



## San Joaquin County Supplemental Benefits Enrollment Forms

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If you have any questions or would like to enroll in any of these supplemental benefits, please contact the vendors directly. San Joaquin County does not manage these enrollments.

### **Nationwide- Deferred Comp**

**Brenda DeVecchio**

**(209) 337-4574**

**devecb1@nationwide.com**



Scan for an  
Appointment

Enroll online at  
[www.sanjoaquindc.com](http://www.sanjoaquindc.com)  
Need help setting up  
access?  
877 677 3678



DocuSign EZ  
Enrollment Form

### **American Fidelity- Information Only**

**Jamie Barnard**

**(405) 523-5034**

**jamie.barnard@americanfidelity.com**



Point your smart phone camera at the QR code  
and open the link that appears or type:

**Schedule  
your  
enrollment**  
Select  
“contact  
us”



[enroll.americanfidelity.com/C5F62AB5](http://enroll.americanfidelity.com/C5F62AB5)

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**Personal Information**

Plan Name: \_\_\_\_\_ County of San Joaquin 457(b) Plan Plan ID: \_\_\_\_\_ 0062668001  
Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_  
How would you like to be contacted if additional information is required? ☐ Phone ☐ Email

**Paperless Delivery Consent**

**Paperless Delivery:** By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g. - statements, confirmations, terms, agreements, etc. Check the box below if you would prefer to receive paper copies of the documents via US Mail to the address provided above.

☐ I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via US Mail.

**Deferral Election**

457(b) Pre-Tax \$ \_\_\_\_\_ OR \_\_\_\_\_% Payroll Frequency: \_\_\_\_\_ Bi-Weekly \_\_\_\_\_  
457(b) Roth After -Tax \$ \_\_\_\_\_ OR \_\_\_\_\_% Start Contribution On (Pay Period): \_\_\_\_\_  
Total \$ \_\_\_\_\_ OR \_\_\_\_\_%

☐ **Enroll me in asset rebalancing** I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the Nationwide Service Center.

**NOTE:** All increases, decreases and suspensions will be implemented no sooner than the first payroll of the month following the change. Please remember to check your paystub to confirm your selected deferral is accurately reflected and being processed.

**Beneficiary Designation**

**IMPORTANT NOTES:** 1) Allocations must total 100% for each category of beneficiary; and 2) If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

☐ I have additional beneficiaries. If you want to designate more than 2 of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

**Primary Beneficiary(ies)** (Allocations must total 100%):

1. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contingent Beneficiary(ies)** (Allocations must total 100%):

1. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Funding Options

### Asset Allocation

\_\_\_\_\_ % T. Rowe Price Retirement I 2015 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2020 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2025 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2030 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2035 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2040 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2045 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2050 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2055 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2060 I  
 \_\_\_\_\_ % T. Rowe Price Retirement I 2065 I  
 \_\_\_\_\_ % T. Rowe Price Retirement Balanced I

### Small Cap

\_\_\_\_\_ % Vanguard Small Cap Index I  
 \_\_\_\_\_ % Vanguard Small Cap Growth Index Admiral  
 \_\_\_\_\_ % DFA US Targeted Value I

### Mid Cap

\_\_\_\_\_ % Vanguard Mid Cap Index I  
 \_\_\_\_\_ % Allspring Spec Mid Cap Val R6

\_\_\_\_\_ % MFS Mid Cap Growth R6

### Large Cap

\_\_\_\_\_ % Vanguard Institutional Index I  
 \_\_\_\_\_ % Vanguard Equity-Income Admiral  
 \_\_\_\_\_ % T. Rowe Price Institutional Large-Cap Growth

### International

\_\_\_\_\_ % American Beacon Intl Equity R6  
 \_\_\_\_\_ % Vanguard International Growth Admiral

### Bonds

\_\_\_\_\_ % DFA Inflation-Protected Securities I  
 \_\_\_\_\_ % Metropolitan West Total Return Bond  
 \_\_\_\_\_ % TIAA-CREF High-Yield Institutional  
 \_\_\_\_\_ % Vanguard Total Bond Market Index Admiral

### Specialty

\_\_\_\_\_ % Invesco Gold & Special Minerals R6  
 \_\_\_\_\_ % Invesco Real Estate R6

### Fixed/Cash

\_\_\_\_\_ % Nationwide Fixed Fund

**100 % Total for all funding options must equal 100%<sup>1</sup>**

<sup>1</sup> If I select an investment option that is closed or unavailable, or if I elect a total investment allocation percentage that is less than 100%, I agree that the money will be placed into the T. Rowe Price Retirement Fund closest to my anticipated retirement age, based upon my date of birth and a normal retirement age of 62, which is the default investment option. If I elect a total investment allocation percentage greater than 100%, I agree that my application will be rejected and my selections will not be processed.

## Authorization

- ☐ Please send me a copy of the Informational Brochure/Prospectus(es).  
☐ Please contact me regarding transferring my other pre-tax retirement plans.  
☐ Please send me forms regarding the Catch-up Provisions.

I hereby elect the deferral amount stated above. I understand my deferral will continue until otherwise authorized in accordance with the Plan. The deferrals will be allocated to the funding options in the percentages elected above. I understand some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

**I have read and understand the terms contained in this form. I accept these terms and understand that the terms contained in this form do not cover all the details of the Plan or products.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Retirement Specialist Name (Print): \_\_\_\_\_ Agent #: \_\_\_\_\_

## Form Return

By mail: Nationwide Retirement Solutions  
 PO Box 182797  
 Columbus, OH 43218-2797

By email: [rpublic@nationwide.com](mailto:rpublic@nationwide.com)  
 By fax: 877-677-4329

The purpose of the Memorandum of Understanding is to make you aware of some of the highlights, restrictions and costs of your plan. It is not intended to cover all aspects of the plan and should not be relied upon in making decisions about plan benefits.

I understand and acknowledge the following:

1. The maximum annual contribution amount to all 457(b) plans is the lesser of the maximum annual 457(b) contribution limit or 100% of my includible compensation. This amount may be adjusted annually. If you have questions about the maximum contributions limits they can be found at [irs.gov](https://www.irs.gov). Under certain circumstances, additional amounts above the limit may be contributed to the Plan if (1) I will attain age 50 or older during the current calendar year, or (2) I am within three years of the Plan's Normal Retirement Age and did not contribute the maximum amount to the 457(b) Plan in prior years. The Plan Document provides additional details about contribution limits. Contributions in excess of maximum amounts are not permitted and will be reported as taxable income when refunded. It is my responsibility to ensure my contributions to all 457(b) plans in which I participate regardless of employer do not exceed the annual limit.
2. It is my responsibility to adjust my contribution amount to comply with applicable limits. Excess deferrals will be returned to me and reported on IRS tax Form 1099-R. I acknowledge that it is my responsibility to make sure my total contributions fall within the specified limits. A Nationwide Retirement Solutions, Inc. ("NRS") representative can provide assistance in determining my contribution limits.
3. I may withdraw funds from the Plan only upon separation from service; at age 70½; upon an unforeseeable emergency approved by the Plan; when taking a loan or, I may take a one-time in service withdrawal if my account value is \$5,000 or less (as adjusted) and I have not contributed to the Plan for two or more years. In some cases, withdrawal for purchase or repayment of service credits in a Governmental Defined Benefit Plan may be permitted. Additionally, funds may be withdrawn upon my death. All withdrawals of funds must be in compliance with the Internal Revenue Code (the "Code") and applicable regulations as expressed in the Plan Document.
4. Contributions, in the form of salary reductions, will be made until I notify NRS or my Plan Sponsor otherwise. Once notification is received salary reductions will be changed as soon as administratively feasible.
5. Contributions will be invested as soon as administratively feasible upon receipt from the Plan Sponsor.
6. My participation in the Plan is governed by the terms and conditions of the Plan Document. Fund prospectuses are available upon request at [sanjoaquindc.com](https://sanjoaquindc.com) or by calling 877-677-3678.
7. My distributions must begin no later than the April 1<sup>st</sup> following the later of the year I reach age 72 or have a severance from employment. Please consult the Plan Document for further details. Generally, all pre-tax distributions are taxable as ordinary income and subject to income tax in the year received. My distributions must be made in a manner that satisfies the minimum distribution requirements of the Code section 401(a)(9), which currently requires benefits to be paid at least annually over a period not to extend beyond my life expectancy. Failure to meet minimum distribution requirements may result in my being subject to a 50% federal excise tax.
8. The funds in my accounts may be eligible for rollover to a traditional or Roth IRA or to another eligible retirement plan. The "Special Tax Notice Regarding Plan Payments" provides detailed information about my options. Due to important tax consequences related to distributions, I have been advised to consult a tax advisor. I expressly assume the responsibility for tax consequences relating to any distribution, and I agree that neither the Plan nor the Administrative Services Provider shall be responsible for those tax consequences.
9. All amounts contributed to the Plan and earnings on the amounts contributed are held in a trust, custodial account or annuity contract for the exclusive benefit of the participants and their beneficiaries.
10. Underlying investment options may be periodically changed or restricted.
11. NRS will permit participants and beneficiaries to exchange amounts among the Variable and Fixed investment options as frequently as permitted by the Plan, subject to the limits and rules set by each Fund and the Contract. Changes may be made by calling 877-677-3678 or logging on to [sanjoaquindc.com](https://sanjoaquindc.com). Options for investments may vary by the source of the money invested.
12. If I select an investment option that is closed or unavailable, or I elect a total investment allocation percentage that is less than 100%, I agree that the money will be placed into the T.Rowe Price Retirement Fund closest to my anticipated retirement age, based upon my date of birth and a normal retirement age of 62, which is the default investment option. If I elect a total investment allocation percentage greater than 100%, I agree that my application will be rejected and my selections will not be processed.
13. The Plan may have investment management fees, depending on the mutual funds in which I invest. For more information, please call 877-677-3678.
14. Any beneficiary designation I made on this form will supersede any prior beneficiary designation and shall become effective on the date accepted by the Plan, provided that this designation is accepted by the Plan prior to my death. Further, that any benefits payable at my death shall be paid in substantially equal shares to my beneficiaries unless I specify otherwise. My death benefits will be paid first to my Primary beneficiaries. If any of my Primary Beneficiaries predecease me, then my death benefits will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid as set forth in the Plan Document.
15. I must notify NRS of any beneficiary changes, address/contact information changes, contribution changes, allocation changes or errors on my account statement.
16. I will receive a statement of my account quarterly.
17. All telephone exchange requests will be recorded for the participant's protection.
18. Transfers between investment options are provided for under the Plan subject to limitations or restrictions (including redemption fees), if any, as imposed by the investment providers. I understand that any information regarding limitation or restrictions as they apply to the Plan may be obtained from the Plan Administrator.
19. If applicable, I understand that no changes will be effective until they are processed by NRS.

**Mutual Fund Payments Disclosure**

Nationwide offers a variety of investment options to public sector retirement plans through variable annuity contracts, trust or custodial accounts. Nationwide may receive payments from mutual funds or their affiliates in connection with those investment options. For more detail about the payments Nationwide receives, please visit [sanjoaquindc.com](http://sanjoaquindc.com).

**Endorsement Disclosure**

Nationwide has endorsement relationships with the National Association of Counties, United States Conference of Mayors, and the International Association of Firefighters Financial Corporation. More information about the endorsement relationships may be found online at [sanjoaquindc.com](http://sanjoaquindc.com).

**Consent to Paperless Delivery and Access**

By providing your email address on this form, you are agreeing and consenting to receive and view plan benefit statements, correspondence and confirmations, and other communications electronically. These materials will be provided through an e-mail message notifying you that electronic documents are available online for you to view and print. This replaces all written communication associated with your Retirement Plan(s) serviced by Nationwide and you will no longer receive these documents via US Mail.

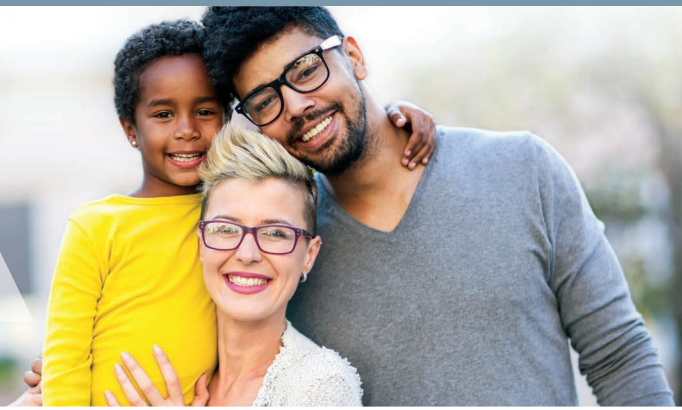
By providing your consent to paperless delivery, you are acknowledging and confirming that you are consenting to receive Plan Communications electronically, as they are now available or as they may be required or become available in the future and that you have access to view and print your documents electronically from the website and to save them from your computer or other electronic device. If you would like to receive the above referenced documents in paper form via US Mail you can do so by contacting Customer Service at 877-677-3678 and request paper. You may opt out of paperless delivery of your plan related documents at any time. There is no additional cost to receive documents in paper format via US Mail.

**Changing Your Email Address and Your Paperless Delivery Preferences**

You are able to update your email address or change your Paperless Delivery Preferences anytime either on the web site or via Customer Service.

**Your Right to Revoke Consent**

You have the right to revoke your consent to receive documents electronically. Your consent shall be effective until you revoke it by changing your delivery preferences via Customer Service or on the website by selecting US Mail delivery.



## Benefits that help you and your wallet.

Your benefits enrollment is here, and your plan includes nontaxable benefits. When you pay for coverage pre-tax, you can help financially protect your family while reducing your taxable income.

Your American Fidelity account manager can help you create a plan that fits your unique needs.



### Disability Income Insurance

- Helps protect your finances in case of a covered injury or illness.
- Provides a benefit to help cover costs while you are unable to work.
- Select from custom coverage options.

Learn more: [americanfidelity.com/disability](https://americanfidelity.com/disability)



### Limited Benefit Cancer Insurance

- May help protect you financially if you are diagnosed with a covered cancer so you can focus on recovery.
- Provides benefit payments directly to you.
- May cover expenses like travel and lodging, experimental treatments and second opinions.

Learn more: [americanfidelity.com/cancer](https://americanfidelity.com/cancer)



### Limited Benefit Accident Only Insurance

- Helps with out-of-pocket expenses for the treatment of covered accidental injuries.
- Provides benefit payments directly to you.
- Some covered accidents include burns, a sprained ankle or spider bites.

Learn more: [americanfidelity.com/accident](https://americanfidelity.com/accident)



### Limited Benefit Critical Illness Insurance

- Pays a lump sum benefit upon diagnosis of certain covered life-altering illnesses.
- Helps with costs not covered by medical insurance.
- Some eligible conditions include heart attack, organ failure and more.

Learn more: [americanfidelity.com/critical-illness](https://americanfidelity.com/critical-illness)



Book your appointment.

<https://enroll.americanfidelity.com/C5F62AB5>

**AMERICAN  
FIDELITY**   
a different opinion





Help protect the  
ones you **love**.

## Healthcare Flexible Spending Accounts

### Save money on eligible medical expenses.

Healthcare Flexible Spending Accounts (HCFSAs) allow you to save part of your paycheck, before taxes, to pay for eligible medical costs throughout the year.

#### Features:

- Funds available at the beginning of your plan year
- Reduce your taxable income
- Contribute as much, or as little, as you want (up to the annual limit)

Learn more at  
[americanfidelity.com/fsa](https://americanfidelity.com/fsa)



Calculate medical costs  
[americanfidelity.com/fsa-worksheet](https://americanfidelity.com/fsa-worksheet)

#### Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter medications
- First aid kits
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Breast pumps and supplies

[americanfidelity.com/eligible-expenses](https://americanfidelity.com/eligible-expenses)





## Term Life Insurance

- Rates are locked in for the term period you select and increase upon renewal.
- Provides immediate coverage.
- You own your policy, so you can take it with you to a different job or into retirement.

Learn more: [americanfidelity.com/term-life](https://americanfidelity.com/term-life)



## Whole Life Insurance

- Rates are based on issue age and guaranteed to remain level for the life of the policy to age 121.
- Policy's cash value can be used to pay for loans, premiums or other purposes.
- Provides immediate coverage.

Learn more: [americanfidelity.com/whole-life](https://americanfidelity.com/whole-life)

## Did your salary increase?

If your salary has increased since your last enrollment, it's important that you review your **Disability Income Insurance** coverage.

Help protect more of your paycheck and your lifestyle by ensuring you have the coverage you need.

[americanfidelity.com/disability-increase](https://americanfidelity.com/disability-increase)



## 24/7 Access with AFmobile®

Manage your insurance benefits and reimbursement accounts all from the palm of your hand.



**View** account balances



**Manage** claims and reimbursements



**Submit** documentation



**Receive** alerts



**Maintain** personal information

**Get Started:** Register online at [americanfidelity.com/register](https://americanfidelity.com/register)

Download AFmobile at [americanfidelity.com/afmobile](https://americanfidelity.com/afmobile)



*Please allow one business day after you enroll before registering for an online account.  
If you already have an account, your username and password will be the same for AFmobile.*

Help protect the  
ones you **love.**



## Renewing your FSA?

Flexible Spending Accounts do not automatically renew each year. Meet with your American Fidelity account manager to ensure you continue taking advantage of these tax-savings accounts.

[americanfidelity.com/fsa](https://americanfidelity.com/fsa)

*These products may contain limitations, exclusions, and waiting periods. The following statements only apply if the product is displayed on this document. **These products are not appropriate for people who are eligible for Medicaid coverage: Accident Only, Cancer, Critical Illness, Hospital Indemnity, Hospital GAP PLAN® and Hospital GAP Plan Choice® Insurance.** HSA contributions are not subject to federal and most states' income tax. State income tax may apply in California and New Jersey. Please consult a tax advisor for your state's specific rules. HRAs are not part of a Section 125 Plan. Contributions made by employer not employee.*

**Kiley Quinlivan**  
Enrollment Coordinator, CA License #4154598  
American Fidelity Assurance Company  
**800-662-1113, Ext. 5171**  
[kiley.quinlivan@americanfidelity.com](mailto:kiley.quinlivan@americanfidelity.com)



American Fidelity Assurance Company  
[americanfidelity.com](https://americanfidelity.com)

## Plan Today for Tomorrow's Costs

With rising medical costs, you may be looking for options to help manage out-of-pocket medical expenses.

One option is a Healthcare Flexible Spending Account (HCFSAs). HCFSAs allow you to set aside tax-free money for eligible medical costs like doctor visits, prescription drugs, prescription contact lenses, and dental procedures. Additionally, the entire amount you choose to contribute will be available to you at the beginning of your plan year.

### Savings Example

In the example to the right, Jane makes \$4,000 per month. Participating in an HCFSAs by contributing \$200 each month, she would save \$55.30 a month.

That's a savings of \$664 a year.

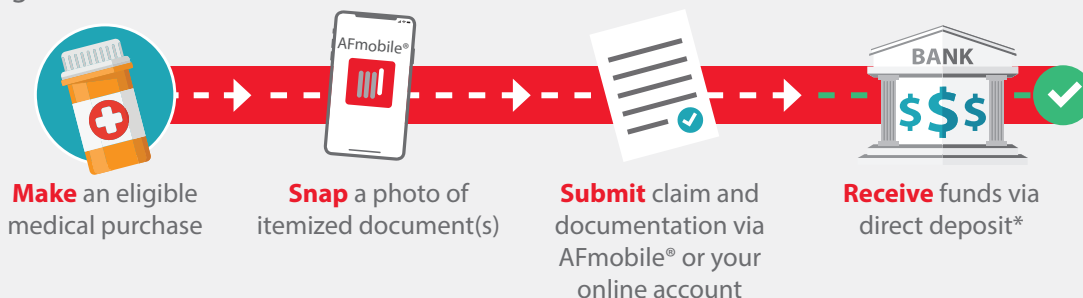
To calculate your possible savings, visit:  
[americanfidelity.com/s125-calculator](https://americanfidelity.com/s125-calculator)

| Earnings & Taxes                        | Without FSA       | With FSA          |
|-----------------------------------------|-------------------|-------------------|
| Gross Pay                               | \$4,000           | \$4,000           |
| Health Insurance                        | -\$200            | -\$200            |
| HCFSAs Contribution                     | N/A               | -\$200            |
| <b>Taxable Income</b>                   | <b>\$3,800</b>    | <b>\$3,600</b>    |
| Estimated Taxes (Federal & State @ 20%) | -\$760            | -\$720            |
| Estimated FICA (7.65%)                  | -\$290.70         | -\$275.40         |
| Out-of-Pocket Medical Expenses          | -\$200            | N/A               |
| <b>Take Home Pay</b>                    | <b>\$2,549.30</b> | <b>\$2,604.60</b> |

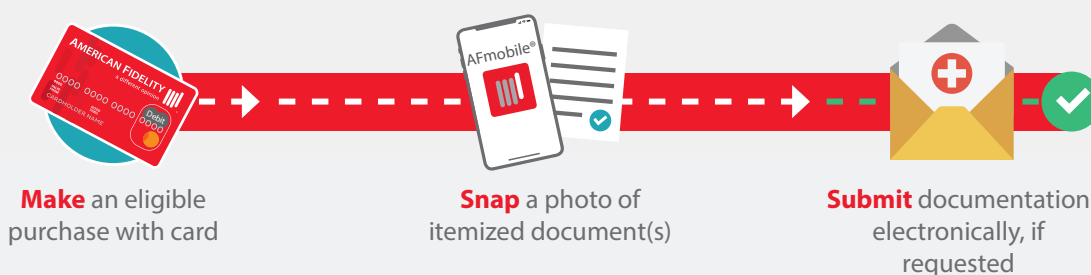
*Example is for illustrative purposes only. Please consult your tax advisor for actual tax savings.*

### How It Works

#### Paying Out of Pocket



#### Paying with Your Benefits Debit Card\*\*



[americanfidelity.com/fileaclaim](https://americanfidelity.com/fileaclaim)

\* Funds deposit within 3-5 business days after claim approval.

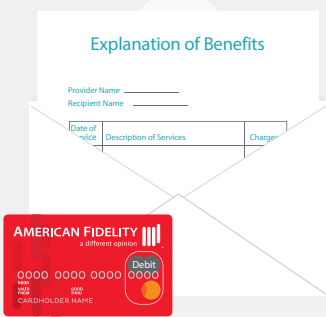
\*\* If your employer has elected to provide a Benefits Debit Card, you may use this card to pay for eligible medical expenses or pay out of pocket and file a claim for reimbursement.

## Using Your Benefits Debit Card

A Benefits Debit Card allows you to pay for eligible medical expenses using the funds in your HCFA. The card may be used at locations that accept Mastercard® and have been identified as authorized medical merchants.

If you receive a documentation request letter, submit a picture of your itemized document or Explanation of Benefits (EOB) through your online account at [americanfidelity.com/submit-fsa](https://americanfidelity.com/submit-fsa) or through our mobile app, AFmobile®.

Learn more about your debit card at:  
[americanfidelity.com/debit-card](https://americanfidelity.com/debit-card)



**Documentation must include:**

1. Provider Name
2. Recipient Name
3. Date of Service
4. Description of Service
5. Charges

## Internal Revenue Code (IRC) Requirements: What You Need to Know

IRC guidelines are strict when tax breaks are provided. As your plan provider, we are required to follow IRC rules.



### First, the money you set aside operates under a “use or lose” system.

That means you’ll want to use all of your funds before the next plan year, or you will lose whatever amount is left.

Ask if your employer’s plan includes a Runoff Period, Carryover Provision, or Grace Period.

- **Runoff Period**  
A period typically up to three months after the plan year ends when you can submit a claim for eligible expenses incurred during the previous plan year that have not already been submitted for reimbursement.
- **Carryover Provision**  
For 2026, this provision allows you to carry over up to \$680 of unused contributions from one plan year to the next.
- **Grace Period**  
An additional two and a half months following the end of the plan year, during which you can incur eligible expenses and submit claims to receive reimbursement.



### Second, the IRC requires proof for eligible expenses.

An itemized document or EOB must be submitted to prove eligibility for medical expenses when they aren’t verified when filing a claim or at the time of debit card swipe. Submitting documentation through AFmobile is the easiest way to validate a claim.

## Spend Smart & Save on Eligible Medical Expenses

Copays/Co-insurance  
Physical exams  
Prenatal care

Prescription contacts  
Asthma treatments  
Laser eye surgery

Chiropractic care  
Eye exams/eyeglasses  
Physical therapy

Deductibles  
Over-the-counter medicine  
Menstrual products

Discover more ways to spend at [americanfidelity.com/eligible-expenses](https://americanfidelity.com/eligible-expenses)



American Fidelity Assurance Company  
[americanfidelity.com](https://americanfidelity.com)