

ELECTION FORM
Premium Conversion Plan

Instructions

1. Complete the Employee Information section.
2. Read the Premium Conversion Agreement and make your election.
3. Sign and date the form.

Employee Information

Name	(Last)	(First)	(MI)	SSN/EID
Home Address		City	State	Zip Code
Department			Work Phone #	

Premium Conversion Agreement

- I elect to participate in the Premium Conversion Plan. My gross salary will be adjusted to pay the required contributions for my group insurance benefits.

This agreement will continue until:

- I cease to be eligible to participate in the Plan; or
- I revoke or change this agreement during the annual enrollment period; or
- My employer terminates, suspends, modifies the Plan; or
- An eligible event occurs that makes it necessary for me to modify this agreement.

- I elect not to participate in the Premium Conversion Plan.

Employee Authorization

I have read and understand this agreement. If I have elected to participate in the Plan, my salary will be adjusted by the amount of my required contributions for the group insurance benefits for which I have enrolled. The adjustment will be made in equal installments each pay period. My salary adjustment will begin the date I become eligible to participate in the Plan. It will continue for each succeeding pay period until I revoke or change this agreement. I understand that insurance contributions paid under this Premium Conversion Plan cannot be claimed as deductions on my personal tax return.

Employee Signature _____ Date _____