

✓ ONE

ELIGIBILITY DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AS (✓ ONE):

- NEW EMPLOYEE
- MID-PLAN YEAR FAMILY STATUS CHANGE

**JULY 1, 2005** TO **JUNE 30, 2006**

EMPLOYEE BENEFITS PLAN YEAR

# ABC CLIENT, INC

## Section 125/Cafeteria Plan Eligible Employee Benefit(s) Enrollment Summary

EMPLOYEE NAME \_\_\_\_\_ SSN \_\_\_\_\_ HOME PHONE NUMBER (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

WORK-SITE LOCATION/DEPARTMENT \_\_\_\_\_ EMPLOYEE JOB TITLE/CLASS \_\_\_\_\_

**PAYROLL DEDUC FREQUENCY:**

- (52 CHECKS YR) WEEKLY
- (26 CHECKS YR) EVERY 2 WEEKS
- (24 CHECKS YR) TWICE MONTHLY
- (12 CHECKS YR) MONTHLY

Initial here to request **"NO CHANGES"** to previous benefit elections<sup>1</sup>

Coverage Requested	<b>ACTION:</b>	PROVIDER	BENEFIT(S) AVAILABLE	COVERAGE STATUS AVAILABLE (CIRCLE COVERAGE REQUESTED)				EMPLOYEE PRE-TAX DEDUCTION	EMPLOYEE TAXABLE DEDUCTION <sup>3</sup>
	ADD/NEW; CHANGE; CANCEL			EE	EE+CH <sub>(ren)</sub>	EE+SP	FAM		
<input type="checkbox"/>		Coventry	HMO 20/40/\$500 Group Health	EE	EE+CH <sub>(ren)</sub>	EE+SP	FAM	\$	\$
<input type="checkbox"/>		Coventry	HMO 20/40/\$500/100%/70% Group Health	EE	EE+CH <sub>(ren)</sub>	EE+SP	FAM	\$	\$
<input type="checkbox"/>		Coventry	Consumer Choice	EE	EE+CH <sub>(ren)</sub>	EE+SP	FAM	\$	\$
<input type="checkbox"/>		Ameritas	Indemnity Dental	EE	EE+CH <sub>(ren)</sub>	EE+SP	FAM	\$	\$
<input type="checkbox"/>		Jefferson Pilot	<b>Employee</b> Term Life	\$_____K LIFE		\$_____K AD&D		Not Applicable	\$
<input type="checkbox"/>		Jefferson Pilot	<b>CH<sub>(ren)</sub></b> Term Life		\$_____K LIFE			Not Applicable	\$
<input type="checkbox"/>		Jefferson Pilot	<b>Spouse</b> Term Life	\$_____K LIFE		\$_____K AD&D		Not Applicable	\$
<b>TOTAL DEDUCTIONS PER PAY CYCLE:</b>								\$_____	\$_____

**AUTHORIZATION:** I certify the above information to be correct and true to the best of my knowledge and have chosen to participate the benefit(s), as listed above. I understand that the deduction(s) and any benefits elected and *approved* will be in effect for the plan year and cannot be revoked or changed, unless I experience an "Family Status Change Event;" any request to change my elections, due to a Family Status Change Event, must be consistent with the event. I further understand it is my responsibility to notify the applicable parties, *in writing, within 30 days*, should I experience a verifiable Family Status Change event and wish to request a change in my coverage status or elections.

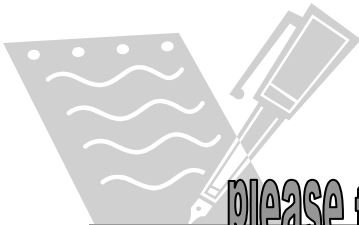
SIGNED TO PARTICIPATE \_\_\_\_\_ DATED \_\_\_\_\_

**DECLINATION OF PARTICIPATION:** I have been given the opportunity to participate in all of the benefit(s) offered (as listed above) and have elected not to do so. I also understand that I my opportunity to request coverage may be declined or delayed until the next plan year's open enrollment, unless I experience a verifiable Family Status Change Event and request, *in writing, within 30 days*, to change my coverage status.

SIGNED TO DECLINE PARTICIPATION \_\_\_\_\_ DATED \_\_\_\_\_



For general questions or claims issues regarding the benefits offered by ABC CLIENT, INC, please call our Broker, GROUP ACCESS, @ 770-692-0020.



## PLEASE TAKE NOTE!

<sup>1</sup> Although you may not make any election changes, your deductions may change based on age and/or premium increases, as applicable.

<sup>2</sup> This plan is administered and sponsored by your employer. A Section 125/Cafeteria Plan Eligible Employee Benefit(s) Enrollment Summary form provides a summary of all of the insurance/fringe benefits you have available to you; 401(K)/Retirement Salary Deferrals, if applicable, should be made on a separate form. Application(s) and/or change forms for each corresponding benefit must be submitted, on or before the applied for effective date, to ensure an employee's opportunity to request coverage or a change in coverage status. All requests for coverage for voluntary benefits, such as life and disability benefits will be submitted to underwriting *for approval*.

<sup>3</sup> YOUR EMPLOYER has the right to and may impose pre-tax enrollment guidelines for all taxable benefit(s) available to its employees.

