



**PRE-TAX PREMIUM
WAIVER FORM**
(Please Print)



SSN:

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EEID:

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Name: _____ Agency Name: _____

Complete Mailing Address: _____

Work Phone: (____) _____

Home Phone: (____) _____

Name of Department / Agency: _____

I am paid: Bi-weekly Monthly

PART 1: ELECTION

I elect to not participate in the Pre-Tax Premium Program

I elect to restart participation in the Pre-Tax Premium Program

PART 2: EMPLOYEE CERTIFICATION

I understand the Pre-Tax Premium Program. Furthermore I understand that the election I choose will continue until a new form is submitted requesting a change to my current Pre-Tax Premium Program participation.

Employee Signature: _____

Date: _____