

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
_____	_____	<input type="checkbox"/> Classified
Address	City, State, Zip	<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:

- Income Protection/Disability
- Accident Only Insurance
- Hospital Indemnity Insurance
- AD&D Coverage
- Cancer Insurance Policy with optional riders
- Critical Illness Protection
- Long Term Care Insurance
- 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.