

Tehama County Department of Education

Section 125 Plan

Interest Form

Please mark the appropriate line and/or boxes and return to geoff.joven@americanfidelity.com:

I would like more information about pre-taxing my benefits under the Section 125 Plan.

I would like information about the following benefits.

Disability Income Insurance*

Life Insurance**,**

Cancer Insurance*,+

403(b) Annuities**,++

Accident Only Insurance*,+

I would like more information on the following reimbursement accounts available through Section 125:

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

** Not generally qualified benefits under Section 125 Plans.

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

++ Please contact your tax advisor for information regarding your specific situation.

{+++ Rule}

I'd like American Fidelity Assurance Company to contact me about benefits. With my signature below, I understand that someone will call me to discuss my options and/or schedule my appointment.

Print Name

Signature*

Job Location

Classified/Certificated/Management

Phone

Email Address

Date of Hire

*With my signature, I consent to being contacted, including by phone, regardless of my status on any do not call list.

Geoff Joven

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