

Cabrillo Unified School 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.

- Disability Income Insurance*
- Cancer Insurance*,+
- AF Term Life* Insurance *,**
- Accident Only Insurance*,+
- Annuities **
-

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

- Medical Expense Reimbursement Maximum \$2,500/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.

** Not eligible under Section 125.

+ 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

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.

David Pomrantz
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 **American Fidelity
Assurance Company**

Our Family, Dedicated To Yours.*