

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.*

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 **American Fidelity
Assurance Company**

Our Family, Dedicated To Yours.®