PRETAX PREMIUM PLAN ENROLLMENT

☐ I elect to participate in the Pretax Premium Plan offered by Chesapeake Public Schools for my medical and/or dental premiums. ***(Not an option if waiving medical and taking Dental Employee only)***

☐ I do not elect to participate in the Pretax Premium Plan

Name: _____

SSN: _____

Signature: _____ Date: _____

I understand and agree the amount of premium not covered by School Board contribution will be deducted from my pay before federal, state, and Social Security taxes are withheld. I understand these contribution amounts are irrevocable during the plan year, unless I experience a change in family status as described in the next paragraph. I also understand I may make a new election each year during open enrollment that will be effective October 1st of that same plan year. **My premium contributions have been explained to me and are available on a separate sheet.**

Changing Coverage

I understand I may not change my coverage under this plan and my contribution for such coverage (*except October 1st of each year)* unless I experience a change in family status *(i.e. marriage or divorce; or other dependent changes, such as birth or maturity of a child; and dependent losing or gaining employment or insurance.)* If a change in family status occurs, new plan coverage or contributions must be elected **within 31 days of the qualifying event.**

Continuing Commitment

Prior to October 1st of any year, I will be notified of any changes in coverage and/or required contributions. In the event I do not elect to change healthcare plan coverage as of October 1st of any year, this form shall be deemed to continue in force for any succeeding plan year *(October 1st – September 30th)* based on the applicable coverage and contributions at that time.

PRETAX PREMIUM PLAN CANCELLATION

☐ I elected to participate in the Pretax Premium Plan during the previous year. **Please cancel my participation in the Pretax Premium Plan.**

Name: _____

SSN: _____

Signature: _____ Date: _____

For office use only: Date Received: _____ Effective Date: _____