

Premium Only Election Form

Employer Name: _____

Employer Group#: _____

Employee Name: _____

SS#: _____

Home Address: _____

Date of Birth: _____ / _____ / _____

City: _____ State: _____ Zip: _____

Date of Hire: _____ / _____ / _____

E-Mail Address: _____

Gender: Male Female

Marital Status: Single Married

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: _____



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