

REQUEST FOR BENEFITS INFORMATION/WAIVER

Payrolled Contractor's Name: _____

Benefits are available to all payroll contractors who work an average of 120 hours per month or more. Enrollment is available within the first thirty (30) days of employment and during the annual open enrollment in the month of March only. Payroll Contractors are also eligible for enrollment upon a change in status (i.e. birth, death or divorce). 401(k) Retirement Benefits are available to all payroll contractors regardless of the hours worked. Enrollment is open all year.

You must either initial next to your selections or waive benefits!

Medical Coverage

_____ Waive Medical Coverage

___ Provided by spouse ___ Private medical plan ___ Other: _____

_____ Blue Cross of California PPO (Available Nationwide)
send info

_____ Blue Cross of California HMO (California Residents Only)
send info

Dental Coverage

_____ Waive Dental Coverage

___ Provided by spouse ___ Private dental plan ___ Other: _____

_____ Blue Cross of California (Available Nationwide)
send info

401 (k) Plan

_____ Waive 401(k) Plan

___ I have my own Keogh or 401(k) Plan ___ No Retirement Plan

_____ 401(k) Plan from the ING Group
send info

With this signature, I understand that I am either accepting or waiving the above listed benefits, and I further understand that I have no entitlements or rights to any other benefit plan as an employee of ICon, including any plan of the Client Company to which I provide services.

Signature of Applicant/Payrolled Contractor

Date