

## Flex Benefits Enrolment Form (Interns Only)

Employee Information		
Employee Name		
Position Title		
Work Location		
Date		
<p>Completed forms must be received by Human Resources- Employee Services within 30 days of receipt. Failure to do so will result in no health coverage enrolment. Costs on this form are monthly.</p>		
Enter Salary (found on your offer letter)		
Flex Credit (Employer Cost- Based on choice for Medical Coverage)		
Flex Credit- No Health		
Flex Credit- Single Coverage, Health Option 1		
Flex Credit- Family Coverage, Health Option 1		
Flex Credit- Single Coverage, Health Option 2, 3		
Flex Credit- Family Coverage, Health Option 2, 3		
Medical Coverage (check box for the Flex Option and coverage you are selecting)		
	Flex Health- Option 1	
	Employee Only	
	Employee & Family	
	Flex Health- Option 2	
	Employee Only	
	Employee & Family	
	Flex Health- Option 3	
	Employee Only	
	Employee & Family	

## Flex Benefits Enrolment Form (Interns Only)

	No coverage required. Explain:
--	--------------------------------