

## 1. Employee Information

Company Name

Participant Name (First, Last, MI)

 -  - 

Social Security Number

 -  - 

Day Telephone

Hire Date

Date of Birth

Address

City

State

Zip

## 2. Employee Premiums

If you have a payroll deduction for insurance premiums, eligible premiums will be deducted before taxes are calculated. Employees will automatically be enrolled in this portion of the Section 125 Plan. Complete this form only if you wish to opt out of the Employee Premium part of the Plan.

**Participation Refusal** I understand that by electing not to participate, I cannot enter the program until next year unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I have chosen not to participate in the Employee Premium Conversion Plan at this time.

Employee Signature

Date