

FLORIDA PREPAID OPTIONAL LIFE INSURANCE APPLICATION

Complete this application only if you want to sign up for the Florida Prepaid Optional Life Insurance. This insurance is available only for Florida Prepaid College Plan customers. You can sign up for the insurance at any time. Some restrictions apply. For information about the insurance options and premiums, please refer to the other side of this application.

Questions? Call 1-800-552-GRAD (4723) and Press Prompt 4.

Return this completed application to: Florida Prepaid College Board, P.O. Box 6448, Tallahassee, FL 32314-6448.

YES, I (we) want to sign up for the Florida Prepaid Optional Life Insurance. I (we) elect:

Note: Lump-sum payers may select only Option II.

Insurance Option I

Complete sections 1, 3, 4 + 5 below

Insurance Option II

Complete sections 2, 3, 4 + 5 below

Both Insurance Option I and Insurance Option II

Complete all five sections below

Insurance is requested in connection with the Florida Prepaid College Plan for the following **Beneficiary** (Student) (please print):

BENEFICIARY'S (STUDENT'S) NAME

Social Security Number

□□□□ - □□ - □□□□□□

Date of Birth (Month/Day/Year)

□□ / □□ / □□

1. Insurance Option I Information – Life Insurance for the Account Owner and/or Survivor

Note: You must be under age 70 to be eligible for Insurance Option I.

Application is made for (check one):

Single Life Coverage

One Adult Insured – Complete "A" Below

Joint Life Coverage

Two Adults Insured – Complete "B" Below

A. Single Life Coverage — Adult Applicant Information (please print):

ADULT'S NAME _____

The person named above is the Florida Prepaid College Plan: Account Owner Survivor

Social Security Number

□□□□ - □□ - □□□□□□

Date of Birth (Month/Day/Year)

□□ / □□ / □□

B. Joint Life Coverage — Adult Applicant # 1 (Account Owner) Information (please print):

ADULT #1'S NAME _____

Social Security Number

□□□□ - □□ - □□□□□□

Date of Birth (Month/Day/Year)

□□ / □□ / □□

Joint Life Coverage — Adult Applicant # 2 (Survivor) Information (please print):

ADULT #2'S NAME _____

Social Security Number

□□□□ - □□ - □□□□□□

Date of Birth (Month/Day/Year)

□□ / □□ / □□

2. Insurance Option II Information – Life Insurance for the Beneficiary (Student)

Amount of Insurance

Amount: \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 \$30,000 \$35,000 \$40,000 \$45,000 \$50,000
Annual Cost: \$10 \$20 \$30 \$40 \$50 \$60 \$70 \$80 \$90 \$100

3. Medical Information

	Adult Applicant #1		Adult Applicant #2*		Student**	
	YES	NO	YES	NO	YES	NO
A. Within the past two years, have you been treated by or consulted with any doctor for any heart or circulatory disorder, cancer, diabetes, lung or liver disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been medically diagnosed as having AIDS or ever had a positive test related to AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have any chronic illness or condition which requires medical care or may require future surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Answers to the medical questions for Adult Applicant #2 are necessary only if you are applying for Joint Life Coverage under Insurance Option I.

** An Adult Applicant should answer the Student medical questions on behalf of the Student.

4. Premium Billing Information – Please send all correspondence and premium invoices to the following address:

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

5. Signature and Attestation

I certify that the above statements are true and correct as of the date I signed this application and that each person to be insured is currently performing the normal duties of persons of like age and sex. I have read the outline of coverage on the other side of this application and agree to pay the cost of the coverage.

SIGNATURE OF ADULT #1 _____

NAME (please print) _____

DATE _____

SIGNATURE OF ADULT #2 _____

(Necessary only if you are applying for Joint Life Coverage under Insurance Option I.)

NAME (please print) _____

DATE _____

Notice to Insurance Applicants: The insurance options offered are the sole province of Fidelity Security Life Insurance Company, Kansas City, MO, which is responsible for all obligations arising under the life insurance contracts. The Florida Prepaid College Board makes no representations or warranties regarding the insurance products offered.

LICENSED RESIDENT AGENT: Francis G. Graham, Jr. LICENSE NUMBER: A101927

FLORIDA PREPAID OPTIONAL LIFE INSURANCE

The Florida Prepaid College Plan offers optional term life insurance coverage, so you don't have to worry if something happens to you before you finish making your Florida Prepaid College Plan payments. There is also a student life insurance option. Both insurance options cover any cause of death, whether natural or accidental. The only exception is suicide in the first two years. This insurance is available only for Florida Prepaid College Plan customers.

Option I – Life Insurance for the Account Owner and/or Survivor

Only for Florida Prepaid College Plan customers, Option I pays the balance due on your covered plan, in full, if you die. If you purchase this coverage, the beneficiary (student) of the Prepaid Plan is automatically insured with \$5,000 of term life insurance at no additional cost. Option I is available for the account owner, the survivor or both.

- **Single Life Coverage:** One Adult – Either the Account Owner or Survivor
- **Joint Life Coverage:** Two Adults – Both the Account Owner and Survivor

Option II – Life Insurance for the Beneficiary (Student)

Only for Florida Prepaid College Plan customers, Option II allows you to purchase from \$5,000 up to \$50,000 of term life insurance for the beneficiary (student) of the Prepaid. The student life insurance coverage is maintained until age 25, at which time a conversion privilege is available.

Enrollment And Eligibility

To enroll, complete the application on the other side of this form and return it to: Florida Prepaid College Board, P.O. Box 6448, Tallahassee, FL 32314-6448. To be eligible, each person to be insured must be under age 70 and must also be able to truthfully answer "No" to the health questions asked on the insurance application.

Economical Premiums

All premiums are annual premiums. Do not send your premium with your application. The insurance company will send you a premium statement. The premiums are paid in advance each year. Once you sign up, your premiums will never increase, and you can cancel at any time.

When Does The Coverage Begin And End?

You will receive a personalized Certificate of Insurance listing the effective date of your coverage. The start date usually coincides with the due date of your first payment to the Florida Prepaid College Plan. Your insurance will continue until:

- You make your last payment on your Florida Prepaid College Plan. (Option I only); or
- Your insurance premiums are more than 30 days in arrears; or
- You reach 75 years of age, regardless of whether any payments remain on your Florida Prepaid College Plan. (Option I only); or
- You cancel your insurance.

For more information about the insurance plan, call 1-800-552-GRAD (4723) and Press Prompt 4.

Annual Insurance Premiums

Option I – Single Life Rates – One Adult

One Adult Insured • Either the Account Owner or the Survivor
Total Annual Premium • Your Premiums Will Not Increase After You Enroll

Account Owner or Survivor's Current Age
Under 30 30 - 39 40 - 49 50 - 59 60 - 69

Prepaid Plan:	Under 30	30 - 39	40 - 49	50 - 59	60 - 69
4-Year Florida University Plan	\$ 25	\$ 29	\$ 82	\$ 171	\$ 207
2+2 Florida Plan	\$ 19	\$ 23	\$ 54	\$ 114	\$ 140
4-Year Florida College Plan	\$ 11	\$ 13	\$ 31	\$ 64	\$ 79
2-Year Florida College Plan	\$ 11	\$ 13	\$ 19	\$ 38	\$ 45
Dormitory Plan:					
1 Year	\$ 8	\$ 11	\$ 24	\$ 47	\$ 54
2 Years	\$ 14	\$ 17	\$ 47	\$ 93	\$ 112
3 Years	\$ 21	\$ 24	\$ 70	\$ 139	\$ 167
4 Years	\$ 29	\$ 38	\$ 93	\$ 185	\$ 221

Option I – Joint Life Rates – Both Adults

Two Adults Insured • Both the Account Owner and the Survivor
Total Annual Premium • Your Premiums Will Not Increase After You Enroll

Account Owner or Survivor's Current Age
Under 30 30 - 39 40 - 49 50 - 59 60 - 69

Prepaid Plan:	Under 30	30 - 39	40 - 49	50 - 59	60 - 69
4-Year Florida University Plan	\$ 38	\$ 44	\$ 124	\$ 258	\$ 311
2+2 Florida Plan	\$ 29	\$ 35	\$ 82	\$ 172	\$ 213
4-Year Florida College Plan	\$ 17	\$ 20	\$ 47	\$ 96	\$ 119
2-Year Florida College Plan	\$ 17	\$ 19	\$ 29	\$ 57	\$ 68
Dormitory Plan:					
1 Year	\$ 11	\$ 16	\$ 36	\$ 70	\$ 81
2 Years	\$ 20	\$ 25	\$ 70	\$ 140	\$ 167
3 Years	\$ 32	\$ 36	\$ 104	\$ 209	\$ 250
4 Years	\$ 43	\$ 56	\$ 139	\$ 278	\$ 332

Option II – Student Life Rates

Amount of Insurance:	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000
Annual Cost:	\$ 10	\$ 20	\$ 30	\$ 40	\$ 50
Amount of Insurance:	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
Annual Cost:	\$ 60	\$ 70	\$ 80	\$ 90	\$ 100