

**HERTFORD COUNTY SCHOOLS
Flexible Benefits Plan**

TO: New Employees
FROM: Cindy Martin, Finance Officer
SUBJECT: Flexible Benefits Plan Enrollment

You are receiving a *Flexible Benefits Plan* booklet which explains the options available to you as an employee of Hertford County Schools. You need to review all products carefully and determine in which programs you would like to participate. You will find the contact information for the following programs on the back of your booklet.

**IMPORTANT— You must enroll within 30 days of your hire date!
This 30 day deadline is firm and there will be NO EXCEPTIONS!**

1) Assurant Dental Insurance

Please review the services and rates of this option. Enrollment in the plan will become effective the first day of the following month after your hire date. The enrollment form is attached and may be completed and returned to the Benefits Department.

2) Colonial Supplemental Term Life Insurance

Within 30 days of hire, you are eligible to enroll for up to 5x your salary or \$200,000 (whichever comes first) of coverage on yourself, up to \$50,000 on your spouse, and up to \$10,000 on your child(ren) without evidence of insurability. If you wish to purchase additional coverage or sign up outside of the 30 day window, you will be required to complete a health questionnaire. You have 30 days from your date of hire to contact Pierce Group Benefits at (888) 662-7500 to enroll telephonically.

Please initial one of the following options and return to the Benefits Department:

I wish to enroll in the benefits listed above and I understand that I must do so within 30 days of my hire date. This 30 day deadline is firm and there will be **NO EXCEPTIONS!**

OR

I do not wish to enroll in benefits.

Name: _____ Date of Birth _____

Date of Hire: _____

Signature: _____