

# Simple HR

\* 01080401 \*

## Benefit Options Election Form

EMPLOYEE NAME

CLIENT NAME


**Complete THIS form is you selected OPTION C**

**You must be a full-time (25+hours) employee to be eligible for benefits. Seasonal, part-time, contract and temp employees are not eligible.**

Please check the section for the benefit and type of coverage you plan to enroll in. The attached applications for each benefit MUST BE COMPLETED. Additional Applications may be required. If you do not complete the appropriate application, you are not enrolled. Return this form and all applications either by mail to Simple HR or Fax: (850) 650-9936, or *contact Benefits if you have any questions at 1-850-650-9935. Remember that not all benefits are available at each worksite location. Please log on to [www.simplehrbenefits.com](http://www.simplehrbenefits.com) for more detailed information for each benefit plan description.*

### ENROLLMENT OPTIONS AND CHANGES (Please complete the appropriate applications)

#### SYMETRA DEFINED BENEFIT PLAN (You may not need this if you have major medical insurance)

- YES, I would like to make changes or enroll in a mini-medical plan**  
*Please fill out the appropriate enrollment form with the changes or updates for 2009*
- NO, I'm not interested in Mini-Medical Insurance Coverage (You still must sign at the bottom of the form)**

#### GUARDIAN DENTAL AND/OR GUARDIAN VISION (VSP)

- YES, I would like to make changes or enroll in the Guardian Dental and/or Vision (VSP) plans**  
*Please fill out the appropriate enrollment form with the changes or updates for 2009*
- NO, I'm not interested in Dental and/or Vision Insurance Coverage (You still must sign at the bottom of the form)**

#### SUPPLEMENTAL INSURANCE PRODUCTS - AFLAC

Medical Bridge    Accident    Critical Illness    Universal or Whole Life    Cancer    Disability

- YES, I would like to make changes or enroll in the Supplemental Insurance Plans that I've circled above**  
*Please fill out the appropriate enrollment form with the changes or updates for 2009*
- NO, I'm not interested in Supplemental Insurance Products (You still must sign at the bottom of the form)**

#### SIMPLE HR 401(k) (Check with your immediate supervisor to see if this benefit is offered)

- YES, I would like to change my elections for the next enrollment period**
- NO, I'm not interested in contributing or making changes to the Simple HR 401(k) (You still must sign at the bottom of the form)**

#### IDENTITY THEFT SHIELD AND PRE-PAID LEGAL

- YES, I would like to make changes or enroll in the Identity Theft Shield and/or Pre-Paid Legal**  
*Please fill out the appropriate enrollment form with the changes or updates for 2009*
- NO, I'm not interested in Identity Theft and/or Pre-Paid Legal (You still must sign at the bottom of the form)**

#### FLEXIBLE SPENDING ACCOUNT (FSA) (Check with your immediate superisor to see if this benefit is offered)

- YES, I'm interested in participating in the FSA for 2009 (maximum election amounts apply for 2009)**
- NO, I'm not interested in contributing to the FSA for 2009 (You still must sign at the bottom of the form)**

### ELECTION / DECLINATION ACKNOWLEDGEMENT - READ VERY CAREFULLY!

I understand that this election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year, unless there is a change in family status, employment, or other reasons as outlined by the IRS rules for the Section 125 Plan. I understand I must complete an enrollment application for each benefit that I elect coverage. I understand and agree that I am fully responsible at all times for any benefit premiums for which I have authorized and such premiums will be deducted from my wages when due.

### EMPLOYEE SIGNATURE AND DATE

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

