



Teladoc Enrollment Form

	TCIGGOC LITTO					
To be cor	mpleted by employee	e – All Infor	mation is re	quired.		
Employee Name: (Last, First, MI):_						
Social Security Number:	Date of Birth:					
Telephone:	Marital Status:	□ Single	■ Married	Gender:	■ Male	☐ Female
Home Address:						
City:	State:			Zip:		
Employee Email:		Home Email:				
Teladoc Election (Please check	both boxes)					
 I hereby certify that I do not par • I understand that by participa • I understand that all of my de □ I authorize the charges above ar 	ating in Teladoc, I will be pendents will have acc	e charged \$ ess to Telac	5.00 per mon doc.	th.	cipate in	Teladoc.
Authorization (Enrollment mu experiences a qualified status cha		ays from th	e date the	employee	becomes	eligible o
I hereby apply for insurance and/or number of hours according to the Pl until the date requirement is met.						
I authorize any necessary pre-tax dec	ductions from my salary f	or any contri	bution required	d.		
In compliance with HIPPA Privacy Protected Health Information (PHI), eany information that is created or recephysical or mental health of an individual carrier to disclose PHI to the employer	except, for treatment, pay beived by a Covered Ent dual. A special provision	yment and p ity or an emp of the Priva	lan operations ployer and rela cy Rule permit	. Health info ates to the	ormation is past, pres	s defined as ent or future
Tusculum College's Flexible Benefits can change their benefit elections at status" recognized under the Tuscubenefits to be on a pretax basis under year, except in limited circumstances cannot allow a change unless it is specified.	a time other than open llum College Flexible Bo the Premium Account I listed in IRS rules. Note	enrollment enefits Plan. Plan, the pla that even if a	only if they ha In order for n may not allow an event is liste	ive a 'qualit employees' w changes	ying char premium in election	nge in family as for health as during the
This agreement shall remain if effect u	ntil I notify Human Resou	ırces in writin	g or upon term	ination of m	ıy employr	nent.
Employee Signature			Date			