



Take advantage of the many benefits of LandrumHR. This packet contains important information about the wide variety of benefits offered to our employees. Detailed summaries, rates and forms are also available at <https://benefits.landrumhr.com>. You may complete your forms online and not have to worry about returning paper forms. They are automatically submitted once you “Sign and Submit”!

If using paper forms, please follow the instructions below.

- * 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 LandrumHR 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 in section B, sign and date the form.
 - Excess of Guaranteed Issue, need Evidence of Insurability
 - Long Term Disability/Short Term Disability
 - If you want coverage, complete this entire form.
 - Allstate Group Voluntary
 - Visit <http://allstate.benselect.com/enroll>, or call the Benefits Department for forms.
 - Your username is your social security number.
 - Your password is the last four digits of your social and the last two digits of your birth year
 - 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**.

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

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