



Employee Acknowledgement Form

Section 125:

American Fidelity is our Section 125 Administrator. Section 125 allows employees to have payments for certain benefits deducted from their paychecks on a before tax basis.

As a new employee, you have 30 days from your employment or eligibility date to enroll in coverage. Coverage will begin the 1st day of the month following hire date. If you do not enroll within 30 days, you cannot enroll until the next annual option period, unless you experience a mid-year qualifying event. You must complete the appropriate form within 30 days of the event.

Below is a brief description of some lifestyle changes that may qualify as a mid-year qualifying event:

Gain or Loss of Coverage	Birth /Adoption
Employment Status Change	Marriage / Divorce

By signing below, I hereby authorize my employer to deduct all eligible benefit payments from my paycheck on a before tax basis under the Section 125 Plan.

COBRA Continuation Coverage Rights:

This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. COBRA continuation coverage is a continuation of coverage when coverage would otherwise end because of a life event.

By signing below, I acknowledge my receipt of the General Notice of COBRA continuation:

Summary of Benefits and Coverage (SBC)

The Summary of Benefits and Coverage will summarize important information about any health plan option in a standard format to help you compare across options.

By signing below, I acknowledge my receipt of the Summary of Benefits information:

Marketplace Notice under ACA:

Under the Affordable Care Act (ACA), employers are required to provide a notice to employees about the health insurance marketplace/exchanges of the state(s) in which they operate. New hires must receive the health insurance marketplace notice within 14 days of the employee's start date

By signing below, I acknowledge my receipt of the Marketplace Notice:

Employee Name (Please Print)

Signature of Employee

Date