

WAIVER FORM

EMPLOYEE NAME: _____ **SSN:** _____

Participation in the Section 125 Benefit Plan is automatic for all eligible employees who are enrolled in one or more of the group insurance programs offered under the Plan. Under your Section 125 Benefit Plan, your gross taxable income will be reduced to pay your share of premiums for these group insurance programs on a tax-free basis. No further action on your part is required to begin participation in the Plan. As a participant in the Plan:

- Your required share of premiums will be deducted tax-free from your pay through equal payroll deductions during the plan year. Prior to the start of the next plan year, you will have the opportunity to change your benefit elections.
- You cannot change or discontinue your elections during the plan year unless you have a qualified change of status as set forth in the summary plan description (i.e. marriage, birth, divorce, etc.).
- If insurance premium amounts increase or decrease during the plan year, the plan administrator may automatically adjust your payroll deductions to the amount of your required contributions for the remainder of the plan year. If the plan administrator determines that there is a significant increase in the cost of your health insurance premium or a significant decrease in your health insurance coverage, you may be allowed to revoke your current health insurance coverage and replace it with an election of similar coverage.
- Your premium elections will terminate at the time you terminate employment unless you elect to continue coverage through COBRA.
- The plan administrator may change the amount of your elections or otherwise modify this agreement if necessary to satisfy provisions of the Internal Revenue Code.

If you do not want to pay your share of premiums before tax, please sign this waiver and return it to the plan administrator.

- I do not want to participate.** By checking here I understand that my salary will not be reduced to pay for the following group insurance premiums on a tax-free basis and that I cannot change this election until the beginning of the next plan year.

Please list all insurance coverages for which you do not want deductions taken on a tax-free basis:

Employee Signature: _____

Date: _____

