

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)	\$50,000	
Flex Credit (Employer Cost- Based on choice for Medical Coverage)		
Flex Credit- No Health	\$ 80.42	
Flex Credit- Single Coverage, Health Option 1	\$ 107.75	
Flex Credit- Family Coverage, Health Option 1	\$ 142.67	
Flex Credit- Single Coverage, Health Option 2, 3	\$ 149.17	
Flex Credit- Family Coverage, Health Option 2, 3	\$ 250.08	
Medical Coverage (check box for the Flex Option and coverage you are selecting)		
Flex Health- Option 1		
<input type="checkbox"/>	Employee Only	
<input type="checkbox"/>	Employee & Family	
Flex Health- Option 2		
<input type="checkbox"/>	Employee Only	
<input type="checkbox"/>	Employee & Family	
Flex Health- Option 3		
<input type="checkbox"/>	Employee Only	
<input type="checkbox"/>	Employee & Family	

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	No coverage required. Explain:
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