PREMIUM CONVERSION/SECTION 125
PRETAX DEDUCTIONS
ELECTION FORM

I have enrolled in one of the City-sponsored health insurance and/or dental insurance plans and authorize the required deduction(s) from my salary. I understand that electing to participate in the Premium Conversion/Section 125 program authorizes pretax deductions from my salary and that my election will remain the same until I elect to change it during the next Open Enrollment period or experience a qualified change in family status. I also understand that I am solely responsible for my own tax obligations.

Name: _____ Employee ID: _____
(First) (M.I.) (Last)

Department or Division: _____

CLASS OF EMPLOYEE: (please check one)

☐ Administrative

☐ Police

☐ Union

☐ **YES,** I elect to participate in the Premium Conversion/Section 125 program by having my health/dental premiums deducted pretax from my pay.

☐ **NO,** I do not want to participate in the Premium Conversion/Section 125 program.

_____ _____
Employee Signature ***Date***