

<input type="checkbox"/> New <input type="checkbox"/> Change	Certificate #:
--	----------------

A. Employer Information – Please Print All Information.

1. Employer Name – Full Name of Business or Organization Department of Justice	2. Control No. 620357	3. Suffix	4. Are you an employee of Homeland Security? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---------------------------------	-----------	--

B. Employee Information – Please Print all Information.

1. Employee Social Security Number - -	2. Employee Name (Last, First, MI)	3. Mother's Maiden Name
4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Birth Date (MM/DD/YYYY)	6. Email Address:
7. Employee Home Address (Number, Street, City, State, ZIP Code)	8. Telephone Numbers Home () Work ()	9. New Hire Date (MM/DD/YYYY)
10. Office / Board / Division / Bureau	11. Office Address	13. Annual Base Salary (including Availability Pay, Scheduled Overtime, Hazard Pay, and Danger Pay for Law Enforcement) \$ _____
12. Position / Title		

C. Coverage Information

Are you a law enforcement officer? <input type="checkbox"/> Yes <input type="checkbox"/> No Please select your coverage option: <input type="checkbox"/> Option 30 (50% of salary up to a \$3,500 maximum monthly benefit) <input type="checkbox"/> Option 60 (60% of salary up to a \$5,000 maximum monthly benefit) <input type="checkbox"/> Option 90 (70% of salary up to a \$10,000 maximum monthly benefit)	Premiums will be determined by your program administrator upon receipt of completed enrollment form.
--	--

I certify that all information on this form is true and complete to the best of my knowledge and belief. I understand that this insurance is subject to all of the terms of the Plan of Insurance contained in the group policy and summarized in any communication materials provided me and/or the certificate issued to me. I understand that the effective date of insurance for myself is subject to my being actively at work on that date. I request FEDERAL FIRST to arrange for the issuance of Group Disability Coverage, underwritten by Aetna for which I am or may become eligible and authorize deductions of the required contributions from my earnings.

Misrepresentation: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

My signature below signifies my agreement with the statements and authorization above and the statements under the **Misrepresentation** section on the back of this form.

Employee Signature (Required)	Date
X _____	
Name (Print)	

Misrepresentation

Attention Arkansas, Louisiana and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Want to figure out the cost of your benefit?

Here's a calculator worksheet to use as guide:

This example uses an annual salary of \$50,000 for a non-law enforcement member in the 35- to 44-year-old age range.

		EXAMPLES		
		OPTION 30	OPTION 60	OPTION 90
1. Enter your annual salary.	\$	\$50,000	\$50,000	\$50,000
2. Calculate your bi-weekly salary by dividing Line 1 by 26 (weeks). This amount cannot exceed \$3,231 for Option 30, \$3,846 for Option 60, or \$6,593 for Option 90.	\$	\$1,923.08	\$1,923.08	\$1,923.08
3. Multiply Line 2 by the appropriate rate to get your per-pay period cost. Use the rate key below to find the rate for your age, occupation and desired benefit option. For the example, cost was determined using rates for a non-law enforcement member age 35 to 44: Option 30: $.0038 \times \$1,923.08 =$ Option 60: $.0028 \times \$1,923.08 =$ Option 90: $.0048 \times \$1,923.08 =$	\$	\$7.31	\$ 5.38	\$9.23
4. Add administrative fee		\$1.00	\$1.00	\$1.00
5. Round to the nearest dollar. This is the per-pay period cost.	\$	\$8.00	\$ 6.00	\$10.00

NON-LAW ENFORCEMENT RATE KEY

AGE	OPTION 30	OPTION 60	OPTION 90
Under 35	0.0024	0.0018	0.0031
35-44	0.0038	0.0028	0.0048
45-54	0.0070	0.0052	0.0089
55+	0.0099	0.0073	0.0124

LAW ENFORCEMENT RATE KEY

AGE	OPTION 30	OPTION 60	OPTION 90
Under 35	0.0047	0.0035	0.0056
35-44	0.0073	0.0054	0.0086
45-54	0.0120	0.0089	0.0159
55+	0.0188	0.0139	0.0318

Get help

Customer representatives can help you make the choice that is right for you. Call FEDERAL FIRST toll free at 1-800-233-0438, Monday through Thursday, 7:30 a.m. to 4:30 p.m. Central Time or Friday, 7:30 a.m. to 2:00 p.m. Central Time.