

# *New Hire Benefits Acknowledgment Form*

## ***Section 125 (Flexible Benefit) Plan.***

I acknowledge that I have received information describing the Section 125 Plan. I understand that my selection cannot be revoked or changed during the plan year except due to a change in status (e.g. marriage, divorce, birth or death of a dependent, change in my employment status or that of my spouse or change in dependent eligibility) or other qualified election change event recognized by the IRS.

I am interested in the following Section 125 benefits:

- ☐ Medical Expense Reimbursement
- ☐ Dependent Care Reimbursement
- ☐ Pre-taxing my medical/dental insurance premiums

☐ I am NOT interested in participating in the Section 125 Plan.

**\*\*If you are currently enrolled in the medical and/or dependent care accounts you must re-enroll or these deductions will stop automatically.**

_____ Print Name	_____ Signature	_____ Date
_____ Address	_____ City, State, Zip	<input type="checkbox"/> Classified <input type="checkbox"/> Licensed <input type="checkbox"/> Administrator
_____ Home Phone	_____ School District - Building	_____ Work Phone

## ***Optional Benefits***

I would like more information on the following optional benefits:

- |   |   |
|---|---|
| <input type="checkbox"/> Income Protection/Disability | <input type="checkbox"/> Cancer Insurance Policy with optional riders |
| <input type="checkbox"/> Accident Only Insurance      | <input type="checkbox"/> Critical Illness Protection                  |
| <input type="checkbox"/> Hospital Indemnity Insurance | <input type="checkbox"/> Long Term Care Insurance                     |
| <input type="checkbox"/> AD&D Coverage                | <input type="checkbox"/> Life Insurance                               |

**For more information please contact:**

**Becky Hitt  
877-589-2544, ext. 364**



***Fax this form for every new employee to: (855)378-7401***

**Important: This form will not enroll or drop you from any plan.**