

DECLINATION OF EMPLOYEE BENEFITS

TECHNOLOGY INTEGRATION GROUP

EMPLOYEE: _____ SS#: _____

ADDRESS: _____
(street)

(city, state, zip)

Effective: _____

I am eligible to participate in the TIG Benefits Program.
At this time I am declining the following benefits:

- Medical
- Dental
- Vision
- Supplemental Life Insurance
- Short Term Disability
- Section 125 Flexible Benefit Plan
 - Dependent Care
 - Medical
- American Fidelity Cancer Products (Cancer & Indemnity); Not available in all states
- American Fidelity Accident Insurance; Not available in all states
- 529 College Savings Plan
- 401(K) Retirement Plan

I understand that my signature below confirms my election to decline at this time. I further understand that I will not be eligible to participate / enroll until the annual open enrollment period or due to a qualifying event. Additionally, there may be late enrollment penalties that apply to late applications and/or evidence of health status (EOI) may be required to participate in the future.

(Signature of Employee)

(Date)