



Premium Only Election Form

Employer Name: _____ Employer Group #: _____

Employee Name: _____ SS#: _____

Home Address: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip: _____ Date of Hire: ____/____/____

Marital Status: Single Married Gender: Male Female

Effective Date: ____/____/____

LIST # OF PAY CYCLES: _____

Group Insurance Pre-Tax Contributions

You may choose to contribute pre-tax dollars to pay your group insurance contributions. The law requires that if your employment terminates, any remaining pre-tax contributions cannot be returned to you.

I elect not to participate at this time. I realize that should I desire to enroll in this plan in the future, I must wait until the next annual enrollment or special enrollment event.

I elect to reduce my salary to pay for my group insurance contributions with pre-tax dollars. \$ _____ and \$ _____
PER PAY ANNUAL

I have read this election form and accompanying materials regarding the options available to me under the Pre-tax Benefits Plan. I understand that this election is binding and may not be changed except at annual enrollment or if I experience a change in status such as reduction in hours, marriage, divorce, birth or adoption of a child, or death of a dependent. I authorize my employer to reduce my salary by the amount indicated above.

Signature: _____ Date: _____