

Premium Only Plan Enrollment Form

(Please complete this form and return it to your Human Resource Department)



1 Personal Information

Employee Name (First Name, Last Name)		Company Name		
Street Address	City	State	Zip Code	Social Security Number
Employee Phone Number	Date of Birth	Date Of Hire (Required)	Email address (Required to receive e-mail communications)	

2 Plan Information

Pursuant to Section 125 of the Internal Revenue Code of 1986, the employer will withhold the employee cost of the group insurance premium(s) during the Plan Year. The amount will be automatically adjusted if the premium is either increased or decreased by the insurance provider(s). The employee portion is then paid by the Employer using pre-tax dollars at a substantial savings to the employee.

EMPLOYER TO PROVIDE BENEFITS

The Employer agrees to pay the appropriate insurance companies the amount withheld from Employee wages. Benefits are provided by the insurance companies. Only benefits allowable under the Premium Only Plan provisions will qualify.

DURATION OF AGREEMENT

This agreement will remain in effect for the remainder of the Premium Only Plan year, and will automatically renew each year thereafter unless a written request by the Employee is presented to the Employer, or if the Employer ceases to provide the benefits elected by the Employee. This agreement may be changed or cancelled if there is a qualifying status change.

LIMITATIONS & INTENT

This agreement will not affect an Employee work agreement in any way. Its only intent is to exchange the Employee's cash compensation for the additional Employee elected benefit(s) offered by the Employer. This agreement is intended to comply with Section 125 of the Internal Revenue Code of 1986, as amended, and any other applicable section of the Internal Revenue Code.

Note: Benefits are available under the Company sponsored group insurance only. You may not be covered by this Plan for:

- Insurance maintained by your spouse's employer
- Individual policies
- Long-term care insurance such as nursing home policies

3 Benefit Election

- Yes, I will participate.** I hereby authorize pre-tax payroll reductions in the amount of premium costs for the group insurance premium(s) as my contribution(s) to the Premium Only Plan until changed by me in writing. I understand this amount will be automatically adjusted if the premium is either increased or decreased by the insurance provider(s).
- No, I do not wish to participate.** I understand that participation in the Premium Only Plan will allow me to save money by having my portion of the Group Insurance premium withheld for premium payment using pre-tax dollars. However, I do not wish to participate in the Plan and will pay my portion of the premium using after-tax dollars.

4 Employee Signature

Employee Signature _____ Date _____