

CANYON OWYHEE SCHOOL SERVICE AGENCY

Section 125 Plan

Interest Form for New Employees

Please mark the appropriate line and/or boxes and return to Payroll/Benefits Office:

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

I would like information about the following benefits.

- | | |
|--|--|
| <input type="checkbox"/> Accident Only Insurance* ⁺ | <input type="checkbox"/> Life Insurance* ^{**} |
| <input type="checkbox"/> Cancer Insurance* ⁺ | <input type="checkbox"/> Annuities ^{**} |
| <input type="checkbox"/> Disability Income Insurance* | |

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

- | |
|---|
| <input type="checkbox"/> Healthcare Flexible Spending Account maximum \$2,700/plan year. |
| <input type="checkbox"/> Dependent Care Flexible Spending Account maximum \$5,000/plan year. ⁺⁺⁺ |
| <input type="checkbox"/> Health Savings Account maximum \$3,500 individual, \$7,000 family. |

* 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'd like American Fidelity Assurance Company to contact me about benefits. With my signature below, I understand that someone will call me to discuss my options and/or schedule my appointment.

Print Name

Signature*

Job Location

Classified/Certificated/Management

Phone

Email Address

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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a different opinion