

PLEASE WRITE IN ALL CAPITAL LETTERS

SECTION 1: EMPLOYEE INFORMATION

Form fields for employee information including Last Name, First Name, MI, SS#, Address, Email Address, Annual Salary, Work Location, Birth Date, Lawson Employee #, and Enrollment Status.

FOR OFFICE USE ONLY
EFFECTIVE DATE:
PAYROLL EFFECTIVE DATE:

SECTION 2:

Form for selecting benefits: Waive Medical, Dental, Vision, Tobacco, Non Tobacco, Medical (JACKSON FIRST HMO, JACKSON SELECT HMO PLAN, JACKSON POS PLAN), Dental (Standard - DHMO, PPO, Enriched - DHMO, PPO), and Vision (BASE, PREMIER).

SECTION 3: EMPLOYEE & DEPENDENT INFORMATION

Table for dependent information with columns: Relationship, M/F/N, Last Name/First Name, Social Security Number, Coverage Desired (Medical, Dental, Vision, Hospital Indemnity, Accident Insurance, Constant Credit), DOB, PCP #, and Check One (DP, CDP, AC).

* IF ENROLLING A DOMESTIC PARTNER, CHILD OF A DOMESTIC PARTNER OR ADULT CHILD(REN) PLEASE SELECT THE APPROPRIATE BOX. ** PLEASE CHECK MARK (✓) ANY DEPENDENT WHO RESIDES OUTSIDE MIAMI-DADE, BROWARD, OR PALM BEACH AREA.

SECTION 4: FLEXIBLE SPENDING ACCOUNTS* YOU MUST COMPLETE THIS SECTION IF YOU WISH TO PARTICIPATE IN EITHER OR BOTH SPENDING ACCOUNTS FOR 2024.

Form for Flexible Spending Accounts with checkboxes for Healthcare and Dependent Care Spending Accounts, and Cancel Coverage options.

SECTION 5: POST-TAX PRODUCTS

Form for Post-Tax Products including ARAG Legal - Ultimate Advisor, ARAG Legal - Ultimate Advisor Plus, Group Hospital Indemnity, Group Accident Coverage, Group Critical Illness, Ocenture ID Commander, Ocenture ConstantCredit, and Pet Assure/PETplus.

SECTION 6: DISABILITY INCOME PROTECTION* (Employee Coverage Only)

Form for Disability Income Protection with questions about coverage for 2024, active working status, hospitalization, and dependent coverage.

IMPORTANT
I certify that the information supplied in this application is true to the best of my knowledge.
I understand that all dependent children may be covered until the end of the calendar year in which the child reaches the age of 26.

EMPLOYEE SIGNATURE and DATE fields.