

Washoe County Employees

Section 125 Interest Form for New Hires

Please fill out and return to your American Fidelity representative.

I would like information about receiving my benefits on a pre-tax basis.

I would like information on the following reimbursement accounts:

- Healthcare Flexible Spending Accounts
- Health Savings Accounts
- Dependent Care Accounts

I would like information about the following benefits*:

- Disability Income Insurance
- Accident Only Insurance
- Cancer Insurance - Individual
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Life Insurance
- Whole Life Insurance
- Universal Life Insurance

I'd like an American Fidelity representative to contact me about my interests above. ***Turn over.***

** These products may contain limitations, exclusions, and waiting periods.*

AMERICAN FIDELITY

a different opinion



Print Name

Email Address

Phone

Date of Hire

Position/Title

Job Location

Preferred method of contact**:

- Email Address
 Phone

*** I consent to being contacted regardless of my status on any Do-Not-Call List.*

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