

**North Florida Sales
2025 Benefits Enrollment Election Form**



Benefits Effective Date: 01/01/2025

1. Employee Information

Employee Name (please print):

2. United Health Medical Plan Election **NO CHANGES**

<i>Plan Choices (select one)</i>		<i>Coverage Level (select one)</i>	
<input type="radio"/>	CHYZ INS Choice	<input type="radio"/>	Employee Only
<input type="radio"/>	CRWT INS Choice	<input type="radio"/>	Employee + Spouse
<input type="radio"/>	BWNC INS Choice +	<input type="radio"/>	Employee + Child(ren)
<input type="radio"/>	Waive	<input type="radio"/>	Employee + Family

3. Humana Dental Plan Election **NO CHANGES**

<i>Plan Choices (select one)</i>		<i>Coverage Level (select one)</i>	
<input type="radio"/>	Traditional Preferred	<input type="radio"/>	Employee Only
<input type="radio"/>	PPO	<input type="radio"/>	Employee + One
<input type="radio"/>	Waive	<input type="radio"/>	Employee + Family

4. Humana Vision Plan Election **NO CHANGES**

<i>Plan Choices (select one)</i>		<i>Coverage Level (select one)</i>	
<input type="radio"/>	Humana Vision	<input type="radio"/>	Employee Only
<input type="radio"/>	Waive	<input type="radio"/>	Employee + One
		<input type="radio"/>	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**

<input type="radio"/>	Employee Life Insurance (\$300,000 maximum in increments of \$10,000) Requested Amount of Coverage: \$ <input style="width: 50px;" type="text"/>	
<input type="radio"/>	Spouse Life Insurance (50% of EE coverage amount; \$30,000 maximum in increments of \$5,000) Requested Amount of Coverage: \$ <input style="width: 50px;" type="text"/>	
<input type="radio"/>	Child Life Insurance \$10,000	
<input type="radio"/>	Short-Term Disability	
<input type="radio"/>	Long-Term Disability	
<input type="radio"/>	Waive	

7. Colonial Voluntary Plans **NO CHANGES**

Select each plan that you wish to enroll

<input type="radio"/>	Accident
<input type="radio"/>	Cancer
<input type="radio"/>	Critical Illness
<input type="radio"/>	Medical Bridge
<input type="radio"/>	Life Insurance - Whole Life
<input type="radio"/>	Life Insurance - Term Life
<input type="radio"/>	Waive

8. LegalShield Voluntary Plans **NO CHANGES**

Select each plan that you wish to enroll

<input type="radio"/>	Legal Services - Family
<input type="radio"/>	ID Theft Protection - Individual
<input type="radio"/>	ID Theft Protection - Family
<input type="radio"/>	Bundle: Legal Family + ID Theft Individual
<input type="radio"/>	Bundle: Legal Family + ID Theft Family
<input type="radio"/>	Basic Commercial Driver Legal Plan
<input type="radio"/>	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 2026), unless I experience a qualifying life event.

Employee Signature:

Date Signed: