1 EMPLOYEE ELIGIBILITY AND BENEFITS

WELCOME TO THE TEAM!

We believe happy staff makes happy clients!

We establish relationships with our clients and customers. We also recognize that our employees are our most significant asset and the foundation of our company. Therefore, providing you with comprehensive benefits is one way we show our appreciation.

Benefits includes the following options:

Health
Dental
Vision

Life Insurance
Accident Protection
Retirement Planning
Disability Insurance

SCAN ME

Who is Eligible for the Benefits Program? You are eligible to participate in the benefits program if you are a full-time or part time employee.

When you enroll yourself in the benefits program, you may also cover your eligible dependents which include: your legal spouse, registered domestic partner, dependent children up to age 26, and anyone for whom you are the legally-appointed guardian.

There are two ways to easily and conveniently accomplish this:

1) Go to the Benefits Portal: https://womenfinancialpower.com/wfp
2) Call the Benefits Enrollment Center: 901-617-1139 M-F 9:30AM to 5PM CST, closed holiday's

Retirement Plan visit www.womenfinancialpower.com or contact human resources to learn more!

BENEFITS ELECTION FORM

DATE _____

1) PRIMARY APPLICANT: _____ PHONE: _____-_____-_____

MALE/FEMALE TOBACCO: Y/N D.O.B: ____/____/_____

STREET ADDRESS: _____APT#_____

CITY_____ST_____ZIP_____ _____ COUNTY:_____

SALARY: _____ / MONTHLY

EMAIL ADDRESS: _____

2) SPOUSE: _____

MALE/FEMALE TOBACCO: Y/N D.O.B: ____/____/_____

DEPENDENTS THAT NEED INSURANCE COVERAGE (CLAIMED ON TAXES):

	FULL NAME		D.O.B		TOBACCO		RELATIONSHIP
1)	_____	M/F	____/____/_____	.	Y/N		_____
2)	_____	M/F	____/____/_____		Y/N		_____
3)	_____	M/F	____/____/_____		Y/N		_____

COVERAGE REQUESTED (ADD A CHECK NEXT TO REQUESTED BENEFITS)

Health _

Dental _

Vision _

Life (height-weight) H___W___

Critical Illness _

Disability _

Accident _

_

Health Savings Account _

Hospital Indemnity _

Retirement Plan _

Home _

Auto _

REMINDER: YOU HAVE TO SUBMIT THIS FORM TO BE CONTACTED BY HUMAN RESOURCES TO ENROLL. FILL OUT AND EMAIL COMPLETED FORM TO INFO@WOMENFINANCIALPOWER.COM WITH YOUR NAME IN THE SUBJECT FIELD OR SCAN THE QR CODE TO UPLOAD YOUR ELECTION FORM. TO BE REDIRECTED TO WFP CLICK HERE.

FOR QUESTIONS OR IF YOU NEED ASSISTANCE WITH YOUR ENROLLMENT, CALL THE BENEFITS ENROLLMENT CENTER AT 901-617-1139 M-F 9AM TO 5PM CST (CLOSED HOLIDAYS) OR EMAIL INFO@WOMENFINANICALPOWER.COM

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