

PLACER COUNTY OFFICE OF EDUCATION
125 FLEXIBLE BENEFITS PLAN
WAIVER OF PARTICIPATION

WAIVER OF PARTICIPATION – AMERICAN FIDELITY

I certify that the features and benefits of American Fidelity'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 American Fidelity policyholder and have decided to waive my opportunity to participate at this time.

I am currently an American Fidelity 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 the District'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: _____