Ohio House of Representatives

Benefits Acknowledgement

I understand that I am eligible to enroll in the state-sponsored health plan (including dental and vision) during the first 31 days of my employment with the Ohio House of Representatives.

I understand that I am eligible to enroll in the flexible spending account program during the first 30 days of my employment with the Ohio House of Representatives.

I further understand that I am eligible to enroll in the state's supplemental and dependent life insurance plan within the first 90 days of my employment with the Ohio House of Representatives.

If I choose not to enroll in these plans during the initial enrollment periods, I understand that I will not be able to enroll in the state-sponsored health plan (including dental and vision), the flexible spending account program, or the state's supplemental and dependent life insurance plan until the next open enrollment period.

Printed name: _____

Signature: _____

Date: _____