



School Administrative Unit #28

Flexible Benefits Plan – Enrollment Form

EMPLOYEE INFORMATION

Please print

First Name _____ Last Name _____ MI _____ Gender _____

Date of Birth _____ Social Security # _____ Marital Status _____ Home Telephone _____

Work Telephone _____ E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

ELECTION OF BENEFITS

Premium Conversion (Pre-Tax Payroll Deduction of Insurance Premiums) – I understand by electing this option, my share of the premium under the plan(s) chosen below will be deducted from my paycheck on a **pre-tax** basis. I understand that if I do not elect Premium Conversion, my share of the premium under the plan(s) will be deducted from my paycheck on an **after-tax** basis. I also understand that if my premium obligation increases or decreases during the Plan Year, my salary reduction will be adjusted automatically. The amount(s) of this benefit have been provided in such other plan materials provided by School Administrative Unit #28.

I hereby elect to participate in Premium Conversion for the following plan: Medical Dental

SALARY REDUCTION AGREEMENT AND SIGNATURE

I also understand and agree to the following:

- The total amount of insurance premium required by my employer will be deducted from my paychecks on a pre-tax basis in equal installments throughout the Plan Year. I understand that this will lower my gross pay and, consequently, Social Security earnings for tax purposes.
- I must continue enrollment in the Plan, with my above stated salary reduction amount(s), until the end of the Plan Year or my employment termination date, whichever occurs first. However, in the event of a change in my family or employment status (i.e. marriage, divorce, birth, paid or unpaid leave of absence, change in hours, etc.), I may be allowed to change or revoke my salary reduction amount(s) in accordance with plan rules.

Employee Signature _____ Date _____

EMPLOYER INFORMATION

Annual Election \$ _____ Amount deducted per pay period \$ _____ No. of Annual Pay Periods _____

Date of Hire _____ Effective Date _____