



6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

Employee Benefits Options

Please complete the following:

Name: _____

SS #: _____

Marital Status: _____

Phone: _____

Date of Hire: _____

Benefits Eligibility Date: _____

Mailing Address (Benefits material will be sent to this address):

***** (Please initial next to your preference) *****

Healthcare Benefits

_____ No, I do not want healthcare benefits.

_____ Yes, I am interested in healthcare benefits.

SIMPLE IRA (Individual Retirement Fund)

_____ No, I do not want to participate in the SIMPLE IRA retirement plan

_____ Yes, I am interested in participating in the SIMPLE IRA retirement plan.

AFLAC

_____ No, I do not want to participate in the AFLAC cafeteria plan.

_____ Yes, I am interested in participating in AFLAC cafeteria plan.

Per Diem Employees

_____ I acknowledge that I have chosen to work on a per diem basis and that I will not be eligible for benefits that are supplemented by Ocean to Ocean Healthcare. My negotiated hourly pay will be my full and complete compensation. (I will be eligible for vacation leave if I meet the criteria).

I have read and understand the benefits options as stated above.

Employee Signature

Date