

Ohlone Community College District

Section 125 Flexible Benefit Plan

Interest Form for New Employees



Please mark the appropriate line &/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 MORE INFORMATION ABOUT THE FOLLOWING VOLUNTARY PRODUCTS.

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

_____ I WOULD LIKE MORE INFORMATION ON THE FOLLOWING REIMBURSEMENT ACCOUNTS AVAILABLE THROUGH SECTION 125:

- Medical Expense Reimbursement Maximum \$4,000/plan year
- Dependent Care Reimbursement Maximum \$5,000 /plan year

_____ I AM NOT INTERESTED IN PARTICIPATING IN THE SECTION 125 PLAN AT THIS TIME.

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

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

** Not eligible under Section 125.

I would like to be contacted by American Fidelity 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

Job Location

Classified/Certificated/Mgmt

Date of Hire

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

Rob Vanoncini, CA License #0F42854

Northern California Branch Office

9355 E. Stockton Blvd. Suite #110

Elk Grove, CA 95624

1-800-365-8306, Ext. 301

916-683-8306

 **American Fidelity Assurance Company**

A member of the American Fidelity Group