



Save paper. Save a step. Save time. Instead of using this election form, make changes online at <https://PeopleFirst.MyFlorida.com>. Learn more about plans, use the cost estimators and more at [MyFlorida.com/MyBenefits](https://PeopleFirst.MyFlorida.com/MyBenefits).

Please read this page carefully. Signing the election form means you agree to the following and understand the options you are choosing on the election form and that you understand that your participation is subject to applicable rules in Chapter 60P, Florida Administrative Code.

- Review your current benefits and the available plans and options, and then select the benefit options most suited to your personal needs.
- Enrolling in pretax accident or disability plans or changing coverage levels automatically stops other pretax accident/disability plan coverage. If you only want to cancel your existing coverage, you must check the box next to the plan name and coverage level you want to cancel. Complete Part 3 if you wish to cancel closed plans not listed in Part 1 and Part 2.
- Send required documentation to the People First Service Center (address below) within 31 days of when you add eligible dependents or drop ineligible dependents from your plans. You must provide documentation or risk losing coverage.
- When your dependents no longer meet eligibility requirements, you must drop them from your plans. 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 accident and/or disability insurance, you can only enroll again during the next annual open enrollment period or if you have an appropriate qualifying status change event.
- Your elections remain in effect for the remainder of the calendar year unless you experience a Qualifying Status Change event, as defined by the Internal Revenue Code and/or the Florida Administrative Code.
- Your effective date of coverage is the first of the month following receipt of this form and a full month's premium, provided you meet applicable deadlines.
- Pretax premiums increase your take-home pay because your insurance premiums are deducted from your salary before taxes are calculated. If you do not wish to have your premiums deducted on a pretax basis, you must complete and submit a Pretax Premium Waiver Form annually.
- Send election forms directly to the People First Service Center. Enrollment changes cannot be processed if you send forms and/or applications to the supplemental insurance company.
- Mail or fax your completed and signed election form to:
 - People First Service Center
 - PO Box 6830
 - Tallahassee, FL 32314
 - Fax to (800) 422-3128
- For help, call (866) 663-4735 or TTY (866) 221-0268, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

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.

Qualifying Status Change (QSC) Event Chart

QSC Code	QSC Name	Documentation Requirement ¹
1	Marriage	Marriage license, proof of eligibility if adding other dependents, such as birth certificates
2	Divorce	Divorce decree
3	Commence Unpaid Leave by Participant (including Military Leave)	Employer provides documentation
4	Return from Unpaid Leave by Participant (including Military Leave)	Proof of eligibility if adding dependents
5	Death of Spouse or Dependent	Death certificate
6	Ineligibility of Dependent	N/A
7	Birth or Adoption (including foster care placement, guardianship, adoption placement)	Birth certificate, adoption papers, court documents, proof of eligibility if adding other dependents
8	Commencement of Employment by Participant's Spouse (resulting in coverage)	Employer provides documentation to spouse; participant must send to Service Center
9	Termination of Spouse's Employment (resulting in termination of coverage)	Employer provides documentation to spouse; participant must send to Service Center
10	Commence Unpaid Leave by Spouse (resulting in loss of coverage)	Employer provides documentation to spouse; participant must send to Service Center
11	Return from Unpaid Leave by Spouse (resulting in an election of coverage)	Employer provides documentation to spouse; participant must send to Service Center
12	Change from Part-Time to Full-Time by Participant	Employer provides documentation
13	Change from Full-Time to Part-Time by Participant	Employer provides documentation
14	Change from Part-Time to Full-Time by Spouse (resulting in gain of coverage)	Employer provides documentation to spouse; participant must send to Service Center
15	Change from Full-Time to Part-Time by Spouse (resulting in loss of coverage)	Employer provides documentation to spouse; participant must send to Service Center
16	Special Enrollment for Loss of other Coverage	Employer provides documentation to spouse; participant must send to Service Center
17	Change in Coverage due to Spouse's Employment (open enrollment, health plan addition or deletion; by a non-state employer)	Employer provides documentation to spouse; participant must send to Service Center
18	Change from Career Service to SES or SMS (results in eligibility at a reduced premium for health insurance only)	Employer provides documentation
19	Change from SES or SMS to Career Service (increased premiums for insurance only)	Employer provides documentation
20	Change into Spouse Program	Marriage license and/or commencement of state employment (employer provides)
21	Change out of Spouse Program	Divorce decree or termination of employment (employer provides)
22	Termination of Participant's Employment (except retirement)	Employer provides documentation
23	Dependent satisfies Eligibility Requirements	Proof of eligibility if adding dependents
24	Retirement	Employer provides documentation
25	Reversion because No Documentation provided within 31 days	N/A
26	Cancel for Non-Payment	N/A
27	Commencement of Return from Family Medical Leave (FMLA)	Employer provides documentation
28	Move and neither live nor work in HMO service area	Proof of address change and employer provides documentation
29	Change from Retirement to Active Employment by participant	Employer provides documentation
30	Court Order Requires Coverage for a Child under the Employee's Plan	Copy of the court order
31	Court Order Requires Spouse, Former Spouse or Other Individual to provide Coverage for a Child	Copy of the court order
32	Layoff of Participant	Employer provides documentation
33	Return of Participant from Layoff	Employer provides documentation; proof of eligibility if adding dependents
34	Layoff of Participant's Spouse	Employer provides documentation; proof of Eligibility if adding dependents
35	Return of Participant's Spouse from Layoff	Employer provides documentation to spouse; participant must send to Service Center
36	Gain of Entitlement for Medicare or Medicaid (other than coverage solely for pediatric vaccines)	Letter or other documentation providing eligibility
37	Loss of Entitlement for Medicare or Medicaid (other than coverage solely for pediatric vaccines or to other Group Health Plan Sponsored by a Governmental or Educational Entity, including Healthy Kids Programs)	Letter or other documentation of eligibility, proof of eligibility if adding dependents, certificate of coverage if pre-existing condition applies
38	Termination and Rehire in Same Calendar Year with Less than One Full Calendar Month Break in Service (benefits stay the same)	N/A - benefits do not change
39	Termination and Rehire in Same Calendar Year with More than One Full Calendar Month Break in Service	Proof of eligibility if adding dependents
40	Death of Participant	Death certificate
44	Significant Cost Increases or Decreases	Letter from dependent care provider if for DCRA or documentation provided by the state

¹You must provide a copy of required documentation within 31 days of notification of the