understand that the premiums are due by the first of the month for that month's coverage and that my coverage will be cancelled if my premium payment is thirty (30) days past due.

Select Only One of the Following:

- _____ \$5,000.00 of basic term life insurance (Premium is \$11.80 per month).
- _____ \$5,000.00 of basic term life insurance and accidental death and dismemberment coverage (Premium is \$12.10 per month).

Select Only One of the Following for Supplemental Life Insurance. Accidental Death and Dismemberment Coverage is not Available with this Coverage. Benefit reduces to 65% at age 65, to 50% at age 70, and to 25% at age 75.

- _____ \$5,000.00 (Premium is \$11.80 per month)
- _____ \$10,000.00 (Premium is \$23.60 per month)
- _____ \$15,000.000 (Premium is \$35.40 per month)
- _____ \$20,000.000 (Premium is \$47.20 per month)

Signature **Date**

DECLINE COVERAGE:

_____ I understand that I may elect to continue term life insurance with Florida Combined Life insurance Company, Inc. as stated above. I am declining/waiving my right to this coverage.

Signature **Date**

UNDECIDED AT THIS TIME:

_____ I understand that I may elect to continue term life insurance with Florida Combined Life Insurance Company, Inc.. I will notify the Plan Administrator (Personnel Office) of my decision to elect or decline continuation coverage under the Plan within the thirty (30) day election period which will end _____.

Signature **Date**

.....
Checked by Administrator: _____ **Date:** _____ (life-ret.cob sa 07/28/99)