

Santee School District

Interest Form for New Employees

Please mark the appropriate line and/or boxes and return to your Benefits Department.

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

I would like information about the following benefits.

Accident Only Insurance*+

Life Insurance**

Cancer Insurance *+

Permanent, Universal Life Insurance* ** ##

Disability Income Insurance*

Annuities**

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

Healthcare Flexible Spending Account maximum \$\$2,650/plan year.

Dependent Care Account maximum \$5,000/plan year.+++

* 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.**

Underwritten by Texas Life Insurance Company.

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.*

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