North Florida Sales

2024 Benefits Enrollment Election Form

Benefits Effective Date: 01/01/2024

1. Employee Information

Employee Name *(please print)* :

2. United Health Medical Plan Election

	Plan Choices (select one)		*Coverage Level (select one)*
○	DEOD HSA INS Choice +	○	Employee Only
○	CHYZ INS Choice	○	Employee + Spouse
○	CRWT INS Choice	○	Employee + Child(ren)
○	BWNC INS Choice +	○	Employee + Family
○	Waive		

3. Humana Dental Plan Election — NO CHANGES ○

	Plan Choices (select one)		*Coverage Level (select one)*
○	Traditional Preferred	○	Employee Only
○	PPO	○	Employee + One
○	Waive	○	Employee + Family

4. Humana Vision Plan Election — NO CHANGES ○

	Plan Choices (select one)		*Coverage Level (select one)*
○	Humana Vision	○	Employee Only
○	Waive	○	Employee + One
		○	Employee + Family

5. Dependent Information

Only complete this section if adding a dependent to your plan.

Last Name	First Name	Relationship	DOB	Gender	Social Security Number

6. Lincoln Voluntary Plans *(Select each plan that you wish to enroll)* — NO CHANGES ○

○	Employee Life Insurance *($300,000 maximum in increments of $10,000)*
	Requested Amount of Coverage: $
○	Spouse Life Insurance *(50% of EE coverage amount; $30,000 maximum in increments of $5,000)*
	Requested Amount of Coverage: $
○	Child Life Insurance $10,000
○	Short-Term Disability
○	Long-Term Disability
○	Waive

7. Colonial Voluntary Plans — NO CHANGES ○

Select each plan that you wish to enroll

○	Accident
○	Cancer
○	Critical Illness
○	Medical Bridge
○	Life Insurance - Whole Life
○	Life Insurance - Term Life
○	Waive

8. LegalShield Voluntary Plans — NO CHANGES ○

Select each plan that you wish to enroll

○	Legal Services - Family
○	ID Theft Protection - Individual
○	ID Theft Protection - Family
○	Bundle: Legal Family + ID Theft Individual
○	Bundle: Legal Family + ID Theft Family
○	Basic Commercial Driver Legal Plan
○	Waive

By signing below, I confirm that I have elected the coverages above and understand that I cannot make changes to my elections until the next open enrollment period (January 2025), unless I experience a qualifying life event.

Employee Signature: Date Signed:

When complete, submit to HR in person or via email to mike.tymchyn@northfloridasales.com