Instructions for Enrollment

NEW ENROLLMENT	Complete Provider Application for the participating plan along with the District Enrollment Form. 2017-2018 enrollment information can be accessed from the district website at www.turnerusd202.org/benefits. Please contact Cindy Hand @ 288-4114 with any questions that you may have.
RENEW CURRENT BENEFITS	Complete District Enrollment Form
WAIVE COVERAGE	This is only to be completed if you are waiving all benefits (medical, dental & vision).

Turner USD 202
125 Plan Waiver of Participation

Plan Year Beginning 10/01/2017 Ending: 09/30/2018

I choose to ***not participate in*** ***any*** of the benefits offered under the Turner "125" Cafeteria Plan **which includes Medical, Dental and Vision insurance** for this plan year.

Employee:_____ Bldg. Location _____
(please print)

Address:_____

City, State, Zip_____ Home Phone #_____

Date:_____ Signature of Employee:_____