



Ancillary Benefits Election Form – Newly Eligible

Instructions: Complete this form to elect ancillary benefits and authorize a bi-weekly payroll deduction for the employee cost of the benefit package. Return completed form to your location operations manager, facility HR admin or directly to human resources.

The terms of the Collective Bargaining Agreement between Lund Food Holdings, Inc. (LFHI) and UFCW Local 663 provides eligible part-time employees the option to elect the following ancillary benefits package:

- Dental Care
- Vision Care
- Life Insurance
- Accidental Death and Dismemberment

The employee premium for these benefits is **\$1.00 per week**. If elected, a bi-weekly deduction of \$2.00 will be made through a payroll deduction. Employees are eligible to elect ancillary benefits either (1) within the first 30 days of their employment or (2) within 30 days from the effective date of assuming an eligible part-time classification. **Failure to complete and submit this form within the election period is treated as waiving or opting out of ancillary benefit coverage.**

Participant Information:

Last Name: _____ First Name: _____ MI: _____

Email Address: _____

Phone Number: _____ Employee Number: _____ Hire Date: _____

Beneficiary Designation for Life Insurance:

Wilson-McShane, the benefit administrator, will contact you about beneficiary information once you qualify for the benefit.

Authorization:

- I elect the ancillary benefit package and understand the cost for these ancillary benefits must be made through a payroll deduction.
- I authorize my employer, LFHI, to deduct the required amount to purchase ancillary benefits from my paychecks.
- I understand this election will remain in effect unless cancelled by me (opt out). I may opt out at any time, however, **I understand if I choose to opt out of ancillary benefit coverage, I will not be able to elect ancillary benefit coverage in the future.**

Signature: _____ Date: _____