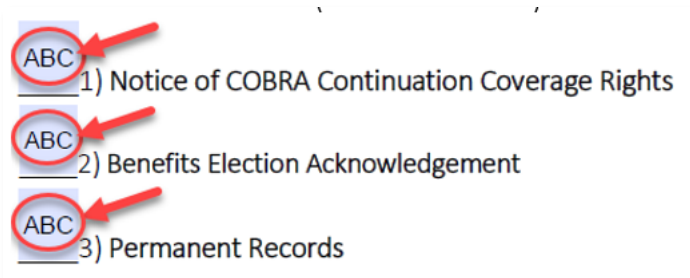


INSTRUCTIONS: BENEFITS ACKNOWLEDGEMENT FORM

Please complete the form in its entirety. Incomplete forms will be sent back for corrections.

HOW TO COMPLETE THE FORM:

- **Download/Save** this form to your computer. Save as “EEID Name Benefits Acknowledgement Form”.
- Please **initial** all 3 boxes (do not check off)



- **The first box** brings attention to your COBRA rights. If or when you leave the County, you will be offered COBRA or the opportunity to continue your benefits without the County contribution. Additional information, rates, and timing details can be found in your Employee Benefits Handbook.
- **The second box** serves as your certification that you understand the 30-day deadline to submit your new hire election documentation and forms. If you fail to submit the required documentation by the deadline, you will be automatically be enrolled in County CORE coverage.
- **The third box** is for records purposes. You are confirming that you understand that this document will be kept in your permanent records file.

SIGNATURE

- Don't forget to insert your **insert your signature** or **sign your name** and **date** the bottom of the form.

SUBMISSION PROCESS:

- Submit your completed form to the [secure Box.com folder](#) on or before your start date.
- Refer to our [Upload Documentation webpage](#) for additional information.

NEED HELP?

- If you need help completing this form please reach out to Benefits@ocfl.net or call 407-836-5661