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Title: **104-10291-10004_p268.png**

Category: **Uncategorized**

Provenance:

Person:

Date:

CONFIDENTIAL

(When Filled In)

I do not elect to participate in any of the stated insurance programs.

Name (Last) Woods (First) James (Middle) S.

Signature of Employee: [Signature]

The following agency-sponsored insurance programs have been explained to me:

Employee Interviewed By: [Signature]

- Federal Employees Health Benefits Program (FEHBP)

- Federal Employees Group Life Insurance (FGLI)

INSURANCE QUESTIONNAIRE

- Federal Employees Dental and Vision Insurance Program (FEDVIP)

CONFIDENTIAL

- Long Term Care Insurance (FLTCIP)

- Flexible Spending Accounts (FSAFEDS)

I have been given the opportunity to enroll in the above programs and understand that if I do not enroll at this time, I may not be able to enroll until the next open season or until I experience a qualifying life event.

Signature of Employee: James S. Woods

Date: 4/5/2017