



DEPENDENT LIFE INSURANCE

(Administered by Jefferson Pilot Financial)

Check one:

I do wish to enroll in the Family Protection Insurance offered by Miami Dade College for my spouse and/or my dependent children. I hereby authorize Miami Dade College to deduct \$1.75 from my paychecks to cover the premiums. Deductions will be continued until I notify Human Resources in writing of my desire to cancel the coverage. Eligible dependents to be covered are listed below:

Eligible Dependent Name	Sex		Date of Birth M/D/Y	Social Security #:	Relationship Spouse; Natural Child; Step Child; Foster Child; Disabled Child; College Student
	Male	Female			

I do not wish to enroll for this insurance protection for my family.

Unless receipted by Human Resources this form is not official.

Date

Signature of Employee

Social Security Number

For Office Use Only

Payroll Classification _____
 Employment Date _____
 Campus _____
 Department _____
 Code _____
 Effective Date _____

Receipt copy to Employee
10/05

Computer Input

Audited by

