

Flexible Benefit Plan
Form for Waiver of Pre-Tax Premiums

Employer _____

Employee Name _____

Social Sec#: _____

Mailing Address _____

Birth Date: _____

Hire Date: _____

I elect to have my eligible insurance premiums paid with post-tax dollars.

By completing this form and checking the box above, I am electing to pay all eligible out-of-pocket insurance premiums (for myself and any covered spouse or dependents) with post-tax dollars. Under my employer's Section 125 Flexible Benefit Plan, I have the option to pay for eligible premiums with pre-tax dollars and be exempt from federal and state tax on those funds. With my signature below, I am certifying that I have been offered this option but am waiving it. This waiver will continue in effect indefinitely and until I sign an election form for pre-tax coverage.

Signature _____ Date _____