



You've got **Teladoc.**
 24/7 access to doctors
 by phone or video



TELADOC ENROLLMENT FORM

Last Name: _____ First Name: _____ MI: _____

Address: _____

City, State, and ZIP: _____

Social Security Number: _____ Date of Birth: _____

Date Employed: _____ Effective Date: _____ Div. No. _____

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Teladoc monthly fee of \$2.60 for employee, or employee and family.

I authorize T-L Irrigation Co. to deduct the fee from my paycheck.

Employee Signature: _____ Date: _____