

HEALTH INSURANCE VERIFICATION FORM

I, _____ have been given the option to enroll in the Mini-Med and /or the Dental insurance coverage options available through Cheers! Food & Fuel. At this time, I chose to do the following with regards to my participation in the plan. I further understand that my choice of participation will not change from this time forward until the open enrollment period is held in April of each year. Changes in election selections will only be allowed with a change in life status as defined by the IRS.

_____ Enroll

_____ Not Enroll

Team Member Signature

Date

Manger Signature

Date