

CAFETERIA PLAN (SECTION 125) INFORMATION
SHEET

Please answer the following questions so we may properly set your account up and not cause any delays in processing.

1. Does your company currently have a Section 125 Cafeteria Plan in place?

Yes No (Circle One) (If "no", proceed to Number 4.)

2. Our Company's 125 plan year is _____ through _____ .

3. Our open enrollment period is held during the month of _____ .

4. Signature of Officer: _____

Title: _____ Date: _____

Company Name: _____

City: _____ State: _____

Voluntary Group Insurance provided by
FAMILY LIFE INSURANCE COMPANY