ARAG® Legal Insurance Enrollment Form

Please mail completed form to:
ARAG, Attention: Eligibility, 500 Grand Avenue, Ste 100, Des Moines, IA 50309
Or email ClientSupport@ARAGlegal.com

For assistance to complete this form, call 800-247-4184

1. ENROLLEE INFORMATION

Name in Full

First | M.I. | Last

Employer/Association Affiliation

Name of Employer/Association
Florida Department of Corrections

Mailing Address

Number and Street

City | State | Zip Code

Social Security Number

Date of Birth

Month | Day | Year

Gender

M / F

Daytime Telephone Number

- - ext.

Last Date of Employment/Date of Retirement

Month | Day | Year

Email Address

2. FAMILY INFORMATION (Please Complete Applicable Information)

UltimateAdvisor®

☐ **Family: $9.99 bi-weekly**

☐ **Individual: $7.81 bi-weekly**

Spouse First Name	Last Name	Gender - M/F	DOB: MM/DD/YY
Dependent First Name	Last Name	Gender - M/F	DOB: MM/DD/YY
Dependent First Name	Last Name	Gender - M/F	DOB: MM/DD/YY
Dependent First Name	Last Name	Gender - M/F	DOB: MM/DD/YY
Dependent First Name	Last Name	Gender - M/F	DOB: MM/DD/YY

☐ **Cancel my participation on: _____**

3. AUTHORIZATION

By signing below, I am requesting enrollment or cancellation in the legal plan indicated above. I understand that the change in coverage will not become effective until the date assigned by the underwriter of the plan. I authorize my employer to deduct or cancel deductions for the cost of the plan as shown above, and as may be modified or adjusted, from my wages or salary.

Enrollee Signature | Date MM/DD/YYYY

X

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 800-247-4184.

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