

Stafford Benefits Acknowledgement Form

I, _____, acknowledge that I have received a benefits package from my employer. I acknowledged that this package includes information containing the Major Medical health insurance benefits, Flexible Spending Benefits and 401K Retirement Plan Benefit offered through my employer.

I also understand that I must return my health insurance enrollment form and flexible spending form to the Stafford Development Company Human Resources Department within the first **30 calendar days of hire** at the address below:

Stafford Development Company
PO Box 269
Tifton, GA 31793
Attn: Julie Bullington

***I understand that benefits will be forfeited if all forms are not returned within the first 30 calendar days of hire. You will not be allowed another opportunity to enroll in the benefits after the first 30 calendar days of hire, until Open Enrollment of each year from October 15th – November 15th or if you have a family status change as regulated by the IRS.**

I also understand that I must work at least 30 hours per week, consecutively, in order to be eligible for the Major Medical health insurance and Flexible Spending Benefit.

I also understand that if I elect the above-mentioned benefits that I may not make any changes or cancel my insurance, except as allowed by the Internal Revenue Service Guidelines.

Employee Signature: _____ Date: _____

Supervisor or Managers Signature: _____ Date: _____