



Take advantage of the many benefits of Landrum Professional. This packet contains important information about the wide variety of benefits offered to our employees. Enrollment forms are also enclosed. Please take a few minutes to review the contents and to complete the required paperwork.

ALL ENCLOSED FORMS MUST BE RETURNED TO LANDRUM PROFESSIONAL WITHIN 30 DAYS OF HIRE DATE

- * Insurance is available to employees (who work 30 or more hours a week consistently) the 1st of the month following 60 days of completed service. (Ex. 1-Date of hire is 10/15 – coverage begins 1/1. Ex. 2-Date of hire 10/1 coverage begins 12/1.)
- * All forms enclosed must be returned to Landrum Professional within **30 days** of your hire date. When forms are turned in less than 30 days prior to coverage effective date – **back premiums will be deducted.** Completed forms may be returned to docs@landrumhr.com or faxed to 850-476-2177.

Benefits Checklist:

- Health Insurance Enrollment Form
 - If you want coverage, complete this entire form (#1-13).
 - If you **do not** want coverage, complete box #'s 2, 12 and 13.
 - Dental Insurance Enrollment Form
 - If you want coverage, complete this entire form.
 - If you **do not** want coverage, complete the name and social security number boxes; put a checkmark on the line that says “I refuse employee coverage”; and sign and date the form.
 - Vision Insurance Enrollment Form
 - If you want coverage, complete this entire form.
 - If you **do not** want coverage, complete the name and social security number boxes; put a check in the box that says “I am declining coverage”; and sign and date the form.
 - Life Insurance Enrollment Form
 - If you want coverage, complete this entire form.
 - If you **do not** want coverage, complete the name and social security number boxes; put a checkmark in the Waived box under Basic Life, sign and date the form.
 - Long Term Disability
 - If you want coverage, complete this entire form.
 - Section 125
 - Complete this form to allow pre-tax deductions of qualified benefits.
 - If you **do not** want to participate, check the appropriate box.
- * **Deductions begin the month prior to the effective date of coverage.** When forms are turned in less than 30 days prior to coverage effective date – **back premiums will be deducted.**
 - * Employees whose worksite employer changes his/her status from part time, seasonal, temporary, or substitute to a regular full time employee, must notify Landrum Professional within sixty days of the status change to be eligible for insurance the first of the month following sixty days of full time regular employment. When notice is given after sixty days, employees will be eligible for insurance during the next open enrollment following sixty days of full time regular employment.

If you would like assistance completing these forms, please call our Benefits Department.

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