



Group Benefits Election Form

Employee _____ SSN _____

Full-time employees may receive medical, dental, long-term disability and life insurance benefits. The employee-paid, per pay period share of benefit costs is shown on this page. To qualify, an employee must have completed 90 days of work and be permanently employed in a position, which guarantees 30 or more hours of work weekly. **To receive insurance coverage, you must complete and return these forms to Brenda Huffhines, Benefits Coordinator, within the next 14 days.**

CHECK THE APPROPRIATE BOX(S) BELOW FOR THE COVERAGE(S) YOU CHOOSE:

ENROLLMENT FORMS NEEDED

HEALTH:

- | | |
|---|---------------------|
| Option 1: Employee medical insurance | Anthem Health Plans |
| Option 2: Employee and spouse medical insurance | Anthem Health Plans |
| Option 3: Employee and children medical insurance | Anthem Health Plans |
| Option 4: Full family medical insurance | Anthem Health Plans |
| Option 5: I WISH TO DECLINE HEALTH COVERAGE* | |

DENTAL:

- | | |
|--|------------|
| Option 6: Employee dental insurance | AUL Dental |
| Option 7: Employee and spouse dental insurance | AUL Dental |
| Option 8: Employee and child(ren) dental insurance | AUL Dental |
| Option 9: Full family dental insurance | AUL Dental |
| Option 10: I WISH TO DECLINE DENTAL COVERAGE* | |

LIFE AND LONG TERM DISABILITY:

- | | |
|--|---------------|
| Option 11: Employee long term disability insurance | AUL Insurance |
| Option 12: Employee life insurance | AUL Insurance |
| Option 13: Supplemental life insurance | AUL Insurance |

* Employee understands that Options 5 and 10 decline health and/or dental coverage; and, if at a later date you may desire coverage, other than through a qualifying event, coverage will be refused until the next open enrollment period, which is the end of each calendar year.

EMPLOYEE'S STATEMENT

I have received and read the material explaining my employer's Flexible Benefit Options. I understand that the options I choose are binding due to IRS regulations, and can be revoked or changed only at the end of each calendar year, unless the revocation of change is on account of and consistent with a change in family status (e.g. marriage, divorce, death of a spouse or child birth or adoption of a child; or termination of employment of a spouse).

CHECK ONE FOR TAX STATUS YOU WISH

I authorize my employer to deduct employee paid benefit cost from my paycheck tax-exempt to me as allowed under IRS guidelines.

I decline the opportunity to deduct employee paid benefit costs tax exempt. Please tax my deductions.

Signature _____ Date _____

(By typing in your name and today's date, you are certifying that the information provided above is accurate)