

---

# Section 125 Plan Employee Enrollment Form

---

Company Name

Payroll Frequency (i.e. weekly,)

Employee Name, Address, City and Zip code

Social Security Number

Date of Hire

Date Of Birth

Please indicate if you are an owner or officer of the company  owner  officer

## **Benefit Election-Employee's contribution AMOUNT PER PAY PERIOD**

**Medical Insurance**      \$ \_\_\_\_\_

\_\_\_\_\_   
First Pay Date Pre- Tax Deduction

**Dental Insurance**      \$ \_\_\_\_\_

**Other Insurance**      \$ \_\_\_\_\_

## **Salary Pre-tax Agreement**

I have read and understand the explanation I have received regarding my options under the Section 125 Plan. I understand I have the right to have my Employer redirect my salary on a pretax basis during this plan year. I further understand that the premium only reduction will be in effect for the plan year and cannot be revoked unless I experience a change in family status.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Declined**

I have read and understand the explanation I have received regarding my options under the Section 125 Plan and have chosen not to participate.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_