VACO WHOLE LIFE INSURANCE

A NEW BENEFIT CHOICE - 2009

AVAILABLE FOR BOARD MEMBERS, FT AND PT EMPLOYEES

THANK YOU FOR YOUR INTEREST IN ENROLLING IN THIS NEW BENEFIT – WHOLE LIFE INSURANCE BY VACO.

FOR ENROLLMENT PURPOSES, YOU MUST COMPLETE THE INFORMATION BELOW AND RETURN TO HR BENEFITS COORDINATOR IN ORDER TO BE CONTACTED BY A REPRESENTATIVE FROM VACO.

Your Name_____ _____ _____
First Last MI

Your Department_____

Home Phone: ( ) _____
Work Phone: ( ) _____ Ext: _____
Alternate/Cell: ( ) _____

Best to contact you _____Work _____ Home _____AM _____PM

Specify Time:_____

BE SURE TO ATTEND A BENEFITS MEETING TO LEARN MORE! REPRESENTATIVES WILL BE AVAILABLE TO TALK TO YOU DURING OPEN ENROLLMENT AS WELL.

Note: Return this completed form to the HR Benefits Coordinator.