

Evergreen Elementary School District

Section 125 Flexible Benefit Plan



Please mark the appropriate line &/or boxes and return to your Human Resources Department:

_____ I WOULD LIKE MORE INFORMATION ABOUT PRE-TAXING MY BENEFITS UNDER THE SECTION 125 PLAN.

_____ I WOULD LIKE MORE INFORMATION ABOUT THE FOLLOWING VOLUNTARY PRODUCTS.

- Life Insurance *,**
- Cancer Insurance *,+
- Disability Income Insurance *
- Annuities **
- Accident Only Insurance *,+

_____ I WOULD LIKE MORE INFORMATION ON THE FOLLOWING REIMBURSEMENT ACCOUNTS AVAILABLE THROUGH SECTION 125:

- Medical Expense Reimbursement Maximum \$2,400/plan year
- Dependent Care Reimbursement Maximum \$5,000 /plan year

_____ I AM NOT INTERESTED IN PARTICIPATING IN THE SECTION 125 PLAN AT THIS TIME.

* These products may contain limitations, exclusions and waiting periods.

+ This product is inappropriate for people who are eligible for Medicaid coverage.

** Not eligible under Section 125.

I would like to be contacted by American Fidelity to learn more about American Fidelity's products and services. With my signature below, I understand that a representative will call me to schedule my appointment and/or discuss my benefit options.

Print Name

Signature*

Date

Work Phone

Home Phone

Job Location

Classified/Certificated/Mgmt

Date of Hire

*With my signature, I consent to being contacted, including by phone, regardless of my status on any Do-Not-Call list.

 **American Fidelity**
Assurance Company
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