Northwest Community Action Partnership (NCAP)
2018 Benefit Enrollment Form

All Employees

Aflac – Employer Benefit Dollar Cannot Be Applied to Aflac

_____ **Interested in Aflac**
_____ **Change Current Aflac Option**
_____ **Keep Current Aflac Policy the same**
_____ **Discontinue Current Aflac Policy**
_____ **Not Interested in Aflac**

Bi-Weekly Employee Contribution

I authorize Northwest Community Action Partnership to deduct the appropriate bi-weekly employee contribution from my compensation.

After enrollment paperwork has been submitted by the employee and processed by the fiscal office all employees will receive the dollar amount that will be deducted from your paycheck bi-weekly.

Signature Name Date