



INDIVIDUAL ENROLLMENT FORM

For any questions, please contact **Elite Insurance Associates**

We have a **dedicated line for Florida's First Responders (904) 527-1315.**

All premium amounts listed are weekly rates. Premiums will be collected via a Monthly bank draft

Employee Information (please complete all requested information)

Full Name: _____	Gender: _____
Social Security Number: _____	Date of Birth: _____
Date of Hire: _____	Phone Number: _____
Home address: _____	City, State & Zip Code: _____
Email Address: _____	Bank Name: _____
Routing Number: _____	Account Number: _____
Fire Station: _____	

Accident Plan: (Weekly Rates) Benefits paid directly to you. (On & Off Job Coverage)

<input type="checkbox"/> Employee Only \$2.00	<input type="checkbox"/> Employee & Spouse \$3.66	<input type="checkbox"/> Employee & Children \$4.61	<input type="checkbox"/> Employee & Family \$6.27
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Whole Life Plan: (Weekly Rates) (Employee Only) Benefits paid to your Beneficiary.

<input type="checkbox"/> \$5 per week* issue age 18-72	<input type="checkbox"/> \$10 per week* issue age 18-72	<input type="checkbox"/> \$15 per week* issue age 18-72	<input type="checkbox"/> \$23 per week* issue age 18-72
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Whole Life Plan: (Weekly Rates) (Spouse) Benefits paid to your Beneficiary.

<input type="checkbox"/> \$3 per week* issue age 18-72	<input type="checkbox"/> \$5 per week* issue age 18-72
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Whole Life Plan: (Weekly Rates) (Children) Benefits paid to your Beneficiary.

<input type="checkbox"/> \$3 per week* issue age 15 days - 25 years

Whole Life Plan: (Weekly Rates) (Grandchildren) Benefits paid to your Beneficiary.

<input type="checkbox"/> \$3 per week* issue age 15 days - 15 years

*Face Amount varies due to age at time of enrollment please consult your Benefit Specialist for exact Face Amount of Whole Life Policy

Critical Illness Plan Including Cancer: (Weekly Rates) (Employee Only) Benefits paid directly to you.

\$10,000	\$15,000	\$20,000	\$30,000
<input type="checkbox"/> \$0.91 issue age 18-24	<input type="checkbox"/> \$1.09 issue age 18-24	<input type="checkbox"/> \$1.28 issue age 18-24	<input type="checkbox"/> \$1.65 issue age 18-24
<input type="checkbox"/> \$1.19 issue age 25-29	<input type="checkbox"/> \$1.51 issue age 25-29	<input type="checkbox"/> \$1.83 issue age 25-29	<input type="checkbox"/> \$2.48 issue age 25-29
<input type="checkbox"/> \$1.51 issue age 30-34	<input type="checkbox"/> \$1.99 issue age 30-34	<input type="checkbox"/> \$2.48 issue age 30-34	<input type="checkbox"/> \$3.45 issue age 30-34
<input type="checkbox"/> \$2.24 issue age 35-39	<input type="checkbox"/> \$3.07 issue age 35-39	<input type="checkbox"/> \$3.90 issue age 35-39	<input type="checkbox"/> \$5.56 issue age 35-39
<input type="checkbox"/> \$3.09 issue age 40-44	<input type="checkbox"/> \$4.33 issue age 40-44	<input type="checkbox"/> \$5.58 issue age 40-44	<input type="checkbox"/> \$8.07 issue age 40-44
<input type="checkbox"/> \$4.36 issue age 45-49	<input type="checkbox"/> \$6.23 issue age 45-49	<input type="checkbox"/> \$8.10 issue age 45-49	<input type="checkbox"/> \$11.84 issue age 45-49
<input type="checkbox"/> \$5.54 issue age 50-54	<input type="checkbox"/> \$7.98 issue age 50-54	<input type="checkbox"/> \$10.43 issue age 50-54	<input type="checkbox"/> \$15.32 issue age 50-54
<input type="checkbox"/> \$6.99 issue age 55-59	<input type="checkbox"/> \$10.15 issue age 55-59	<input type="checkbox"/> \$13.31 issue age 55-59	<input type="checkbox"/> \$19.64 issue age 55-59
<input type="checkbox"/> \$8.66 issue age 60-69	<input type="checkbox"/> \$12.66 issue age 60-69	<input type="checkbox"/> \$16.65 issue age 60-69	<input type="checkbox"/> \$24.63 issue age 60-69

Critical Illness Plan Including Cancer: (Weekly Rates) (Spouse Rates) Benefits paid directly to you.

\$5,000		\$7,500		\$10,000		\$15,000	
<input type="checkbox"/>	\$0.72 issue age 18-24	<input type="checkbox"/>	\$0.82 issue age 18-24	<input type="checkbox"/>	\$0.91 issue age 18-24	<input type="checkbox"/>	\$1.09 issue age 18-24
<input type="checkbox"/>	\$0.86 issue age 25-29	<input type="checkbox"/>	\$1.02 issue age 25-29	<input type="checkbox"/>	\$1.19 issue age 25-29	<input type="checkbox"/>	\$1.51 issue age 25-29
<input type="checkbox"/>	\$1.02 issue age 30-34	<input type="checkbox"/>	\$1.27 issue age 30-34	<input type="checkbox"/>	\$1.51 issue age 30-34	<input type="checkbox"/>	\$1.99 issue age 30-34
<input type="checkbox"/>	\$1.41 issue age 35-39	<input type="checkbox"/>	\$1.82 issue age 35-39	<input type="checkbox"/>	\$2.24 issue age 35-39	<input type="checkbox"/>	\$3.07 issue age 35-39
<input type="checkbox"/>	\$1.84 issue age 40-44	<input type="checkbox"/>	\$2.46 issue age 40-44	<input type="checkbox"/>	\$3.09 issue age 40-44	<input type="checkbox"/>	\$4.33 issue age 40-44
<input type="checkbox"/>	\$2.49 issue age 45-49	<input type="checkbox"/>	\$3.43 issue age 45-49	<input type="checkbox"/>	\$4.36 issue age 45-49	<input type="checkbox"/>	\$6.23 issue age 45-49
<input type="checkbox"/>	\$3.09 issue age 50-54	<input type="checkbox"/>	\$4.31 issue age 50-54	<input type="checkbox"/>	\$5.54 issue age 50-54	<input type="checkbox"/>	\$7.98 issue age 50-54
<input type="checkbox"/>	\$3.83 issue age 55-59	<input type="checkbox"/>	\$5.41 issue age 55-59	<input type="checkbox"/>	\$6.99 issue age 55-59	<input type="checkbox"/>	\$10.15 issue age 55-59
<input type="checkbox"/>	\$4.67 issue age 60-69	<input type="checkbox"/>	\$6.67 issue age 60-69	<input type="checkbox"/>	\$8.66 issue age 60-69	<input type="checkbox"/>	\$12.66 issue age 60-69

Critical Illness Plan Including Cancer: (Weekly Rates) (Dependent Children Rates) Benefits paid directly to you.

\$5,000	\$7,500	\$10,000	\$15,000
<input type="checkbox"/> \$0.23	<input type="checkbox"/> \$0.35	<input type="checkbox"/> \$0.46	<input type="checkbox"/> \$0.69

ALL POLICIES (Employee): Are you actively at work ? YES _____ or NO _____

ALL POLICIES (Spouse): Are you actively at work ? YES _____ or NO _____

Dependent Information (please complete all requested information)

Full Name: _____ Gender: _____

Date of Birth: _____ Relationship to Employee: _____

Full Name: _____ Gender: _____

Date of Birth: _____ Relationship to Employee: _____

Full Name: _____ Gender: _____

Date of Birth: _____ Relationship to Employee: _____

Full Name: _____ Gender: _____

Date of Birth: _____ Relationship to Employee: _____

Please list your Beneficiaries.
(Required for most benefits - Enrollment not complete until done.)

Primary Beneficiary:

Full Name: _____ Gender: _____ DOB: _____ Relationship: _____

Contingent Beneficiary:

Full Name: _____ Gender: _____ DOB: _____ Relationship: _____

By signing below, I certify all information is true and correct to the best of my knowledge.
I give permission to be contacted via phone or email by Elite Insurance Associates.

Signature _____

Date _____

**For any questions, please contact Elite Insurance Associates
designated line for Florida's First Responders at (904) 527-1315.**



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