

# Merced County Office Of Education

## SECTION 125 FLEXIBLE BENEFIT PLAN

### Interest Form for New Employees

**Please mark the appropriate line and/or boxes and return to your benefits department:**

☐ **I would like more information about pre-taxing my benefits under the Section 125 Plan.**

☐ **I would like information about the following voluntary products.**

- ☐ Disability Income Insurance\*
- ☐ 403(b) Annuities\*\*
- ☐ Life Insurance\*\*
- ☐ Accident Only Insurance\*+
- ☐ Cancer Insurance\*+

☐ **I would like more information on the following reimbursement accounts available through Section 125:**

- ☐ Health Flexible Spending Account (Unreimbursed Medical Account)
- ☐ Dependent Day Care Flexible Spending Account

☐ **I am not interested in participating in the Section 125 Plan at this time.**

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

\*\* Not generally qualified benefits under Section 125 Plans.

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

Maximum \$2,500 if you are married and file a separate tax return.

I would like to be contacted by American Fidelity Assurance Company 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

Preferred Email Address

Job Location

Classified/Certificated/Management

Date of Hire

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

Central California Branch Office  
3649 W. Beechwood Ave., Suite 103  
Fresno, CA 93711  
866-504-0010 • 559-230-2107  
americanfidelity.com

 **American Fidelity  
Assurance Company**

Our Family, Dedicated To Yours.®