



Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

- I elect to enroll in the Premium Only Plan and have my portion of eligible insurance premiums paid on a pre-tax and pre-FICA basis. I understand that this will **not** affect my coverage, timing of payment or level of any other benefit offered by the Company.

- I elect to NOT have my portion of the eligible insurance premiums paid on a pre-tax and pre-FICA basis. I understand that this could result in a loss of tax savings that otherwise would be available to me.

I have read the information provided to me pertaining to the Premium Only Plan and I understand that if I do NOT return this form to the Administrator within three (3) business days, my contributions for my eligible insurance premiums will be deducted from my pay on a pre-tax basis and thereby SAVE me money.

Signature

Date