

# Rollins Benefits Enrollment Center

## Benefit Enrollment Authorization Form

If you want to authorize another individual to make your benefit elections on your behalf, you must complete the information below and either upload or mail the signed form to the Rollins Benefits Enrollment Center. The individual you authorize to make your benefit elections must wait at least 24 hours after this form has been uploaded before calling the Enrollment Center.

Online Upload: <https://myrollinsusbenefits.com>

Mail: Rollins Benefits Enrollment Center PO Box 2727 Bellaire, TX 77402

### Authorization Agreement

The below authorized person has my permission to complete my benefits enrollment through the Rollins Benefits Enrollment Center. I understand that the elections this individual makes on my behalf will be binding for the plan year, unless I experience a qualifying change in status that allows me to make a mid-year change to my elections.

### Authorization Information

Employee (Print Name): \_\_\_\_\_

Employee ID: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Authorized Person's Name: \_\_\_\_\_

Authorized Person's Phone Number: \_\_\_\_\_

Authorized Person's Relationship to Employee: \_\_\_\_\_

### Signature

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

**Note that this authorization is valid for 30-days from the date of the employee's signature above.**