

## S A M P L E

### NOTIFICATION OF INSURANCE SOLICITATION

(Date)

#### MEMORANDUM

TO:            Employees  
FROM:        (Office Manager/Designee)  
RE:           (Vendor's Name)

The above referenced vendor will have a representative (where) on (dates & times).

Employees interested in obtaining information on (type of benefits) may do so during break periods, lunch periods, and/or before or after scheduled working hours. Employees who are unable to attend or, due to time constraints, unable to complete an enrollment transaction during the approved times must make arrangements with the representative to conclude the business outside of working hours and location.

Offerings by this vendor are completely voluntary; however, employees electing to participate must have their premiums paid through payroll deductions.

Although DSS has a policy to allow authorized vendors to present their approved services/products to employees, the Department does not endorse any offerings.

Employees have full responsibility for knowledge of the products or services they are purchasing and must obtain a clear understanding of all the terms of their contracts from the vendor's representative. The Department's only responsibility is to assure that the payroll deductions are made in accordance with the signed payroll deduction authorization form (SED-4).

Your adherence to the above guidelines regarding insurance solicitation will be appreciated.