

**IMPERIAL COUNTY OFFICE OF EDUCATION**

**125 FLEXIBLE BENEFIT PLAN**

**WAIVER OF PARTICIPATION**

**WAIVER OF PARTICIPATION – AFLAC**

I CERTIFY THAT THE FEATURES AND BENEFITS OF AFLAC’S SUPPLEMENTAL INSURANCE COVERAGES HAVE BEEN EXPLAINED TO ME COMPLETELY.

I UNDERSTAND THAT THESE PROGRAMS ARE OFFERED THROUGH MY EMPLOYER BY PAYROLL DEDUCTION.

I AM NOT CURRENTLY AN AFLAC POLICYHOLDER AND HAVE DECIDED TO WAIVE MY OPPORTUNITY TO PARTICIPATE AT THIS TIME.

I AM CURRENTLY AN AFLAC POLICYHOLDER AND HAVE DECIDED NOT TO UPGRADE TO ANY NEW COVERAGES AT THIS TIME.

**WAIVER OF PARTICIPATION – FLEXIBLE SPENDING ACCOUNT**

I CERTIFY THAT THE FEATURES AND BENEFITS OF MY EMPLOYER’S 125 FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND MEDICAL EXPENSE REIMBURSEMENT HAVE BEEN EXPLAINED TO ME COMPLETELY.

I UNDERSTAND THAT THESE PROGRAMS ARE OFFERED THROUGH MY EMPLOYER BY PAYROLL DEDUCTION.

I HAVE DECIDED TO WAIVE MY OPPORTUNITY TO PARTICIPATE IN THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT AT THIS TIME.

I HAVE DECIDED TO WAIVE MY OPPORTUNITY TO PARTICIPATE IN THE MEDICAL EXPENSE REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT AT THIS TIME.

**EMPLOYEE**  
**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_